PUBLIC DISCLOSURE COPY

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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number HOMELESS AND TRAVELERS AID SOCIETY Address change OF THE CAPITAL DISTRICT, INC. Name change 14-1482188 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 138 CENTRAL AVENUE 518-463-2124 4,048,507. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ALBANY, NY 12206 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIZABETH M. for subordinates? Yes X No SAME AS C ABOVE __ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.HATAS.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Other L Year of formation: 1963 M State of legal domicile: NY Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 34 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 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 0. 7h **Prior Year Current Year** $3,600,\overline{627}$ 3,670,633. Contributions and grants (Part VIII, line 1h) 8 93,672. 72,086. Program service revenue (Part VIII, line 2g) 8,535. 24,637. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 57,443. 80,939. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,760,277. 3,848,295. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,735,954. 1,925,522. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,941,097. 1,725,778. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,677,051. 3,651,300. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,226. 196,995. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,942,948. 2,090,870. Total assets (Part X, line 16) 490,240.404,021. 21 Total liabilities (Part X, line 26) 三年 452,708. 686,849 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIZABETH M. HITT, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P02180941 CHRISTOPHER J. HEALY, CPA Paid self-employed MENGEL, METZGER, BARR & CO. LLP Firm's EIN 16-1092347 Preparer Firm's name Firm's address 11 BRITISH AMERICAN BLVD. Use Only Phone no. 518 - 785 - 0134 LATHAM, NY 12110 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	HOMELESS AND TRAVELERS AID SOCIETY
	1990 (2023) OF THE CAPITAL DISTRICT, INC. 14-1482188 Page 2
Pa	rt 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: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 258, 470 _ including grants of \$) (Revenue \$)
4a	MENTAL HEALTH: (Code:) (Expenses \$
	MENIAD HEADIN.
	COMMUNITY TRANSITION TEAM - PROVIDES SUPPORT TO MENTALLY ILL PERSONS
	TRANSITIONING FROM HOSPITALS AND OTHER INSITUTIONS BACK TO THE
	COMMUNITY. HATAS HELPS HOSPITAL STAFF AND PATIENTS IDENTIFY THE MOST
	APPROPRIATE RESIDENTIAL OPTION IN THE COMMUNITY, GUIDES PATIENTS
	THROUGH THE TRANSITION BACK TO THE COMMUNITY, AND MAKES SURE SUPPORT IS
	IN PLACE WHEN SPECIAL ASSISTANCE IS NEEDED.
	AGING OUT ADOLESCENT PROGRAM - WORK WITH ALBANY COUNTY DEPARTMENT OF
	MENTAL HEALTH HELPING ADOLESCENTS "AGING OUT" OF CHILDREN'S MENTAL
	HEALTH SYSTEM MAKE THE TRANSITION TO ADULT SERVICES AND LIVE AS
	INDEPENDENTLY AS POSSIBLE.
4b	(Code:) (Expenses \$1, 487, 783. including grants of \$) (Revenue \$ 5, 846.
	HOUSING AND EMPLOYMENT:
	SHELTER PLUS CARE - SUPPORTIVE HOUSING PROGRAM PROVIDING RENTAL
	SUBSIDIES AND CASE MANAGEMENT FOR HOMELESS PEOPLE DISABLED BY MENTAL
	ILLNESS.
	PATHWAYS PROJECTS - INTEGRATES HOUSING AND EMPLOYMENT SUPPORT SERVICES
	FOR HOUSEHOLDS WITH A HISTORY OF HOMELESSNESS AND A DISABLING
	CONDITION.
	BONUS PROJECT - SUPPORTIVE HOUSING PROGRAM PROVIDING HOUSING TO
	CHRONICALLY HOMELESS, DISABLED INDIVIDUALS AND FAMILIES
4c	(Code:) (Expenses \$1, 490, 790 • including grants of \$) (Revenue \$\$
	HOMELESS EMERGENCY SERVICES - AVAILABE 24 HOURS A DAY, 365 DAYS A YEAR
	TO MAKE SURE THAT EVERYONE WHO COMES TO HATAS FOR HELP WILL HAVE A SAFE
	PLACE TO SLEEP THAT NIGHT:
	24-HOUR HOMELESS EMERGENCY SERVICES PROGRAM - CENTRAL INTAKE,
	ASSESSMENT, AND REFERRAL POINT FOR HOMELESS ALBANY COUNTY RESIDENTS
	NEEDING SHELTER.
	AFTER-HOURS HEATING EMERGENCY ASSISTANCE PROGRAM - RESPONDS TO
	AFTER-HOURS FUEL AND HEATING ASSISTANCE REQUESTS MADE BY LOW-INCOME
	ALBANY COUNTY RESIDENTS.
	SUPPORTIVE HOUSING - PROVIDES SUPPORTED HOUSING TO HOMELESS INDIVIDUALS
	AND FAMILIES

) (Revenue \$

including grants of \$ 3 , 237 , 043 .

4d Other program services (Describe on Schedule O.)

Total program service expenses

OF THE CAPITAL DISTRICT, INC. 14-1482188 Page 3 Form 990 (2023) 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 If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 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 reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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

OF THE CAPITAL DISTRICT, INC.

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III Х 22 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a Х **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 63 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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OE3) OF THE CAPITAL DISTRICT, INC.

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

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2.4			
	filed for the calendar year ending with or within the year covered by this return	2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	<u> </u>
3а			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (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	ction?	5b		X
С	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	e 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 contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	,	7c		X
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 co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	l I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	l I			
	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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	المدا			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4.5		y
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	in a a ma O	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	iricome?	16		X
47	If "Yes," complete Form 4720, Schedule O.	hivition.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				

Form 990 (2023)

OF THE CAPITAL DISTRICT, INC.

Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **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. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization 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 X taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** 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) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request X Own website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

NY

12206

BRIAN SHEA - 518-463-2124 138 CENTRAL AVENUE, ALBANY,

OF THE CAPITAL DISTRICT, INC. 14-1482188

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

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

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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos) than o	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	s person is both and a director/trustee)		n an	compensation	compensation	amount of
	week	-			l	1 1		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ELIZABETH M. HITT	35.00								_	
EXECUTIVE DIRECTOR				Х				129,855.	0.	12,468.
(2) EMILY LIGHT	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(3) MIKE DURAND	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(4) CHRIS BETTS	2.00									
DIRECTOR		Х						0.	0.	0.
(5) NICHOLE EISENZOPF	2.00	ļ								•
DIRECTOR	2 00	Х						0.	0.	0.
(6) TYLER BELLICK	2.00	.,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(7) JAKE COOPER	2.00	.,							0	•
DIRECTOR	2 00	Х						0.	0.	0.
(8) DINA MALONEY DECARLO	2.00	٠,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(9) GEOFFREY CANNON	2.00	٠,,		,,					_	0
MEMBER AT LARGE	4 00	Х		Х				0.	0.	0.
(10) ADAM COOPER	4.00	Х		х				0.	0.	0
PRESIDENT (11) TAWANA DAVIS	4.00	Δ		^				0.	0.	0.
VICE PRESIDENT	4.00	Х		х				0.	0.	0.
(12) REBECCA FRANKLIN	4.00	Λ		^				0.	0.	0.
TREASURER	4.00	Х		х				0.	0.	0.
(13) JOE VOLPE	4.00	Δ		_				0.	0.	0.
SECRETARY	4.00	Х		х				0.	0.	0.
- DECKHIMI		- 22						0.	0.	0.
		1								
					\vdash					
		1								
		1								
		1								
200007 40 04 00	1	<u> </u>						<u> </u>		Form 990 (2022)

	[VII Section A. Officers, Directors, Trus (A)	(B)	,		(0		.		(D)	(E)			(F)		
	Name and title	Average	Pos			ition	1		Reportable	Reportable		F	timate	d	
	Name and the	hours per		not cl					compensation	compensation		l	nount		
		week		cer an					from	from related			other		
		(list any	ector						the	organization		com	pensa	tion	
		hours for	or dir	9			ated		organization	(W-2/1099-MIS		l	om the		
		related organizations	ustee	truste		9	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ı ~	anizati d relati		
		below	Individual trustee or director	Institutional trustee	_	nploye	st con	-	1099-NEC)			l	anizatio		
		line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former				5.9.			
	Subtotal								129,855.		0.	1	2,40		
С	Total from continuation sheets to Part VI	I, Section A							0.		0.		<u> </u>	0.	
	Total (add lines 1b and 1c)								129,855.		0.	1	12,468.		
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1	
													Yes	No	
3	Did the organization list any former officer,	•	-	•	•	•		_		•		-		37	
	line 1a? If "Yes," complete Schedule J for s											3		X	
4	For any individual listed on line 1a, is the su	•								-		4		Х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											-			
Ū	rendered to the organization? If "Yes," com					•			•			5		Х	
Sect	ion B. Independent Contractors	ipioto corrodan	J U 1.	0, 00	<u> </u>	2010.	<u> </u>								
1	Complete this table for your five highest co the organization. Report compensation for										oensa	tion fro	om		
	(A) Name and business						<i>y</i> . 		(B) Description of s				C) nsatio	1	
	Name and business	address	IAC	ONE	<u> </u>				Description of s	ei vices		ompe	isatioi	!	

\$100,000 of compensation from the organization

Form 990 (2023)

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Form 990 (2023) OF THE Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
ants							
ਲੌਂ ਹੋ							
fts,		9					
Contributions, Gifts, Grants and Other Similar Amounts			607,031.				
ns, Sim		, , , , , , , , , , , , , , , , , , ,	.007,031.				
atio er 9	Ť	All other contributions, gifts, grants, and	062 602				
^듩			063,602.				
ont	_	Noncash contributions included in lines 1a-1f		2 670 622			
O g	n	Total. Add lines 1a-1f		3,670,633.			
		DDOGDAM GEDUTGE FEEG	Business Code	66 240	66 240		
<u>e</u>		PROGRAM SERVICE FEES	624200	66,240.	66,240.		
Program Service Revenue	b	PROGRAM INCOME	624200	5,846.	5,846.		
n S	С						
ran 3ev	d						
og F	е						
۵	f	All other program service revenue	•	50.005			
\longrightarrow	g			72,086.			
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)		24,637.			24,637.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	200,000.				
	b	Less: cost or other basis					
e		and sales expenses 7b	200,000.				
Revenue	С	Gain or (loss) 7c	0.				
Bè		Net gain or (loss)		0.			
her	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	43,675.				
	b	Less: direct expenses 8b	212.				
		Net income or (loss) from fundraising events		43,463.			43,463.
		Gross income from gaming activities. See					
		Part IV, line 199a	ı <u> </u>				
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	•				
		, , , , , , , , , , , , , , , , , , , ,	Business Code				
Snc	11 a	OTHER REVENUE	900099	37,476.			37,476.
ne The	b			, , , , , , ,			•
Miscellaneous Revenue	c						
isc		All other revenue					
Σ		Total. Add lines 11a-11d		37,476.			
	12	Total revenue. See instructions		3,848,295.	72,086.	0.	105,576.

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Form 990 (2023)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon		this Part IX		(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	140 202	106 100	16 122	
	trustees, and key employees	142,323.	126,190.	16,133.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,468,069.	1,318,884.	120,647.	28,538.
7	Other salaries and wages	1,400,003.	1,310,004.	140,04/	40,330.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,051.	28,051.		
0	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	169,898.	160,248.	2,732.	6,918.
9	Other employee benefits	117,181.	106,543.	10,638.	0,510.
10 11	Payroll taxes Fees for services (nonemployees):	117,101.	100,545.	10,030.	
а	Management				
	Legal				
	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)	121,950.	16,815.	46,536.	58,599.
12	Advertising and promotion	250.	250.		-
13	Office expenses	20,842.	19,591.	717.	534.
14	Information technology				
15	Royalties				
16	Occupancy	120,387.	119,439.	-62.	1,010.
17	Travel	42,817.	41,903.	862.	52.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,007.	8,365.	2,259.	9,383.
20	Interest				
21	Payments to affiliates	24 442	06 115	0.006	
22	Depreciation, depletion, and amortization	34,143.	26,117.	8,026.	600
23	Insurance	18,586.	18,365.	-459.	680.
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 O.)				
а	CLIENT SERVICE EXPENSES	1,293,305.	1,215,265.	77,432.	608.
b	TELEPHONE	22,917.	21,100.	1,139.	678.
c	EQUIPMENT & EQUIP RENT/	12,821.	9,093.	3,649.	79.
d	FUNDRAISING EXPENSES	9,690.		1,500.	8,190.
е	All other expenses	8,063.	824.	6,029.	1,210.
25	Total functional expenses. Add lines 1 through 24e	3,651,300.	3,237,043.	297,778.	116,479.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				000

Form 990 (2023)

Part X | Balance Sheet

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		350,123.	1	568,516.	
	2	Savings and temporary cash investments			268,613.	2	243,344.
	3	Pledges and grants receivable, net	298,545.	3	304,791.		
	4	Accounts receivable, net	56,234.	4	6,607.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua	alified perso				
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	B			79,174.	9	74,262.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	346,400.			
	b	Less: accumulated depreciation		227,806.	150,408.	10c	118,594.
	11	Investments - publicly traded securities	395,415.	11	482,467.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			344,436.	15	292,289.
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33)	1,942,948.	16	2,090,870.
	17	Accounts payable and accrued expenses			86,797.	17	50,555.
	18	Grants payable		18			
	19	Deferred revenue			58,636.	19	58,334.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV of	f Schedule D	14,245.	21	13,050.
S	22	Loans and other payables to any current or fo	rmer office	r, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
iabi		controlled entity or family member of any of the	ese persor	ns		22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · -	330,562.	23	282,082.
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24). (Complete Part X			
		of Schedule D			400 040	25	404 001
	26	Total liabilities. Add lines 17 through 25		77	490,240.	26	404,021.
G		Organizations that follow FASB ASC 958, cl	neck here	X			
ဥ		and complete lines 27, 28, 32, and 33.			1 214 110		1 600 442
alaı	27				1,314,112.	27	1,608,443.
ă	28			L	130,390.	28	70,400.
ڃ		Organizations that do not follow FASB ASC	958, cnec	K nere			
P		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
χĄ	31	Retained earnings, endowment, accumulated			1 /52 709	31	1,686,849.
ž	32			·····	1,452,708. 1,942,948.	32	
	33	Total liabilities and net assets/fund balances			1,744,740.	33	2,090,870.

Page 12 Form 990 (2023) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 3,848,295. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 3,651,300. 2 2 196,995. Revenue less expenses. Subtract line 2 from line 1 3 3 1,452,708. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 37,146. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,686,849. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х 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 Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2023)

Х

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

HOMELESS AND TRAVELERS AID SOCIETY

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

OF THE CAPITAL DISTRICT, 14-1482188 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 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) Yes above (see instructions))

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2502417.	2915312.	3778280.	3600627.	3670633.	16467269.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	2522445	0015010	20000	252252	0.500.00	4.5.4.5.7.5.5.0
	Total. Add lines 1 through 3	2502417.	2915312.	3778280.	3600627.	3670633.	16467269.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						854,236.
	Public support. Subtract line 5 from line 4.						<u> 15613033.</u>
	ction B. Total Support	1		_	T		T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2502417.	2915312.	3778280.	3600627.	3670633.	16467269.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,812.	3,134.	2,016.	8,235.	24,637.	44,834.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0.5.04.0		50 440		04 4-4	
	assets (Explain in Part VI.)	26,949.	32,280.	78,112.	57,941.		276,433.
	Total support. Add lines 7 through 10						16788536.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	682,372.
13	First 5 years. If the Form 990 is for the	-		•			
<u></u>	organization, check this box and stop						
	ction C. Computation of Publi			. (4)			93.00 %
	Public support percentage for 2023 (I					14	0.4 = 0
	Public support percentage from 2022					15	-
10a	33 1/3% support test - 2023. If the contain have The approximation musified	· ·		•		•	77
	stop here. The organization qualifies		-		line 45 in 00 4/00/		
D	33 1/3% support test - 2022. If the constitution was						
170	and stop here. The organization qual						
ı/a	10% -facts-and-circumstances test	ū					*
	and if the organization meets the fact		•	•		ŭ	
I.	meets the facts-and-circumstances te	ū	•			70 and line 15 is	
O	10% -facts-and-circumstances test	-					10% Of
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						H
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 1/a, or 17b	o, cneck this box ai	na see instructions	3L

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,	` '	` '			,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
				•			
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2023. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						nd
-	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		
Ju		
0.		
3b		
3c		
4a		
4b		
- TU		
4c		
E-		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		
lule A (Forn	n 990)	2023

OF THE CAPITAL DISTRICT, INC. 14-1482188 Page 5

	hedule A (Form 990) 2023 OF THE CAPITAL DISTRICT,	INC.	14-148218	8 Pa	age 5
Pai	art IV Supporting Organizations (continued)				
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following person	s?			
а	a A person who directly or indirectly controls, either alone or together with persons de-	scribed 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	${f c}$ 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	ection B. Type I Supporting Organizations				
				Yes	No
1					
	more supported organizations have the power to regularly appoint or elect at least a directors, or trustees at all times during the tax year? If "No," describe in Part VI how				
	effectively operated, supervised, or controlled the organization's activities. If the organization				
	organization, describe how the powers to appoint and/or remove officers, directors, c				
	supported organizations and what conditions or restrictions, if any, applied to such po		1		
2	7 11 0				
	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 organize	ration(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.		2		
Sec	ection C. Type II Supporting Organizations				
				Yes	No
1	. , ,				
	or trustees of each of the organization's supported organization(s)? If "No," describe				
	or management of the supporting organization was vested in the same persons that c	ontrolled or managed			
800	the supported organization(s). ection D. All Type III Supporting Organizations		1		
360	ction b. All Type in Supporting Organizations				Г
				Yes	No
1					
	organization's tax year, (i) a written notice describing the type and amount of suppor				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification to the control of the second of the date of notification to the control of the second of t		4		
•	organization's governing documents in effect on the date of notification, to the exten		1		
2	, , , , , , , , , , , , , , , , , , , ,				
	organization(s) or (ii) serving on the governing body of a supported organization? If	· ·	2		
3	the organization maintained a close and continuous working relationship with the sup, By reason of the relationship described on line 2, above, did the organization's supp				
3	significant voice in the organization's investment policies and in directing the use of				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the roll				
		le trie organization s	3		
Sec	supported organizations played in this regard. ection E. Type III Functionally Integrated Supporting Organizations				
1		ert Test during the year (see ins	structions).		
a		it root during the year (000 me			
b	· ·	te line 3 below			
С			ntity (see instruction	s)	
2		a supported a governmental of	nasy (eee meadeaen.	Yes	No
а		the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," the	en in Part VI identify			
	those supported organizations and explain how these activities directly furthered in				
	how the organization was responsive to those supported organizations, and how the				
	that these activities constituted substantially all of its activities.	•	2a		
b	b Did the activities described on line 2a, above, constitute activities that, but for the or	ganization's involvement,			
	one or more of the organization's supported organization(s) would have been engage	ed in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) w	, , ,			
	these activities but for the organization's involvement.		2b		
3	· · · · · · · · · · · · · · · · · · ·				
а	a Did the organization have the power to regularly appoint or elect a majority of the off	icers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in	Part VI.	3a		
b	5				
	of its supported organizations? If "Yes." describe in Part VI the role played by the or	ganization in this regard.	3b		

Schedule A (Form 990) 2023

OF THE CAPITAL DISTRICT, INC.

14-1482188 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
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 mus						
Sect	on 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					
	on 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					
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
	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	on 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-functional	ally integrated	d Type III supporting orga	nization (see			
	instructions).	, ,		,			

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	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				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Evenes from 2023				

Schedule A (Form 990) 2023

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

14-1482188 Page 8 Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
SPECIAL EVENT INC	COME
2019 AMOUNT: \$	26,013.
2020 AMOUNT: \$	28,675.
2021 AMOUNT: \$	43,560.
2022 AMOUNT: \$	39,960.
2023 AMOUNT: \$	43,675.
OTHER	
2019 AMOUNT: \$	936.
2020 AMOUNT: \$	3,605.
2021 AMOUNT: \$	34,552.
2022 AMOUNT: \$	17,981.
2023 AMOUNT: \$	37,476.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Name of the organization

HOMELESS AND TRAVELERS AID SOCIETY

OF THE CAPITAL DISTRICT, INC.

Employer identification number

14-1482188

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						
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special l	Rules							
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Name of organization
HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.

Employer identification number

14-1482188

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$341,106.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>1,196,316</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>5</u>		\$179,642.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ 296,580.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.

Employer identification number

14-1482188

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		- - - - \$					

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

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 (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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 Inspection

Name of the organization

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Employer identification number 14-1482188

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6.						
		(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	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring				
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation of	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c				
d							
	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax				
	year						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year				
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year				
	Does each consequation accoment reported on line 2d above	a action, the requirements of acction 170/b	.\/4\/D\/:\				
8	Does each conservation easement reported on line 2d above						
9	and section 170(h)(4)(B)(ii)?						
9	balance sheet, and include, if applicable, the text of the foot	•					
	organization's accounting for conservation easements.	note to the organization's illiancial statem	ents that describes the				
Pai	rt III Organizations Maintaining Collections or	f Art. Historical Treasures, or Ot	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works				
	of art, historical treasures, or other similar assets held for pul						
	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	· •					
	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						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$				
b	Assets included in Form 990, Part X						

Schedule D (Form 990) 2023 OF THE CAPITAL DISTRICT, INC.

4 –	·1	4	8	2	1	8	8	Page	2
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Par	t III	Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, o	Other S	Similar	Assets	(contin	nued)	
3	Usin	g the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sigr	nificant u	se of its		-	
	colle	ction items (check all that apply).			•	_						
а		Public exhibition	d		oan or exc	hange progra	am					
b		Scholarly research	e			90 p. 09.0						
c		Preservation for future generations	ū	`								
	Drov	•	llootions and avalain	. h o +b .	fuutbau tb	o organizatio	n'a avanan	t n	a in Dort	VIII		
4		ide a description of the organization's co							se in Part	AIII.		
5		ng the year, did the organization solicit o				•				٦.,		٦.,
Dor	to be	sold to raise funds rather than to be ma								_ Yes		_ No
га	LIV	Escrow and Custodial Arrang reported an amount on Form 990, Par		te it the d	organization	answered "	res" on Fo	rm 990,	Part IV, II	ne 9, or		
та		e organization an agent, trustee, custodi								٦.,	Γ υ	٦
		orm 990, Part X?							L	」Yes	Δ	No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the foll	lowing ta	able:							
										Amount	t	
		nning balance						1c				
d	Addi	tions during the year						1d				
е	Distr	ibutions during the year						1e				
f	Endi	ng balance						1f				
2a	Did t	he organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liability	?	X	Yes		No
		es," explain the arrangement in Part XIII.	Check here if the ex	planatior	n has been	provided in P	art XIII				X	
Par	t V	Endowment Funds Complete if	the organization ans	wered "	Yes" on For	m 990, Part I	V, line 10.					
			(a) Current year	(b) P	rior year	(c) Two year	rs back (c	I) Three y	ears back	(e) Four	years	back
1a	Begi	nning of year balance										
b		ributions										
С		nvestment earnings, gains, and losses										
d		ts or scholarships										
e		r expenditures for facilities										
•		·										
f		orograms inistrative expenses										
g		,	ant vacy and balance	/line 1 a	aalumn (a)	l hold oo:				<u> </u>		
2		ide the estimated percentage of the curr	•	. •	, column (a)) neid as.						
а		d designated or quasi-endowment		_%								
b		nanent endowment	%									
С			%									
		percentages on lines 2a, 2b, and 2c shou	•									
За	Are t	here endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for the			г		
	-	nization by:									Yes	No
	(i) (Jnrelated organizations?								3a(i)		
	(ii) F	Related organizations?								3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Sc	hedule R?					3b		
4	Desc	ribe in Part XIII the intended uses of the		wment fu	ınds.							
Par	t VI	$oxedsymbol{oxed}$ Land, Buildings, and Equipm	ent									
		Complete if the organization answered	d "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X, Iir	e 10.				
		Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Acc	umulate	d	(d) Bool	k valu	е
			basis (investm	nent)	basis	(other)	depr	eciation				
1a	Lanc											
b	Build	lings			17	3,153.	10	08,05	6.	6!	5,0	97.
		ehold improvements				-						
		oment	I		17	3,247.	1:	L9,75	50.	5.	3,4	97.
		r			<u> </u>	· , = - · ·	 -	- ,			· , -	
		lines to through to (O.) (d)			\	I				119	8 5	91

Schedule D (Form 990) 2023 OF THE CAPITAL DISTRICT, INC.

14-1482188 Page 3

	Investments - Other Securities Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
	On of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
1) Financial	derivatives			
	eld equity interests			
6)				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Dart VIII	must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 000 Port IV line	110 Soo Form 990 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-vear market value
/4\	(a) Description of investment	(b) DOOK Value	(c) Wethod of Valdation. Cost of el	id-or-year market value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, line 13, col. (B))			
Part IX (Other Assets			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	H RESTRICED TO REPRESEN			13,050
(2) OPE	RATING & FINANCE LEASES	- RIGHT OF	JSE ASSETS	279,239
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				202 202
	<u>n (b) must equal Form 990, Part X, line 15, col.</u> Other Liabilities	(B))		292,289
		Faura 000 David IV/ line	11 11f Co. Four 000 Bod V line 0	_
	Complete if the organization answered "Yes" of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 23	(b) Book value
1.				(b) Book value
	al income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(0)				
(Q)				i
(9)	n (b) must equal Form 990, Part X, line 25, col.	(D))		

	HOMELESS AND TRAVELER		14.	1.400100
Schedule D (Form 990)		•		1482188 Page 4
	ciliation of Revenue per Audited Financial	•	er Keturn	
	e if the organization answered "Yes" on Form 990, Part I			2 005 652
, 0	ains, and other support per audited financial statements		1	3,885,653.
	ed on line 1 but not on Form 990, Part VIII, line 12:	27 1	4 -	
	ains (losses) on investments		.46.	
	s and use of facilities			
	ior year grants		110	
	in Part XIII.)		212.	27 250
	ough 2d			37,358.
	from line 1		3	3,848,295.
	ed on Form 990, Part VIII, line 12, but not on line 1:	1.1		
	enses not included on Form 990, Part VIII, line 7b			
	in Part XIII.)	4b		0
c Add lines 4a and				0.
	dd lines 3 and 4c. (This must equal Form 990. Part I, line			3,848,295.
	ciliation of Expenses per Audited Financial	-	per Return	1
	e if the organization answered "Yes" on Form 990, Part I			2 (51 512
	and losses per audited financial statements		1	3,651,512.
	ed on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
	s and use of facilities	l l		
	ments			
		1 1	110	
•	in Part XIII.)		212.	010
	ough 2d			212.
	from line 1		3	3,651,300.
	ed on Form 990, Part IX, line 25, but not on line 1:	1 1		
	nses not included on Form 990, Part VIII, line 7b			
	in Part XIII.)	4b		•
c Add lines 4a and				0.
5 Total expenses.	Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.)	5	3,651,300.
	mental Information			
	ns required for Part II, lines 3, 5, and 9; Part III, lines 1a a art XII, lines 2d and 4b. Also complete this part to provid		', line 4; Part X	K, line 2; Part XI,
PART IV, LII	NE 2B:			
CLIENT TRUS	I ACCOUNT - REPRESENTATIVE P.	AYEE: REPRESENTATI	VE PAYE	EE CLIENT
TRUST REPRES	SENTS CASH HELD FOR HATAS CL	IENTS UNDER AGENCY	AGREEM	ENTS.
PART X, LINI	E 2:			
HATAS OHALTI	FIES AS A TAX EXEMPT ORGANIZ.	ATTON HINDER SECTION	J 501(C))(3) OF
THE INTERNAL	L REVENUE CODE AND HAS RECEI	VED A DETERMINATION	1 PELLE	R FROM THE
INTERNAL REV	VENUE SERVICE STATING THAT I	T IS EXEMPT FROM FE	DERAL 1	INCOME
TAXES EXCEP	T FOR TAXES ON UNRELATED BUS	INESS INCOME. MANA	GEMENT	BELIEVES
THERE ARE NO	O SOURCES OF UNRELATED BUSIN	ESS TAXABLE INCOME.	MANAC	GEMENT HAS

DETERMINED THAT HATAS DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

REQUIRED TO FILE FEDERAL FORM 990 "RETURN OF ORGANIZATION EXEMPT FROM

HATAS IS

Schedule D (Form 990) 2023 OF THE CAPITAL DISTRICT, INC.	14-1482188 Page 5
Schedule D (Form 990) 2023 OF THE CAPITAL DISTRICT, INC. Part XIII Supplemental Information (continued)	
INCOME TAX" AND A COMPARABLE NEW YORK STATE RETURN.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	212.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	212.

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

Name of the organization HOMELESS AND TRAVELERS AID SOCIETY Employer identification number OF THE CAPITAL DISTRICT, INC. 14-1482188 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. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No 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 Total 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.

Schedule G (Form 990) 2023

OF THE CAPITAL DISTRICT, INC.

14-1482188 Page 2

Pa	rt I		-							
_		of fundraising event contributions and gro	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater th							
			(a) Event #1 SUNFLOWER BREAKFAST		(b) Event #2		(c) Other events NONE		(d) Total events (add col. (a) through	
_			(event type)		(event type)		(total number)		col. (c))	
une					-					
Revenue	1	Gross receipts	43,675.						43,675.	
	2	Less: Contributions				+				
	3	Gross income (line 1 minus line 2)	43,675.						43,675.	
			, , , , , , ,						,	
	4	Cash prizes								
S	5	Noncash prizes				+		-		
Direct Expenses	6	Rent/facility costs								
xpe	Ü	rional admity docto								
ect E	7	Food and beverages								
Dire										
	_	Entertainment	010			+		-	212.	
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		•					212.	
		Net income summary. Subtract line 10 from li							43,463.	
Pa	rt I							•	-	
_		\$15,000 on Form 990-EZ, line 6a.	T	1						
Pe			(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming		otal gaming (add) through col. (c)	
Revenue				Dillig	o/progrossive billy	90		001. (a	, unough con (c)	
Re	1	Gross revenue								
Se	2	Cash prizes								
Direct Expenses	_	Nanagala prima								
Exp	3	Noncash prizes				+				
ect	4	Rent/facility costs								
Ö										
	5	Other direct expenses			ı					
		Maharaha ay lah ay	Yes %		Yes	% <u></u>		%		
	6	Volunteer labor	L No		No		_ No			
	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 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes										
										b If "No," explain:
		· · ·								
					1 —					
		ere any of the organization's gaming licenses re					?	L	Yes No	
b	It "	Yes," explain:								
	_									

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Sch	nedule G (Form 990) 2023 OF THE CAPITAL DISTRICT, INC. 14-1	L48218	38 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,-
•	The first have also as the person the property and organization of garming operations of the control and records.		
	Name		
	Name		
	Address		
	Address		
45.	Poss the executation have a contract with a third party from whom the executation receives gaming revenue?	Ye	s No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	те	S NO
t	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	. └── Ye	s L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

332083 09-13-23 Schedule G (Form 990) 2023

HOMELESS AND TRAVELERS AID SOCIETY Schedule G (Form 990) OF THE CAP Part IV Supplemental Information (continued) OF THE CAPITAL DISTRICT, INC. 14-1482188 Page 4

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Employer identification number 14-1482188

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERVENTION IN CRISIS SITUATIONS EXPERIENCED BY PERSONS FOUND HOMELESS, STRANDED OR AT RISK OF BECOMING HOMELESS; 2) STABILIZATION THROUGH CASE MANAGEMENT SERVICES; 3) RESPOND TO NEEDS FOR THE POOR HOMELESS, MENTALLY ILL, DISABLED, AND VICTIMS OF DOMESTIC VIOLENCE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HATAS IS A NOT-FOR-PROFIT HUMAN SERVICES AGENCY WHOSE FOCUS IS ASSISTING FAMILIES AND INDIVIDUALS THAT ARE HOMELESS OR AT RISK OF THE HATAS MISSION IS TO WORK COLLABORATIVELY WITH BECOMING HOMELESS. THE COMMUNITY AT LARGE TO SERVE AS A RESOURCE FOR CHANGE IN AN EFFORT TO END HOMELESSNESS, PRESERVE THE DIGNITY OF ALL PERSONS, AND PROMOTE SELF-SUFFICIENCY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: HOMELESSNESS RAPID RE-HOUSING - COMBINES INTENSIVE CASE MANAGEMENT WITH RENTAL SUBSIDY TO HOMELESS SINGLE ADULTS WITH MULTIPLE BARRIERS. FORM 990, PART VI, SECTION B, LINE 11B: AS PART OF THE ANNUAL AUDIT, OUR INDEPENDENT CERTIFIED PUBLIC ACCOUNTING

FIRM PREPARES OUR FORM 990 AND RELATED SUPPORTING SCHEDULES FROM OUR
INTERNAL RECORDS. WE DESIGNATE AN INDIVIDUAL(S) WITH SUITABLE SKILL,

KNOWLEDGE, OR EXPERIENCE TO OVERSEE THESE SERVICES AND HAVE MADE ALL
MANAGEMENT DECISIONS AND PERFORMED ALL MANAGEMENT FUNCTIONS. ADDITIONALLY,
THE FINANCE COMMITTEE REVIEWS FORM 990 AND THE RELATED SUPPORTING SCHEDULES
PRIOR TO SUBMISSION. A DRAFT OF FORM 990 IS PROVIDED TO THE BOARD OF

Schedule O (Form 990) 2023 Page 2

Name of the organization HOMELESS AND TRAVELERS AID SOCIETY **Employer identification number** 14-1482188 OF THE CAPITAL DISTRICT, INC. DIRECTORS PRIOR TO FILING. WE HAVE REVIEWED, APPROVED, AND ACCEPTED RESPONSIBILITY FOR FORM 990 AND THE RELATED SUPPORTING SCHEDULES AND BELIEVE THEY ARE ADEQUATELY SUPPORTED BY THE BOOKS AND RECORDS OF HATAS. FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE ANNUAL SALARY OF THE EXECUTIVE DIRECTOR. COMPENSATION IS BASED ON THE AGENCY'S ANNUAL BUDGET AND THE SKILLS AND EXPERIENCE POSSESSED BY THE EXECUTIVE DIRECTOR THAT ARE NECESSARY TO PERFORM THE JOB FUNCTION. ANY SALARY INCREASES, IF APPLICABLE, ARE RECOMMENDED BY THE EXECUTIVE COMMITTEE TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. NO MEMBER OF THE BOARD OF DIRECTORS RECEIVES COMPENSATION. THE EXECUTIVE DIRECTOR IS THE ONLY HATAS EMPLOYEE MEETING THE DEFINITION OF A "TOP MANAGEMENT OFFICIAL". THERE ARE NO "KEY EMPLOYEES". FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2023

Open to Public Inspection

1 Coporal	Information
i.General	IIIIOIIIIauoii

For Fiscal Year Beginnin	g (mm/dd/yyyy) 01/01/	2023 and Ending (mm/dd/yyyy) 12/31/	2023								
Check if Applicable: Address Change	Name of Organization: HOMELESS AND T	RAVELERS AID S	SOCIETY OF TH	Employer Identification Number (EIN): 14-1482188								
Name Change	Mailing Address:			NY Registration Number:								
Initial Filing	138 CENTRAL AV	ENUE		00-93-92								
Final Filing	City / State / ZIP:			Telephone:								
Amended Filing	ALBANY, NY 12	206		518 463-2124								
Reg ID Pending	Website:			Email:								
WWW.HATAS.ORG LHITT@HATAS.ORG												
Check your organization's registration category: TA only EPTL only Table DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www. Charities NYS.com												
2. Certification												
See instructions for certif	fication requirements. Imprope	r certification is a violation	of law that may be subject	to penalties. The certification requires								
two signatories.												
We certify under a	negalties of perium that we rev	ewed this report, including	all attachments, and to the	best of our knowledge and belief,								
	re true, correct and complete i											
	,		ELIZABETH 1									
President or Authorized	Officer:		EXECUTIVE									
	Signature			e and Title Date								
	3		BRIAN SHEA									
Chief Financial Officer o	r Treasurer:		DIRECTOR O	F FINANCE								
	Signature		Print Nam	e and Title Date								
3. Annual Reporting												
				gory (7A or EPTL only filers) or both								
_ ·				ed Char500. No fee, schedules, or								
	•	n an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable								
schedules and attachme	nts and pay applicable fees.											
0- 74 5:1:	an arramation. Tatal acadella di	one from NIV Obeta in alcoding										
		•		overnment agencies, etc. did not raising counsel (FRC) to solicit								
	ons during the fiscal year.	a not ongago a protessiona	Trana raiser (i 171) er lana	raining couriser (i ric) to sonoit								
	,											
3h EPTI	filing exemption: Gross receip	ts did not exceed \$25,000 :	and the market value of ass	sets did not exceed \$25,000 at any time								
	e fiscal year.	ιο αια ποι ολοσσα φ20,000 ι	and the market value of ast	sets did not exceed \$20,000 at any time								
	•											
4. Schedules and A	Attachments											
See the following page												
for a checklist of	Yes X No 4a. Did y	our organization use a prof	essional fund raiser, fund i	raising counsel or commercial co-venturer								
schedules and		raising activity in NY State?										
attachments to												
complete your filing.	X Yes No 4b. Did t	he organization receive gov	vernment grants? If yes, co	mplete Schedule 4b.								
E Foo												
5. Fee	7.6		T									
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order								
next page to calculate yo				payable to:								
next page to calculate you fee(s). Indicate fee(s) you are submitting here:		\$ 250.	\$ 275.	payable to: "Department of Law"								

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

368451 04-01-23 1019 Page 1

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4. If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Rais If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our reversiling year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250, X Audit Report if you received total revenue and support greater than \$1,000, If the fiscal year begins before that date, an Audit Report is required if total No Review Report or Audit Report is required because total revenue and su We are a DUAL filer and checked box 3a, no Review Report or Audit Report Calculate Your Fee	000 and up to \$1,000,000 000 and the fiscal year begins on or after July 1, 2021. revenue and support is greater than \$750,000 pport is less than \$250,000
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
Sond Your Filing	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2023

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

NY Registration Number:

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DIS

00-93-92

2. Government Grants

Name of Government Agency	Amount of Grant
1. COUNTY OF ALBANY DSS - HES	1. 145,789.
2. COUNTY OF ALBANY DSS - CODE BLUE	2. 22,160.
3. NYS OFFICE OF TEMPORARY & DISABILITY ASSISTANCE (C005	3. 341,106.
4. US DEPT OF HUD PASS THROUGH CARES OF NEW YORK, INC. (4. 1,196,316.
5. US DEPT OF HUD PASS THROUGH INTERFAITH PARTNERSHIP FO	5. 179,642.
6. US DEPT OF HUD PASS THROUGH EQUINOX, INC.	6. 24,884.
7. ALBANY HOUSING AUTHORITY	7. 123,056.
8. ALBANY COUNTY DEPARTMENT OF MENTAL HEALTH - OMH	8. 446,573.
9. ALBANY COMMUNITY DEVELOPMENT AGENCY - ESG C2 HOTLINE	9. 37,711.
10.ALBANY COMMUNITY DEVELOPMENT AGENCY - DSS IMBEDDED	10. 4,994.
11.AMERICAN RESCUE PLAN - EVICTION PREVENTION	11. 55,042.
12.ALBANY COMMUNITY DEVELOPMENT AGENCY - ESGT	12. 29,758.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 2,607,031.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 00-93-92

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number HOMELESS AND TRAVELERS AID SOCIETY Address change OF THE CAPITAL DISTRICT, INC. Name change 14-1482188 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 138 CENTRAL AVENUE 518-463-2124 4,048,507. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ALBANY, NY 12206 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIZABETH M. for subordinates? Yes X No SAME AS C ABOVE __ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.HATAS.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Other L Year of formation: 1963 M State of legal domicile: NY Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 34 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 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 0. 7h **Prior Year Current Year** $3,600,\overline{627}$ 3,670,633. Contributions and grants (Part VIII, line 1h) 8 93,672. 72,086. Program service revenue (Part VIII, line 2g) 8,535. 24,637. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 57,443. 80,939. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,760,277. 3,848,295. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,735,954. 1,925,522. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,941,097. 1,725,778. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,677,051. 3,651,300. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,226. 196,995. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,942,948. 2,090,870. Total assets (Part X, line 16) 490,240.404,021. 21 Total liabilities (Part X, line 26) 三年 452,708. 686,849 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIZABETH M. HITT, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P02180941 CHRISTOPHER J. HEALY, CPA Paid self-employed MENGEL, METZGER, BARR & CO. LLP Firm's EIN 16-1092347 Preparer Firm's name Firm's address 11 BRITISH AMERICAN BLVD. Use Only Phone no. 518 - 785 - 0134 LATHAM, NY 12110 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	HOMELESS AND TRAVELERS AID SOCIETY
	1990 (2023) OF THE CAPITAL DISTRICT, INC. 14-1482188 Page 2
Pa	rt 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: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 258, 470 _ including grants of \$) (Revenue \$)
4a	MENTAL HEALTH: (Code:) (Expenses \$
	MENIAD HEADIN.
	COMMUNITY TRANSITION TEAM - PROVIDES SUPPORT TO MENTALLY ILL PERSONS
	TRANSITIONING FROM HOSPITALS AND OTHER INSITUTIONS BACK TO THE
	COMMUNITY. HATAS HELPS HOSPITAL STAFF AND PATIENTS IDENTIFY THE MOST
	APPROPRIATE RESIDENTIAL OPTION IN THE COMMUNITY, GUIDES PATIENTS
	THROUGH THE TRANSITION BACK TO THE COMMUNITY, AND MAKES SURE SUPPORT IS
	IN PLACE WHEN SPECIAL ASSISTANCE IS NEEDED.
	AGING OUT ADOLESCENT PROGRAM - WORK WITH ALBANY COUNTY DEPARTMENT OF
	MENTAL HEALTH HELPING ADOLESCENTS "AGING OUT" OF CHILDREN'S MENTAL
	HEALTH SYSTEM MAKE THE TRANSITION TO ADULT SERVICES AND LIVE AS
	INDEPENDENTLY AS POSSIBLE.
4b	(Code:) (Expenses \$1, 487, 783. including grants of \$) (Revenue \$ 5, 846.
	HOUSING AND EMPLOYMENT:
	SHELTER PLUS CARE - SUPPORTIVE HOUSING PROGRAM PROVIDING RENTAL
	SUBSIDIES AND CASE MANAGEMENT FOR HOMELESS PEOPLE DISABLED BY MENTAL
	ILLNESS.
	PATHWAYS PROJECTS - INTEGRATES HOUSING AND EMPLOYMENT SUPPORT SERVICES
	FOR HOUSEHOLDS WITH A HISTORY OF HOMELESSNESS AND A DISABLING
	CONDITION.
	BONUS PROJECT - SUPPORTIVE HOUSING PROGRAM PROVIDING HOUSING TO
	CHRONICALLY HOMELESS, DISABLED INDIVIDUALS AND FAMILIES
4c	(Code:) (Expenses \$1, 490, 790 • including grants of \$) (Revenue \$\$
	HOMELESS EMERGENCY SERVICES - AVAILABE 24 HOURS A DAY, 365 DAYS A YEAR
	TO MAKE SURE THAT EVERYONE WHO COMES TO HATAS FOR HELP WILL HAVE A SAFE
	PLACE TO SLEEP THAT NIGHT:
	24-HOUR HOMELESS EMERGENCY SERVICES PROGRAM - CENTRAL INTAKE,
	ASSESSMENT, AND REFERRAL POINT FOR HOMELESS ALBANY COUNTY RESIDENTS
	NEEDING SHELTER.
	AFTER-HOURS HEATING EMERGENCY ASSISTANCE PROGRAM - RESPONDS TO
	AFTER-HOURS FUEL AND HEATING ASSISTANCE REQUESTS MADE BY LOW-INCOME
	ALBANY COUNTY RESIDENTS.
	SUPPORTIVE HOUSING - PROVIDES SUPPORTED HOUSING TO HOMELESS INDIVIDUALS
	AND FAMILIES

) (Revenue \$

including grants of \$ 3 , 237 , 043 .

4d Other program services (Describe on Schedule O.)

Total program service expenses

OF THE CAPITAL DISTRICT, INC. 14-1482188 Page 3 Form 990 (2023) 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 If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 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 reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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

OF THE CAPITAL DISTRICT, INC.

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III Х 22 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 63 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Page 5

OE3) OF THE CAPITAL DISTRICT, INC.

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

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2.4			
	filed for the calendar year ending with or within the year covered by this return	2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	<u> </u>
3а			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (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	ction?	5b		X
С	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	e 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 contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	,	7c		X
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 co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	l I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	l I			
	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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	المدا			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4.5		y
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	in a a ma O	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	iricome?	16		X
47	If "Yes," complete Form 4720, Schedule O.	hivition.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				

Form 990 (2023)

OF THE CAPITAL DISTRICT, INC.

Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **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. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization 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 X taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\,$ NY 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) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request X Own website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

NY

12206

BRIAN SHEA - 518-463-2124 138 CENTRAL AVENUE, ALBANY,

OF THE CAPITAL DISTRICT, INC. 14-1482188

Page 7

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

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

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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than o	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-			l	1711 43		from the	from related	other
	(list any hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ELIZABETH M. HITT	35.00								_	
EXECUTIVE DIRECTOR				Х				129,855.	0.	12,468.
(2) EMILY LIGHT	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(3) MIKE DURAND	2.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(4) CHRIS BETTS	2.00									
DIRECTOR		Х						0.	0.	0.
(5) NICHOLE EISENZOPF	2.00	ļ								•
DIRECTOR	2 00	Х						0.	0.	0.
(6) TYLER BELLICK	2.00	.,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(7) JAKE COOPER	2.00	.,							0	•
DIRECTOR	2 00	Х						0.	0.	0.
(8) DINA MALONEY DECARLO	2.00	٠,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(9) GEOFFREY CANNON	2.00	٠,,		,,					0	0
MEMBER AT LARGE	4 00	Х		Х				0.	0.	0.
(10) ADAM COOPER	4.00	Х		х				0.	0.	0
PRESIDENT (11) TAWANA DAVIS	4.00	Δ		^				0.	0.	0.
VICE PRESIDENT	4.00	Х		х				0.	0.	0.
(12) REBECCA FRANKLIN	4.00	Λ		^				0.	0.	0.
TREASURER	4.00	Х		х				0.	0.	0.
(13) JOE VOLPE	4.00	Δ		_				0.	0.	0.
SECRETARY	4.00	Х		х				0.	0.	0.
- DECKHIMI		- 22						0.	0.	0.
		1								
					\vdash					
		1								
		1								
		1								
200007 40 04 00	1	<u> </u>						<u> </u>		Form 990 (2022)

	[VII Section A. Officers, Directors, Trus (A)	(B)	,	<u>,</u>	(0		.		(D)	(E)			(F)		
	Name and title	Average			Posi		1		Reportable	Reportable		Estimated			
	Name and the	hours per	(do not check more than one box, unless person is both an compensation compensation					amount of							
		week		cer an					from	from related	ated other				
		(list any	ector						the	organization				tion	
		hours for	or dir	9			ated		organization	(W-2/1099-MIS					
		related organizations	ustee	truste		9	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ı ~	anizati d relati		
		below	Individual trustee or director	Institutional trustee	_	nploye	st con	-	1099-NEC)			l	anizatio		
		line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former				5.9.			
	Subtotal								129,855.		0.	1	2,40		
С	Total from continuation sheets to Part VI	I, Section A							0.		0.		<u> </u>	0.	
	Total (add lines 1b and 1c)								129,855.		0.	1	2,4	8.	
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1	
													Yes	No	
3	Did the organization list any former officer,	•	-	•	•	•		_		•		-		37	
	line 1a? If "Yes," complete Schedule J for s											3		X	
4	For any individual listed on line 1a, is the su	•								-		4		Х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											-			
Ū	rendered to the organization? If "Yes," com					•			•			5		Х	
Sect	ion B. Independent Contractors	ipioto corrodan	J U 1.	0, 00	<u> </u>	2010.	<u> </u>								
1	Complete this table for your five highest co the organization. Report compensation for										oensa	tion fro	om		
	(A) Name and business						<i>y</i> . 		(B) Description of s				C) nsatio	1	
	Name and business	address	IAC	ONE	<u> </u>				Description of s	ei vices		ompe	isatioi	!	

\$100,000 of compensation from the organization

Form 990 (2023)

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Form 990 (2023) OF THE Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	te to any line	e in this Part VIII			
		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S (0	1 2	Federated campaigns 1a					000110110 0 12 0 1 1
ants	ı a						
يَجُ وَ	b	Membership dues 1b 1c 1c					
fts,	4	Related organizations 1d					
ig ig	u		7,031.				
Sin	f	All other contributions, gifts, grants, and	7,031.				
e tř	•		3,602.				
흕		Noncash contributions included in lines 1a-1f	3,0021				
Contributions, Gifts, Grants and Other Similar Amounts	e h	Total. Add lines 1a-1f		3,670,633.			
			siness Code				
ø	2 a	PROGRAM SERVICE FEES 6	24200	66,240.	66,240.		
ķ			24200	5,846.	5,846.		
Ser	С				•		
a a	d						
Program Service Revenue	е						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		72,086.			
	3	Investment income (including dividends, interest, a	nd				
		other similar amounts)		24,637.			24,637.
	4	Income from investment of tax-exempt bond proced	eds				
	5	Royalties					
		(i) Real (ii)) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Othor				
	7 a		(ii) Other 0 , 0 0 0 •				
			0,000.				
o o	D	Less: cost or other basis	0,000.				
ň	_		0.				
eve		. ,		0.			
her Revenue		Net gain or (loss) Gross income from fundraising events (not		0.			
ð		including \$ of					
		contributions reported on line 1c). See	2 675				
	_		3,675.				
		Less: direct expenses 8b	212.	43,463.			43,463.
		Net income or (loss) from fundraising events		43,403.			43,403.
	9 а	Gross income from gaming activities. See Part IV, line 19 9a					
	h	Part IV, line 19 Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			siness Code				
ous	11 a	OTHER REVENUE 9	00099	37,476.			37,476.
ane	b						
Miscellaneous Revenue	С						
Misc	d	All other revenue					
	е	Total. Add lines 11a-11d		37,476.		_	105
	12	Total revenue. See instructions	<u></u> .	3,848,295.	72,086.	0.	105,576.

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Form 990 (2023)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon		this Part IX		(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	140 202	106 100	16 122	
	trustees, and key employees	142,323.	126,190.	16,133.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,468,069.	1,318,884.	120,647.	28,538.
7	Other salaries and wages	1,400,003.	1,310,004.	140,04/	40,330.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,051.	28,051.		
0	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	169,898.	160,248.	2,732.	6,918.
9	Other employee benefits	117,181.	106,543.	10,638.	0,510.
10 11	Payroll taxes Fees for services (nonemployees):	117,101.	100,545.	10,030.	
а	Management				
	Legal				
	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)	121,950.	16,815.	46,536.	58,599.
12	Advertising and promotion	250.	250.		-
13	Office expenses	20,842.	19,591.	717.	534.
14	Information technology				
15	Royalties				
16	Occupancy	120,387.	119,439.	-62.	1,010.
17	Travel	42,817.	41,903.	862.	52.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,007.	8,365.	2,259.	9,383.
20	Interest				
21	Payments to affiliates	24 442	06 115	0.006	
22	Depreciation, depletion, and amortization	34,143.	26,117.	8,026.	600
23	Insurance	18,586.	18,365.	-459.	680.
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 O.)				
а	CLIENT SERVICE EXPENSES	1,293,305.	1,215,265.	77,432.	608.
b	TELEPHONE	22,917.	21,100.	1,139.	678.
c	EQUIPMENT & EQUIP RENT/	12,821.	9,093.	3,649.	79.
d	FUNDRAISING EXPENSES	9,690.		1,500.	8,190.
е	All other expenses	8,063.	824.	6,029.	1,210.
25	Total functional expenses. Add lines 1 through 24e	3,651,300.	3,237,043.	297,778.	116,479.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				000

Form 990 (2023)

Part X | Balance Sheet

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			350,123.	1	568,516.
	2	Savings and temporary cash investments			268,613.	2	243,344.
	3	Pledges and grants receivable, net		298,545.	3	304,791.	
	4	Accounts receivable, net			56,234.	4	6,607.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua	alified perso				
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			79,174.	9	74,262.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	346,400.			
	b	Less: accumulated depreciation		227,806.	150,408.	10c	118,594.
	11	Investments - publicly traded securities			395,415.	11	482,467.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		344,436.	15	292,289.	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33)	1,942,948.	16	2,090,870.
	17	Accounts payable and accrued expenses		86,797.	17	50,555.	
	18	Grants payable				18	
	19	Deferred revenue			58,636.	19	58,334.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV of	f Schedule D	14,245.	21	13,050.
S	22	Loans and other payables to any current or fo	rmer office	r, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
iabi		controlled entity or family member of any of the		22			
_	23	Secured mortgages and notes payable to unre	330,562.	23	282,082.		
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24). (Complete Part X			
		of Schedule D			400 040	25	404 001
	26	Total liabilities. Add lines 17 through 25		77	490,240.	26	404,021.
G		Organizations that follow FASB ASC 958, cl	neck here	X			
ဥ		and complete lines 27, 28, 32, and 33.			1 214 110		1 600 442
alaı	27				1,314,112.	27	1,608,443.
ă	28			<u> </u>	130,390.	28	70,400.
ڃ		Organizations that do not follow FASB ASC					
P.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
χĄ	31	Retained earnings, endowment, accumulated			1 /52 709	31	1,686,849.
ž	32			·····	1,452,708. 1,942,948.	32	
	33	Total liabilities and net assets/fund balances			1,744,740.	33	2,090,870.

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT. INC.

OF THE CAPITAL DISTRICT, INC. 14-1482188 Page 12

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	3,84	8,2	95 <u>.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,65	1,3	00.
3	Revenue less expenses. Subtract line 2 from line 1	3	19	6,9	95 .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,45	2,7	08.
5	Net unrealized gains (losses) on investments	5	3	7,1	<u>46.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,68	6,8	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
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	Х	

Form 990 (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

HOMELESS AND TRAVELERS AID SOCIETY

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

OF THE CAPITAL DISTRICT, 14-1482188 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 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) Yes above (see instructions))

14-1482188 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2502417.	2915312.	3778280.	3600627.	3670633.	16467269.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	2522445	0015010	20000	252252	0.500.00	4.5.4.5.7.5.5.0
	Total. Add lines 1 through 3	2502417.	2915312.	3778280.	3600627.	3670633.	16467269.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						854,236.
	Public support. Subtract line 5 from line 4.						15613033.
	ction B. Total Support	1		_	T		T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2502417.	2915312.	3778280.	3600627.	3670633.	16467269.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,812.	3,134.	2,016.	8,235.	24,637.	44,834.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0.5.04.0		50 440		04 4-4	
	assets (Explain in Part VI.)	26,949.	32,280.	78,112.	57,941.		276,433.
	Total support. Add lines 7 through 10						16788536.
	Gross receipts from related activities,	•	,			12	682,372.
13	First 5 years. If the Form 990 is for the	-		•			
<u></u>	organization, check this box and stop						
	ction C. Computation of Publi			. (4)			93.00 %
	Public support percentage for 2023 (I					14	0.4 = 0
	Public support percentage from 2022					15	-
10a	33 1/3% support test - 2023. If the contain have The approximation musified	· ·		•		•	77
	stop here. The organization qualifies		-		line 45 in 00 4 /00/		
D	33 1/3% support test - 2022. If the constitution was						
170	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	ū					*
	and if the organization meets the fact		•	•		ŭ	
I.	meets the facts-and-circumstances te	· ·	•			70 and line 15 is	
O	10% -facts-and-circumstances test	-					10% Of
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						H
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 1/a, or 17b	o, cneck this box ai	na see instructions	3L

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,	` '	` '			,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
				•			
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2023. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						nd
-	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		
За		
Ju		
0.		
3b		
3c		
4a		
4b		
- TU		
4c		
E-		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		
lule A (Forn	n 990)	2023

OF THE CAPITAL DISTRICT, INC. 14-1482188 Page 5

	hedule A (Form 990) 2023 OF THE CAPITAL DISTRICT,	INC.	14-148218	8 Pa	age 5
Pai	art IV Supporting Organizations (continued)				
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following person	s?			
а	a A person who directly or indirectly controls, either alone or together with persons de-	scribed 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	${f c}$ 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	ection B. Type I Supporting Organizations				
				Yes	No
1					
	more supported organizations have the power to regularly appoint or elect at least a directors, or trustees at all times during the tax year? If "No," describe in Part VI how				
	effectively operated, supervised, or controlled the organization's activities. If the organization				
	organization, describe how the powers to appoint and/or remove officers, directors, c				
	supported organizations and what conditions or restrictions, if any, applied to such po		1		
2	7 11 0				
	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 organize	ration(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.		2		
Sec	ection C. Type II Supporting Organizations				
				Yes	No
1	. , ,				
	or trustees of each of the organization's supported organization(s)? If "No," describe				
	or management of the supporting organization was vested in the same persons that c	ontrolled or managed			
800	the supported organization(s). ection D. All Type III Supporting Organizations		1		
360	ction b. All Type in Supporting Organizations				Г
				Yes	No
1					
	organization's tax year, (i) a written notice describing the type and amount of suppor				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification to the control of the second of the date of notification to the control of the second of t		4		
•	organization's governing documents in effect on the date of notification, to the exten		1		
2	, , , , , , , , , , , , , , , , , , , ,				
	organization(s) or (ii) serving on the governing body of a supported organization? If	· ·	2		
3	the organization maintained a close and continuous working relationship with the sup, By reason of the relationship described on line 2, above, did the organization's supp				
3	significant voice in the organization's investment policies and in directing the use of				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the roll				
		le trie organization s	3		
Sec	supported organizations played in this regard. ection E. Type III Functionally Integrated Supporting Organizations				
1		ert Test during the year (see ins	structions).		
a		it root during the year (500 mg			
b	· ·	te line 3 below			
С			ntity (see instruction	s)	
2		a supported a governmental of	nasy (eee meadeaen.	Yes	No
а		the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," the	en in Part VI identify			
	those supported organizations and explain how these activities directly furthered in				
	how the organization was responsive to those supported organizations, and how the				
	that these activities constituted substantially all of its activities.	•	2a		
b	b Did the activities described on line 2a, above, constitute activities that, but for the or	ganization's involvement,			
	one or more of the organization's supported organization(s) would have been engage	ed in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) w	· ·			
	these activities but for the organization's involvement.		2b		
3	· · · · · · · · · · · · · · · · · · ·				
а	a Did the organization have the power to regularly appoint or elect a majority of the off	icers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in	Part VI.	3a		
b	5				
	of its supported organizations? If "Yes." describe in Part VI the role played by the or	ganization in this regard.	3b		

Schedule A (Form 990) 2023

OF THE CAPITAL DISTRICT, INC.

14-1482188 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	on 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		
	on 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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	on 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-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	, ,		,

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	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				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Evenes from 2023				

Schedule A (Form 990) 2023

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

14-148<u>2188 Page 8</u> Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
SPECIAL EVENT INC	COME
2019 AMOUNT: \$	26,013.
2020 AMOUNT: \$	28,675.
2021 AMOUNT: \$	43,560.
2022 AMOUNT: \$	39,960.
2023 AMOUNT: \$	43,675.
OTHER	
2019 AMOUNT: \$	936.
2020 AMOUNT: \$	3,605.
2021 AMOUNT: \$	34,552.
2022 AMOUNT: \$	17,981.
2023 AMOUNT: \$	37,476.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Name of the organization

HOMELESS AND TRAVELERS AID SOCIETY

OF THE CAPITAL DISTRICT, INC.

Employer identification number

14-1482188

Organiza	panization type (check one): Pers of: Section: Im 990 or 990-EZ Sol1(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Im 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation					
Filers of						
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				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special l	Rules					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.				
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Name of organization
HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.

Employer identification number

14-1482188

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$341,106.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>1,196,316</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>5</u>		\$179,642.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ 296,580.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.

Employer identification number

14-1482188

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

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 (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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 Inspection

Name of the organization

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Employer identification number 14-1482188

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	·
		(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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c
d			
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	Does each consequation accoment reported on line 2d above	a action, the requirements of acction 170/b	.\/4\/D\/:\
8	Does each conservation easement reported on line 2d above		
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	note to the organization's illiancial statem	ents that describes the
Pai	rt III Organizations Maintaining Collections or	f Art. Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	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	· •	
	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		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2023 OF THE CAPITAL DISTRICT, INC.

4 –	·1	4	8	2	1	8	8	Page	2
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Par	t III	Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Other S	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its											
	colle	ction items (check all that apply).			-	_	_					
а		Public exhibition	d		l oan or exc	hange progra	am					
b		Scholarly research	e									
c		Preservation for future generations	ū									
4	Drov	de a description of the organization's co	lloctions and ovalain	how th	ov further th	o organizatio	n'e ovomr	t nurnos	o in Dart	VIII		
									emran	AIII.		
5		ng the year, did the organization solicit o				•				٦ ٧		٦
Dar	to be	sold to raise funds rather than to be ma								<u></u> Yes		<u>No</u>
Fai	LIV	Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the	organization	answered "	Yes" on Fo	rm 990,	Part IV, II	ne 9, or		
та		e organization an agent, trustee, custodi								٦ ٧	▽	No
		orm 990, Part X?								」Yes	Δ	_ No
b	It "Ye	es," explain the arrangement in Part XIII	and complete the foll	lowing ta	able:					A		
										Amount		
		nning balance						1c				
d	Addi	tions during the year						1d				
е	Distr	butions during the year						1e				
f	Endi	ng balance						1f				
2a	Did t	he organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liability	?	X	Yes		No
		es," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in F	art XIII				X	
Par	t V	Endowment Funds Complete if	the organization ans	wered "	Yes" on For	m 990, Part l	IV, line 10.					
			(a) Current year	(b) P	rior year	(c) Two year	rs back (d	1) Three y	ears back	(e) Four	years	back
1a	Beai	nning of year balance										
b		ributions										
c		nvestment earnings, gains, and losses										
d		ts or scholarships										
u												
е		r expenditures for facilities										
_		orograms										
Ť		inistrative expenses										
g		of year balance				<u> </u>				<u> </u>		
2		de the estimated percentage of the curr	•	e (line 1g	ı, column (a))) held as:						
а		d designated or quasi-endowment		_%								
b	Perm	nanent endowment	%									
С	Term	endowment	%									
	The	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are t	here endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	nd administer	ed for the					
	orga	nization by:									Yes	No
	(i) (Jnrelated organizations?								3a(i)		
										3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza								3b		
4		ribe in Part XIII the intended uses of the	•									
Par	t VI	Land, Buildings, and Equipm										
		Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
		Description of property	(a) Cost or o			or other		umulate	d	(d) Bool	k valu	e
		bescription of property	basis (investm			(other)		eciation	~	(u) 5001	· vaia	Ü
10	Long		` `		- 4010	,	3001	2.2.011				
	Land				17	3,153.	1 /	08,05	56		<u>- </u>	97.
		lings			<u> </u>	J, 1JJ.		00,00	,,,,,		J, U	<i>)</i>
		ehold improvements	I		1 7	2 247	1 -	10 75	-		2 4	07
		oment			<u> </u>	3,247.		19,75	0.		3,4) / •
		lines to through to (0.1 (1)								111	8 5	0.4
ratal	۸ ۵ ۵	lines to through to (O) (I)	/ 5 000 5		·	(D1)			1	117	¬ ¬ '	4 A

Schedule D (Form 990) 2023 OF THE CAPITAL DISTRICT, INC.

14-1482188 Page 3

	nvestments - Other Securities Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
	on of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
1) Financial	derivatives			
	eld equity interests			
6)				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Dart VIII I	must equal Form 990, Part X, line 12, col. (B)) nvestments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 000 Part IV line	110 Soo Form 990 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-vear market value
/4\	(a) Description of investment	(b) DOOK Value	(c) Wethod of Valdation. Cost of en	id-or-year market value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, line 13, col. (B))			
Part IX (Other Assets			
	Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	H RESTRICED TO REPRESEN			13,050
(2) OPE	RATING & FINANCE LEASES	S - RIGHT OF T	JSE ASSETS	279,239
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				202 202
	<u>n (b) must equal Form 990, Part X, line 15, col.</u> Other Liabilities	(B))		292,289
		Faura 000 David IV lines	11 11f Co. Faura 000 Bart V line 0	_
	Complete if the organization answered "Yes" of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 23	(b) Book value
1.				(b) Book value
	al income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(0)				
(Q)				i .
(9)	n (b) must equal Form 990, Part X, line 25, col.	(D))		

	HOMELESS AND TRAVELERS AI		Υ	14 -	1.400100
	e D (Form 990) 2023 OF THE CAPITAL DISTRICT,		lavanua nar Da		1482188 Page
Part >	<u> </u>		revenue per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		T . T	2 005 652
				1	3,885,653
	nounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	27 146		
	et unrealized gains (losses) on investments		37,146.		
	onated services and use of facilities				
	ecoveries of prior year grants		010		
	her (Describe in Part XIII.)		212.		27 250
	Id lines 2a through 2d			2e	37,358
	obtract line 2e from line 1			3	3,848,295
	nounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	vestment expenses not included on Form 990, Part VIII, line 7b				
	her (Describe in Part XIII.)	4b		-	0
	Id lines 4a and 4b			4c	0.
	tal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	3,848,295
Part	Reconciliation of Expenses per Audited Financial State		expenses per i	Returi	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			T . T	2 (51 510
	tal expenses and losses per audited financial statements			1	3,651,512
	nounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1			
	onated services and use of facilities			-	
	ior year adjustments				
	her losses		010		
	her (Describe in Part XIII.)		212.	-	010
	Id lines 2a through 2d			2e	212.
	obtract line 2e from line 1			3	3,651,300
	nounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	vestment expenses not included on Form 990, Part VIII, line 7b			-	
	her (Describe in Part XIII.)	4b			•
	Id lines 4a and 4b			4c	0.
5 To	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	3,651,300
	III Supplemental Information				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			1; Part X	K, line 2; Part XI,
PART	IV, LINE 2B:				
CLIE	NT TRUST ACCOUNT - REPRESENTATIVE PAYEE	: REPRE	SENTATIVE	PAYI	EE CLIENT
TRUS	T REPRESENTS CASH HELD FOR HATAS CLIENT:	S UNDER	AGENCY AGR	EEME	ENTS.
PART	X, LINE 2:				
HATA	S QUALIFIES AS A TAX EXEMPT ORGANIZATION	N UNDER	SECTION 50	1(C))(3) OF
THE	INTERNAL REVENUE CODE AND HAS RECEIVED A	A DETERM	INATION LE	TTE	R FROM THE
INTE	RNAL REVENUE SERVICE STATING THAT IT IS	EXEMPT	FROM FEDER	AL]	INCOME
TAXE	S EXCEPT FOR TAXES ON UNRELATED BUSINES:	S INCOME	. MANAGEM	IENT	BELIEVES
THER	E ARE NO SOURCES OF UNRELATED BUSINESS !	TAXABLE	INCOME. M	IANAC	GEMENT HAS

DETERMINED THAT HATAS DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

REQUIRED TO FILE FEDERAL FORM 990 "RETURN OF ORGANIZATION EXEMPT FROM

HATAS IS

Schedule D (Form 990) 2023 OF THE CAPITAL DISTRICT, INC.	14-1482188 Page 5
Schedule D (Form 990) 2023 OF THE CAPITAL DISTRICT, INC. Part XIII Supplemental Information (continued)	
INCOME TAX" AND A COMPARABLE NEW YORK STATE RETURN.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	212.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	212.
-	

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

Name of the organization HOMELESS AND TRAVELERS AID SOCIETY Employer identification number OF THE CAPITAL DISTRICT, INC. 14-1482188 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. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No 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 Total 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.

Schedule G (Form 990) 2023

OF THE CAPITAL DISTRICT, INC.

14-1482188 Page 2

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									er than \$5,000.
			(a) Event #1 SUNFLOWER BREAKFAST	SUNFLOWER NONE		(c) Other events NONE		Total events col. (a) through	
_			(event type)		(event type)		(total number)		col. (c))
une					-				
Revenue	1	Gross receipts	43,675.						43,675.
	2	Less: Contributions				+			
	3	Gross income (line 1 minus line 2)	43,675.						43,675.
			, , , , , ,						,
	4	Cash prizes							
S	5	Noncash prizes				+		-	
Direct Expenses	6	Rent/facility costs							
xpe	Ü	rional admity docto							
ect E	7	Food and beverages							
Dire									
	_	Entertainment	010			+		-	212.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		•					212.
		Net income summary. Subtract line 10 from li						43,463.	
Pa	rt I							•	-
_		\$15,000 on Form 990-EZ, line 6a.	T	1					
Pe			(a) Bingo		 Pull tabs/instant o/progressive bing 		(c) Other gaming		otal gaming (add) through col. (c)
Revenue				Dillig	o/progrossive billy	90		001. (a	, unough con (c)
Re	1	Gross revenue							
Se	2	Cash prizes							
Direct Expenses	_	Nanagala minag							
Exp	3	Noncash prizes				+			
ect	4	Rent/facility costs							
Ö									
	5	Other direct expenses			ı				
		Maharata an Ialian	Yes %		Yes	% <u></u>		%	
	6	Volunteer labor	L No		No		_ No		
	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)						
•	F4								
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No								Yes No	
b If "No," explain:									
		· · ·							
									1 —
		ere any of the organization's gaming licenses re					?	L	Yes No
b	It "	Yes," explain:							
	_								

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Sch	nedule G (Form 990) 2023 OF THE CAPITAL DISTRICT, INC. 14-1	L48218	38 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,-
•	The first have also as the person the property and organization of garming operations of the control and records.		
	Name		
	Name		
	Address		
	Address		
45.		Ye	s No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	те	S NO
t	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	. └── Ye	s L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

332083 09-13-23 Schedule G (Form 990) 2023

HOMELESS AND TRAVELERS AID SOCIETY Schedule G (Form 990) OF THE CAP Part IV Supplemental Information (continued) OF THE CAPITAL DISTRICT, INC. 14-1482188 Page 4

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.

Employer identification number 14-1482188

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERVENTION IN CRISIS SITUATIONS EXPERIENCED BY PERSONS FOUND HOMELESS, STRANDED OR AT RISK OF BECOMING HOMELESS; 2) STABILIZATION THROUGH CASE MANAGEMENT SERVICES; 3) RESPOND TO NEEDS FOR THE POOR HOMELESS, MENTALLY ILL, DISABLED, AND VICTIMS OF DOMESTIC VIOLENCE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HATAS IS A NOT-FOR-PROFIT HUMAN SERVICES AGENCY WHOSE FOCUS IS ASSISTING FAMILIES AND INDIVIDUALS THAT ARE HOMELESS OR AT RISK OF THE HATAS MISSION IS TO WORK COLLABORATIVELY WITH BECOMING HOMELESS. THE COMMUNITY AT LARGE TO SERVE AS A RESOURCE FOR CHANGE IN AN EFFORT TO END HOMELESSNESS, PRESERVE THE DIGNITY OF ALL PERSONS, AND PROMOTE SELF-SUFFICIENCY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: HOMELESSNESS RAPID RE-HOUSING - COMBINES INTENSIVE CASE MANAGEMENT WITH RENTAL SUBSIDY TO HOMELESS SINGLE ADULTS WITH MULTIPLE BARRIERS. FORM 990, PART VI, SECTION B, LINE 11B: AS PART OF THE ANNUAL AUDIT, OUR INDEPENDENT CERTIFIED PUBLIC ACCOUNTING

FIRM PREPARES OUR FORM 990 AND RELATED SUPPORTING SCHEDULES FROM OUR
INTERNAL RECORDS. WE DESIGNATE AN INDIVIDUAL(S) WITH SUITABLE SKILL,

KNOWLEDGE, OR EXPERIENCE TO OVERSEE THESE SERVICES AND HAVE MADE ALL
MANAGEMENT DECISIONS AND PERFORMED ALL MANAGEMENT FUNCTIONS. ADDITIONALLY,
THE FINANCE COMMITTEE REVIEWS FORM 990 AND THE RELATED SUPPORTING SCHEDULES
PRIOR TO SUBMISSION. A DRAFT OF FORM 990 IS PROVIDED TO THE BOARD OF

Schedule O (Form 990) 2023 Page 2

Name of the organization HOMELESS AND TRAVELERS AID SOCIETY **Employer identification number** 14-1482188 OF THE CAPITAL DISTRICT, INC. DIRECTORS PRIOR TO FILING. WE HAVE REVIEWED, APPROVED, AND ACCEPTED RESPONSIBILITY FOR FORM 990 AND THE RELATED SUPPORTING SCHEDULES AND BELIEVE THEY ARE ADEQUATELY SUPPORTED BY THE BOOKS AND RECORDS OF HATAS. FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE ANNUAL SALARY OF THE EXECUTIVE DIRECTOR. COMPENSATION IS BASED ON THE AGENCY'S ANNUAL BUDGET AND THE SKILLS AND EXPERIENCE POSSESSED BY THE EXECUTIVE DIRECTOR THAT ARE NECESSARY TO PERFORM THE JOB FUNCTION. ANY SALARY INCREASES, IF APPLICABLE, ARE RECOMMENDED BY THE EXECUTIVE COMMITTEE TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. NO MEMBER OF THE BOARD OF DIRECTORS RECEIVES COMPENSATION. THE EXECUTIVE DIRECTOR IS THE ONLY HATAS EMPLOYEE MEETING THE DEFINITION OF A "TOP MANAGEMENT OFFICIAL". THERE ARE NO "KEY EMPLOYEES". FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.