## Form **990**

**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
2024
Open to Public

Department of the Treasury

A For the 2024 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change RESTORATION HOUSING, INC. Name change 47-1045682 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 917-887-9840 1116 MAIN STREET STE.B 1,240,303. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ROANOKE, VA 24015 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ISABEL THORNTON for subordinates? Yes X No 1116 MAIN STREET, STE. B, ROANOKE, VA 24015 \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: RESTORATIONHOUSING.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 2014 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO CREATE AND Activities & Governance ASSIST IN DEVELOPMENT PROJECTS WITH A FOCUS ON HISTORIC PRESERVATION if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2024 (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 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 568,089. 1,021,609. Contributions and grants (Part VIII, line 1h) 36,600. 170,142. Program service revenue (Part VIII, line 2g) 177. 245. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 20,314. -10,743. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 625,180. 181,253. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 96,327. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 151,305. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 52,983. 117,362. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 149,310. 268,667. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 475,870. 912,586. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,417,472. 3,685,787. Total assets (Part X, line 16) 115,991. 472,148 21 Total liabilities (Part X, line 26) 301,481. 213,639 22 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 ISABEL THORNTON, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Preparer's name 07/24/25 self-employed P00936170 RICHARD HEDLEY Paid RICHARD HEDLEY BROWN, EDWARDS & COMPANY, LLP Firm's EIN 54-0504608 Preparer Firm's name Firm's address 3906 ELECTRIC ROAD Use Only Phone no. 540 - 345 - 0936 ROANOKE, VA 24018 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	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:
	OUR MISSION IS TO CREATE AND ASSIST IN DEVELOPMENT PROJECTS WITH A
	FOCUS ON HISTORIC PRESERVATION OF ARCHITECTURAL RESOURCES. OUR
	PROJECTS ARE INTENDED TO BOTH ADDRESS THE NEEDS OF LIMITED INCOME
	FAMILIES AND TO STRENGTHEN THE COMMUNITY BY REDUCING BLIGHT AND
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 106,027. including grants of \$) (Revenue \$) (Revenue \$)
	OUR ORGANIZATION BEGAN 2024 BY PURCHASING OUR EIGHTH HISTORIC PROPERTY
	AFTER RECEIVING A SUBSTANTIAL GRANT FROM AETNA BETTER HEALTH OF
	VIRGINIA. IT IS LOCATED IN THE MOUNTAIN VIEW NEIGHBORHOOD OF OLD
	SOUTHWEST ROANOKE AND IS OUR FIRST RESIDENTIAL TREATMENT PROJECT. WE
	SIMULTANEOUSLY BEGAN APPLYING FOR GRANTS TO COVER THE CONSTRUCTION
	COSTS TO REHAB IT (AND RECEIVED FUNDING FROM THE VIRGINIA OPIOID
	ABATEMENT AUTHORITY TO COVER MOST OF THE COSTS, IN ADDITION TO OTHER
	FOUNDATION AND GRANT SUPPORT). WORK COMMENCED IN JULY AND WAS ONGOING
	THROUGH SPRING OF 2025.
	WE ALSO PURCHASED OUR NINTH AND TENTH PROPERTIES THE SAME YEAR. WE USED
	TAP'S LAND BANK FUNDING TO PURCHASE 305 MOUNTAIN AVENUE (TRINITY
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 106,027.

# Form 990 (2024) RESTORATION HOUSING, INC. 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	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?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2024) RESTORATION HOUSING, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
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	040		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
•	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
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%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		Х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Schedule O contains a response of flote to any line in this Fart V		Yes	N <sub>C</sub>
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	No
	Enter the number reported in box 3 of 10ff 10s0. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

432004 12-10-24

Form **990** (2024)

	990 (2024) RESTORATION HOUSING, INC.	47-10456	82	P	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	4							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>2</b> b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit								
	financial account in a foreign country (such as a bank account, securities account, or other financial account	)?	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 Accounts	(FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ								
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
-	were not tax deductible?	-	6b						
7	Organizations that may receive deductible contributions under section 170(c).		0.0						
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr	ovided to the payor?	7a		х				
			7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi	Г	75						
·	to file Form 8282?		7c		x				
d	1 - 1		70						
		,	7e		Х				
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
-	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		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.		0-						
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b		·····	9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a	———							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	I							
40	amounts due or received from them.)		40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ļ.	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	———							
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?	<u> </u>	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand				77				
14a			14a		X				
			14b		$\vdash$				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of								
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.	ļ							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom-	e?	16		X				
	If "Yes," complete Form 4720, Schedule O.	J							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				1				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						

Form **990** (2024) 432005 12-10-24

If "Yes," complete Form 6069.

RESTORATION HOUSING, INC. 47-1045682 Form 990 (2024) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 persons other than the governing body? X 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 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 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 Other officers or key employees of the organization 15b 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 Х 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 Х exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 Own website Another's website X Upon request \_\_ 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 ISABEL THORNTON - 917-887-9840

Form **990** (2024)

24015

STE. B, ROANOKE.

1116 MAIN STREET,

## 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C) Position					our	(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle:	heck ss pei	more rson i	than o s both	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any	offi				r/trus		from the	from related organizations	other compensation
	hours for related organizations	ndividual trustee or director	nstitutional trustee		oloyee	Highest compensated employee		organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related
	below line)	Individu	Institutio	Officer	Key employee	Highest employe	Former			organizations
(1) ISABEL THORNTON	40.00									
EXECUTIVE DIRECTOR				X				62,230.	0.	0.
(2) CAROL TUNING	1.00									
PRESIDENT		Х		X				0.	0.	0.
(3) JOHN CORNTHWAIT	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) RICHARD HEDLEY	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) MOLLY ROBERTS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JONATHAN RICHARDSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) CYNTHIA LAWRENCE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) ALISON JORGENSEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ERIN ASHWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KELLY JONES	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
	l									

Form 990 (2024)

Part VII Section A Officers Directors True			_		110					<del>-</del> 30	102	rage <b>c</b>
Occion A. Oniccio, Directors, 1143		loye	ees,			gnes	t C		`	$\overline{}$		
(A)	(B)			ر) Pos	C) ition	1		(D)	(E)		(F)	
Name and title	Average hours per		not cl	heck i	more	than c		Reportable	Reportable		Estima	
	week					s both or/trust		compensation	compensation	'	amour	
	(list any	or						from the	from related	.	othe	
	hours for	lirect						organization	organizations (W-2/1099-MIS		compens from t	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	"	organiz	
	organizations	ruste	ll trus		9 9	mper		1099-NEC)	1000 1120)		and rela	
	below	dualt	ntio ng	_	oldu	st co	in in				organiza	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3	
		_	_	Ť	_					$\neg$		
										$\dashv$		
										-+		
										-+		
										$\dashv$		
										$\rightarrow$		
										ightharpoonup		
										$\perp$		
1b Subtotal	•							62,230.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								62,230.		0.		0.
2 Total number of individuals (including but n								•	000 of reportable			
compensation from the organization						,		,	· · · · · · · · · · · · · · · · · · ·			0
- Sampanous and Samuation											Yes	s No
3 Did the organization list any <b>former</b> officer,	director truste	e k	ev e	mnl	ove	e or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for si	•	-	•	•	•		•		•	- 1	3	х
4 For any individual listed on line 1a, is the su								ner compensation from the				
	•							·	· ·	- 1	4	х
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4	122
, ·	•				,			· ·			-	х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	9 J f	or su	ich į	oers	on .					5	
<u> </u>									100 000 of some			-
1 Complete this table for your five highest co										ensati	on from	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wi	thin T		ear.			
<b>(A)</b> Name and business	addross	NT/	NATE:					<b>(B)</b> Description of s	onvices	C	(C) ompensat	ion
Ivaille and business	address	MC	NE	<u>.                                      </u>			$\dashv$	Description of s	ervices		Препзаг	1011
							_					
							_					
							_					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			

Form **990** (2024)

\$100,000 of compensation from the organization

			2024) RESTORATION H	OUSING,	LNC.		47-1045	682 Page <b>9</b>
Pai	t V	<u> </u>	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
ran		b	Membership dues 1b					
Ω, Ω		С	Fundraising events 1c	99,671.				
ar f			Related organizations 1d					
s, G		е	Government grants (contributions) 1e					
rigi		f	All other contributions, gifts, grants, and					
ibul			similar amounts not included above <b>1f</b>	921,938.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f 1g \$	27,237.				
<u>ဒိ မ</u>		h	Total. Add lines 1a-1f		1,021,609.			
				Business Code	450 440	170 110		
Se	2	а	REAL ESTATE MANAGEMENT	900099	170,142.	170,142.		
ervi		b						
n S		С						
Program Service Revenue		d						
roç		e	All 11					
-		f	All other program service revenue		170,142.			
-	_	g	Total. Add lines 2a-2f		1/0,142.			
	3		Investment income (including dividends, interest other similar amounts)		245.			245.
	4		other similar amounts)  Income from investment of tax-exempt bond p		243.			243.
	5		Royalties					
	3		(i) Real	(ii) Personal				
	6	а	Gross rents 6a 45,165.	` '				
			Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 45,165.					
			Net rental income or (loss)		45,165.	45,165.		
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses <b>7b</b>					
Revenue		С	Gain or (loss) <b>7c</b>					
Be		d	Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
ᅙ			including \$ 99,671. of					
			contributions reported on line 1c). See	2 000				
			Part IV, line 18					
			Less: direct expenses 8b	•	-55,058.			EE 050
			Net income or (loss) from fundraising events		-33,036.			-55,058.
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Less: direct expenses  Net income or (loss) from gaming activities	'				
			Gross sales of inventory, less returns					
	10	u	and allowances 10a	a				
		b	Less: cost of goods sold 10t					
			Net income or (loss) from sales of inventory					
			, ,	Business Code				
Miscellaneous Revenue	11	а	PARTNERSHIP INCOME	900099	-850.			-850.
ane inus		b						
eve		С						
Aisc B		d	All other revenue					
			Total. Add lines 11a-11d		-850.			

**12 Total revenue.** See instructions

	TIX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			, ,	
	Check if Schedule O contains a respons 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		SAP STICES	gomeral expenses	57,6611656
	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,	60.000	21 015	10 406	10 600
	trustees, and key employees	62,030.	31,015.	12,406.	18,609.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	78,522.	39,261.	15,705.	23,556.
7 8	Other salaries and wages Pension plan accruals and contributions (include	10,344.	J9,4U1•	13,703.	43,330.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,753.	4,516.	2,581.	3,656.
11	Fees for services (nonemployees):	2077000			
a	Management	12,000.		12,000.	
b	Legal	215.		215.	
С	Accounting	17,714.		17,714.	
d	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	480.	480.		
12	Advertising and promotion	6,057.		6,057.	
13	Office expenses	6,219.	2,073.	2,073.	2,073.
14	Information technology	2,244.		2,244.	
15	Royalties	10 044	C 201	C 201	C 202
16	Occupancy	18,844. 718.	6,281. 718.	6,281.	6,282.
17	Travel	/10•	/10.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	250.	250.		
19 20	Conferences, conventions, and meetings Interest	12,159.	12,159.		
21	Payments to affiliates	±2,±0,•	12,130.		
22	Depreciation, depletion, and amortization	20,715.		20,715.	
23	Insurance	12,365.	9,274.	3,091.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),	,		,	
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	6,404.		6,404.	
b	BANK FEES	978.		978.	
С					
d					
	All other expenses	260 667	100 000	100 464	FA 10C
25	Total functional expenses. Add lines 1 through 24e	268,667.	106,027.	108,464.	54,176.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	11 TOHOWING SOF 90-2 (ASO 930-120)				000

Form **990** (2024)

Part	[ X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			240,398.	1	289,462
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	130,116.	4	160,267		
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described		6			
တ္က	7	Notes and loans receivable, net			1,099,188.	7	1,425,250
Assets	8	Inventories for sale or use				8	
¥	9	5			900.	9	0
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,273,806.			
	b	Less: accumulated depreciation	435,666.	10c	1,250,767 15,113		
	11	Investments - publicly traded securities		11	15,113		
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 1	484,503.	13	528,217		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		26,701.	15	16,711	
	16	Total assets. Add lines 1 through 15 (must equal	l line 3	3)	2,417,472.	16	3,685,787
	17	Accounts payable and accrued expenses			9,661.	17	100,710
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete P	art IV c	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or forme	er office	er, director,			
≝		trustee, key employee, creator or founder, substa	ıntial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	e perso	ons		22	
-	23	Secured mortgages and notes payable to unrelate			60,000.	23	266,180
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			46,330.		105,258
	26	Total liabilities. Add lines 17 through 25			115,991.	26	472,148
,		Organizations that follow FASB ASC 958, chec	k here	· X			
Š		and complete lines 27, 28, 32, and 33.			0 001 401		2 242 622
<u> </u>	27				2,301,481.	27	3,213,639
29	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC 95	8, che	ck here			
Ž		and complete lines 29 through 33.					
13 (	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equ				30	
ا ب	31	Retained earnings, endowment, accumulated income			0 201 401	31	2 042 622
	32	Total net assets or fund balances		<u> </u>	2,301,481.	32	3,213,639
	33	Total liabilities and net assets/fund balances			2,417,472.	33	3,685,787

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	1,18					
2	Total expenses (must equal Part IX, column (A), line 25)			67. 86.				
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	5 Net unrealized gains (losses) on investments							
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	3,21	3,6	39.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				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	0.						
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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	Separate basis X 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	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
3a 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?		За		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					
			Form	990	(2024)			

#### **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.

Attach to Form 990 or Form 990-EZ.

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

**ZUZ4** 

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

RESTORATION HOUSING, INC. 47-1045682 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). 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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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))

## 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.)

ction A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3						
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)						
ction B. Total Support		_	_			
ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
Amounts from line 4						
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>Total support.</b> Add lines 7 through 10						
Gross receipts from related activities,	etc. (see instruction	ons)			12	
First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
-						
Public support percentage for 2024 (	line 6, column (f), d	livided by line 11,	column (f))		14	<u>%</u>
	•					%
				14 is 33 1/3% or m	nore, check this bo	x and
		-				
				l line 15 is 33 1/3%	or more, check th	is box
· ·		•	-	•	VI how the organiz	zation
	-	•	*	-		
	-					10% or
<del>.</del>		-				H
Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 160, 1/a, or 1/k	o, cneck this box a		(Form 990) 2024
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4.  Ction B. Total Support  Endar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public support percentage for 2024 (Public support percentage for 2024 (Public support percentage from 2023 and 31/3% support test - 2024. If the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization meets the facts and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructic First 5 years. If the Form 990 is for the organization's fi organization, check this box and stop here  ction C. Computation of Public Support Per Public support percentage for 2024 (line 6, column (f), organization, check this box and stop here ction C. Computation of Public Support Per Public support percentage from 2023 Schedule A, Part as 31/3% support test - 2024. If the organization did not stop here. The organization qualifies as a publicly support of and stop here. The organization qualifies as a publicly support of and stop here. The organization meets the facts-and-circumstance test. The organization meets the facts-and-circumstances test. The organization meets the facts-and-circumstances test. The organization meets the facts-and-circum stances test. The organization	indar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4.  Crion B. Total Support  and ryear (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, organization, check this box and stop here  Public support percentage for 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 Schedule A, Part II, line 14, public support percentage from 2023 II	indar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4.  Circos income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax organization, check this box and stop here  Cition C. Computation of Public Support Percentage  Public support percentage from 2023 Schedule A, Part II, line 14  13 31/3% support test - 2024. If the organization did not check the box on line 13, and line stop here. The organization qualifies as a publicly supported organization and stop here. The organization meets the facts-and-circumstances test, check this box and stop here the facts-and-circumstances test - 2024. If the organization did not check a box on line and if the organization meets the facts-and-circumstances test, check this box and sorganization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a p	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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 show on line 11, column (f)  Public support. Subsect line 8 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5 organization, check this box and stop here cotion. C. Computation of Public Support Percentage  Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))  Public support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% support test - 2024. If the organization did not check be box on line 13, and line 14 is 33 1/3% and stop here. The organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization organization meets the facts-and-circumstances tes	(a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024  (e) 2024  (filts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f)  Public support, 5000ct the short or the short with a column of the support of the short or the short with a column of the support of the short with a column of the support of the short with a column of the support of the short with a column of the support of the short with a column of the support of the short with a column of the column

### 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.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	,	, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	381,445.	416,275.	333,838.	568,089.	1021609.	2721256.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	49,570.	21,550.	42,514.	36,600.	170,142.	320,376.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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	431,015.	437,825.	376,352.	604,689.	1191751.	3041632.
	Amounts included on lines 1, 2, and 3 received from disqualified persons		-		-		0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						<u> </u>
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3041632.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	431,015.	437,825.	376,352.	604,689.	1191751.	3041632.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	14.	4.	54.	177.	45,410.	45,659.
L	and income from similar sources Unrelated business taxable income	14.	4.	24•	1//•	43,410.	43,033.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	14.	4.	54.	177.	45,410.	45,659.
	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	14.	4.	24.	177.	43,410.	43,039.
12	Other income. Do not include gain or loss from the sale of capital						_
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	431,029.	437,829.	376,406.	604,866.	1237161.	3087291.
	First 5 years. If the Form 990 is for the						
						. , . ,	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2024 (I	ine 8, column (f), di	ivided by line 13, c	column (f))		15	98.52 %
16	Public support percentage from 2023	Schedule A, Part	III, line 15			16	99.98 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	124 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	1.48 %
18	Investment income percentage from 2					18	.02 %
19a	33 1/3% support tests - 2024. If the						
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2023. 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
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Pa	rt IV Supporting Organizations (continued)			.g
	Continuedy		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	, ,			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
·				
2	entity (see instructions). Activities Test. Answer lines 2a and 2b below.		Yes	No
a			100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2024

instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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