

No Schedule A results to display.

Schedule B: In-Kind Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor	Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location 4. Service/Goods Received 5. Basis used to Determine Value	Date Received	Contribution This Period	Aggregate To Date
Care In Action 45 Broadway Suite 320 New York, NY 10006	1. 2. Domestic Workers 3. New York, NY 4. Staff 5. Actual Cost	10/30/2021	\$2,915.81	\$0.00
Total This Period				

No Schedule E-1 results to display.