** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	e 2023 calendar year, or tax year beginning J	UL 1, 2023 and	ending J	UN 30, 2024	
В	Check if applicab	C Name of organization			D Employer identif	
	Addre	angela House				
Ē	Name	Control of the Contro			20-48609	46
	Initial return		ivered to street address)	Room/suite	E Telephone numbe	er
	Final return	6725 REED RD			281-445-	
_	termi ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,108,609.
	Amer	HOUSTON, IX //UU/			H(a) Is this a group r	
	Appli- tion pendi		GORY E SCHOCKLIN	IG	for subordinates	
_		SAME AS C ABOVE			H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527		list. See instructions
	Websi		sociation Other	1. 2	H(c) Group exemption	
	art i	forganization: X Corporation Trust As:	sociation Other	L Year o	or formation: 2000	M State of legal domicile: TX
	1	Briefly describe the organization's mission or most	significant activities: THE	MISSIO	N OF ANGELA	HOUSE TO
e		SUCCESSFULLY TRANSITION WO				
Activities & Governance	2		tinued its operations or dispos			
Veri	3	Number of voting members of the governing body (3	14
පි	4	Number of independent voting members of the gov				14
•ජ ග	5	Total number of individuals employed in calendar ye				23
/itie	6	Total number of volunteers (estimate if necessary)				180
Ę	7 a	Total unrelated business revenue from Part VIII, colu				0.
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11		7b	0.
					Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			837,720.	1,050,681.
Revenue					0.	0.
ě		Investment income (Part VIII, column (A), lines 3, 4,			64,336.	-162,130.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-13,559.	-21,858.
		Total revenue - add lines 8 through 11 (must equal F			888,497.	866,693.
		Grants and similar amounts paid (Part IX, column (A			0.	0.
		Benefits paid to or for members (Part IX, column (A)			623,555.	630,325.
ses		Salaries, other compensation, employee benefits (Pa Professional fundraising fees (Part IX, column (A), lin			025,555.	0.00,323.
Expenses		Total fundraising expenses (Part IX, column (D), line	4 - 4	8.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d,			308,768.	318,951.
		Total expenses. Add lines 13-17 (must equal Part IX)			932,323.	949,276.
		Revenue less expenses. Subtract line 18 from line 1			-43,826.	-82,583.
or					inning of Current Year	End of Year
an	20	Total assets (Part X, line 16)			2,895,201.	3,117,839.
ASS	21	Total liabilities (Part X, line 26)			71,482.	71,536.
2	22	Net assets or fund balances. Subtract line 21 from li	ne 20		2,823,719.	3,046,303.
	rt II	Signature Block				
		ties of perjury, I declare that I have examined this return, in				knowledge and belief, it is
true,	correc	, and complete. Declaration of preparer (other than officer)	is based on all information of whi	ch preparer h	as any knowledge.	
		Signature of officer		_	Date	
Sign		A SALE DE L'ORIGINATION DE L'ORIGINATION DE COMPANION DE	SURER		Dutc	
Here	•	GREGORY E SCHOCKLING, TREAS Type or print name and title	OURER			
_	-	33. Ft, 78. 1951. 199. 00.3239 (H40.340.00) 1.00.0003. (H00.00)	Preparer's signature	Da	te Check	PTIN
Paid			RISTEN SIMPSON		/14/24 of self-employe	
Prep		Firm's name CARR, RIGGS & INGR.		Ja. 3		2-1396621
Use		Firm's address TWO RIVERWAY, 15TH			THREE 7	
		HOUSTON, TX 77056			Phone no. 71	3-621-8090
May	the IR	S discuss this return with the preparer shown above	2 See instructions			X Yes No

Form 990 (2023)

Form 990 (2023) ANGELA HOUSE
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	X	
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		X
4	The state of the control of the cont			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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?			
	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, VIII, VIII, IX, or X,	32 7		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1		
	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	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠, ا	
	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			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	$\frac{x}{x}$
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	
a	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			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	-	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10	\rightarrow	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	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			
	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,"			_
	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	name at a contract of the cont	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? /f "Yes," complete Schedule I, Parts I and II	21		X
			200	

Pa	Grecklist of Required Schedules (continued)			-
			Yes	s No
22	A STATE SHIPE IN A STATE OF THE			
	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		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,,
	Schedule J	23	+-	X
24:	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1	1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	l		
	any tax-exempt bonds?	24c	1	+
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	+	+-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	+	X
Ŀ	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	+	X
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%			١
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	_	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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	_	X
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	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		_
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
David	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
_	Check if Schedule O contains a response or note to any line in this Part V			للم
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-	
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	330 ((2023)

332005 12-21-23

Form 990 (2023)

17

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

X

For	m 990 (2023) ANGELA HOUSE 20-486	0946	F	age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for			nse
-	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			X
Se	ction A. Governing Body and Management			
		7	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.0		x
h		7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-92.		x
	persons other than the governing body?	7b		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	
a		8a	X	-
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		W	NI.
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D		406		
442	N + 100 10 10 100 100 10 10 10 10 10 10 10	10b	Х	
100	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Α	
b		40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	-	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
40	on Schedule O how this was done	12c		×
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	40	v	
	The organization's CEO, Executive Director, or top management official	15a	X	_
b	Other officers or key employees of the organization	15b	Х	
40-	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			v
	taxable entity during the year?	16a		<u>X</u>
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	101		
600	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	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) a	vallab	ie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	itinanc	ıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SIMPLIFIED BOOKKEEPING - 281-445-9696			
	6725 REED RD, HOUSTON, TX 77087			

Part VIII 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

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.

(A)	(B)			(0	C)			ed any current officer, d	(E)	(F)
Name and title	Average		not c	Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	c, unie	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	-	icer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the organization
	organizations	rustee	trus		99	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	stiona	L	ojdu	st cor	_	1000 1420)		organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VALENCIA LEWIS	40.00									
EXECUTIVE DIRECTOR		1		X				104,880.	0.	0.
(2) STEPHEN LOFTIN	2.00									
CHAIR		X		X				0.	0.	0.
(3) SR. SHARON KARAM	1.00									
SECRETARY		X		X				0.	0.	0.
(4) GREGORY SCHOCKLING	4.00			1						
TREASURER		X		X				0.	0.	0.
(5) TERI PETERSON	1.00									
MEMBER	1	X			_			0.	0.	0.
(6) SUZANNE MCANDREWS SR	1.00							0		
MEMBER	1 00	X						0.	0.	0.
(7) SUSAN BROWN	1.00							0	0	
MEMBER (2)	4 00	X	-	-			\vdash	0.	0.	0.
(8) SR. MAUREEN O'CONNELL, O.P. MEMBER	4.00							0.	0.	0
(9) PHYLLIS CHAPPELL	1.00	X	\vdash	\dashv	-	-	-	0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(10) MICK KLEIN	1.00	^		\dashv	-	-	\dashv	0.	0.	
MEMBER	1.00	x						0.	0.	0.
(11) MAUREEN GRAF	1.00	22	\dashv	\neg				0.	0.	0.
FUNDRAISER	1.00	x						0.	0.	0.
(12) IKE ALLEN	1.00			_			1			
MEMBER		x						0.	0.	0.
(13) ELDA SMITH	1.00				\neg	\neg	T			
MEMBER		X						0.	0.	0.
(14) CLAIRE MATHEWS	1.00									
MEMBER		X						0.	0.	0.
(15) BEAU KALEEL	1.00									
MEMBER		X	_					0.	0.	0.
(16) CATHY BEATHARD	1.00									
MEMBER		X	_		_	_	_	0.	0.	0.
	1	0.		- 1	- 1	- 1	- 1			

332007 12-21-23

Form 990 (2023)

Pa	rt VII Section A. Officers, Directors, Trus (A)	(B) Average	ploy	ees	(d Hi C) sitior		st C	(D)	(E)	11	(F)
	Name and title	hours per week (list any hours for related organizations below line)	tee or director	, unle	heck ss pe	more rson	Highest compensated employee	tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	ame comp fro orga and	imated ount of other pensation om the nization related nizations
			_	-	Ĭ	×	1	_				
-												
_												
_												
_							П					
1b	Subtotal						Ш		104,880.	0.		0.
C		, Section A							104,880.	0.		0.
2	Total number of individuals (including but no											1
	compensation from the organization										Y	es No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su							-			3	х
4	For any individual listed on line 1a, is the sur	m of reportable	COL	mpe	nsat	ion	and	othe	er compensation from th	e organization		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or an										4	
Sec	rendered to the organization? If "Yes," comittion B. Independent Contractors	olete Schedule	J fo	r su	ch p	ersc	on				5	X
1	Complete this table for your five highest con the organization. Report compensation for the										tion from	1
	(A)				× ====	u i Qi	WIL	T	(B)		(C)	ation .
	Name and business a	audress	NO	NE				+	Description of se	rvices	ompens	ation
								+				
			_				_	+				
								1				
2	Total number of independent contractors (ind		lim	ited	to th	nose	liste	ed a	above) who received mor	e than	STA	
	\$100,000 of compensation from the organiza	uon				U					Form 99	0 (2023)

Form 990 (2023) ANGELA :
Part VIII Statement of Revenue

			Check if Schedule O co	ontair	ns a resp	onse	or note to any lin	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
93	0	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants	ij		Membership dues	0.0000000000000000000000000000000000000							
Ġ	9		Fundraising events				126,453.	Section 1			
fts	9										
2			Government grants (contrib								
Suc	5		All other contributions, gifts, g								
Ť 3	1		similar amounts not included a				924,228.				
Ë	3	~	Noncash contributions included in lin			c	2,500.				
6	3	-						1,050,681.			
0 0	1	- 11	Total. Add lines 1a-11				Business Code	2,000,002.			
	١,						Business Gode				
/ice	*	2 a							-		
er.		b									
E		C									
gra	4	d				_					
Program Service	ĺ	e	All other was successful as			_					
_			All other program service re								
_	-		Total. Add lines 2a-2f								
	3	5		-				55,870.			55,870.
	١.							33,870.			55,670.
	4	-	Income from investment of		070						
	5		Royalties	····	(i) Rea		(ii) Personal				
	١,		0		(I) Nea	u .	(II) Personal				
	٥	a		6a							
				6b	_						
			Rental income or (loss) Net rental income or (loss)	6c							
	٫		Gross amount from sales of		i) Securi		(ii) Other				
	′	а			i) Gecuii	1100	(ii) Other	Destruction of			
			, F	7a		_					
d)		D	Less: cost or other basis	7b	218,	200			N 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Ĕ		_		7c	-218						
Other Revenue	0					_		-218,000.			-218,000.
in in			Net gain or (loss)			·····		-210,000.			210,000.
Ę.	٥	а	including \$ 12								
٥			contributions reported on lin								
			,		. See	8a	0.				
		h	Part IV, line 18 Less: direct expenses			8b	23,916.				
			Net income or (loss) from fur			_	20,720.	-23,916.			-23,916.
	۵		Gross income from garning a								10,510,
- 1	9		Part IV, line 19			9a					
			Less: direct expenses			9b					
- 4			Net income or (loss) from ga								
			Gross sales of inventory, less	-							THE PROPERTY.
			and allowances			10a				BULL OF	
						10b					
			Net income or (loss) from sal			-					
		_	moonio or possi nom sal	.55 01		1	Business Code	THE RESERVE OF			THE PERSON
sno	11	a	MISCELLANEOUS				900099	2,058.			2,058.
Miscellaneous Revenue		b				-		2,000.			2,000.
ella ver		C				-					
Be			All other revenue			-					
Σ			Total. Add lines 11a-11d					2,058.	the state of the state of		A COLUMN TO STATE OF THE STATE
	12		Total revenue. See instructions					866,693,	0.	0.	-183,988.
20000							***************************************	1,200			Form 990 (2022)

Form 990 (2023) ANGELA HOUSE
Part IX | Statement of Functional Expenses

Do =	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				Maria - 12 - 1
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
-	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	107 707	75 205	10 771	21 5/1
	trustees, and key employees	107,707.	75,395.	10,771.	21,541
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)	394,240.	304,538.	27 526	52,166
	Other salaries and wages	334,440.	304,330.	37,536.	52,100
	Pension plan accruals and contributions (include	8,240.	5,768.	824.	1,648
	section 401(k) and 403(b) employer contributions)	80,964.	48,520.	22,967.	9,477
	Other employee benefits	39,174.	29,616.	3,774.	5,784
	Payroll taxes	33,114.	25,010.	3,1120	3,704
	Fees for services (nonemployees):	40,167.	2,008.	36,552.	1,607
	Management	40,107.	2,000.	30,332.	1,007
	Legal				
	Accounting				
	LobbyingProfessional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	942.			942
	Advertising and promotion	7121			
	Office expenses				
	information technology				
	Royalties				
	Occupancy	29,429.	27,221.	1,104.	1,104
	Fravel	15,426.	15,421.		1,104
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
10.00	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	65,986.	62,686.	1,650.	1,650
	nsurance	50,984.	43,409.	6,346.	1,229
a I	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A), respect the line 24e expenses on Schedule D.)				
	Imount, list line 24e expenses on Schedule 0.) REPAIRS & MAINTENANCE	54,177.	54,177.		
-	SUPPLIES	26,810.	13,508.	7,563.	5,739
	FOOD	10,004.	10,004.	7,505.	5,755
_	COMMUNICATIONS	9,707.	6,795.	1,941.	971.
-	All other expenses	15,319.	14,339.	245.	735.
	otal functional expenses. Add lines 1 through 24e	949,276.	713,405.	131,273.	104,598.
	oint costs. Complete this line only if the organization	222/2100	, 10, 100.	202/2/01	202/000
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.		1		
	theck here if following SOP 98-2 (ASC 958-720)			1	

a	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			236,364.	1	144,245
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			30,000.	3	30,000
'n	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual					Phys. Mark.
		under section 4958(f)(1)), and persons describe		6			
,	7	Notes and loans receivable, net		3. 5.5 5.5 5. 37.5131		7	
	8	Inventories for sale or use		8			
	9				12,879.	9	2,13
-		Land, buildings, and equipment: cost or other	1 1				
1		basis. Complete Part VI of Schedule D	10a	1,625,040.			
1	h	Less: accumulated depreciation	10h	553,163.	1,107,415.	10c	1,071,87
1	11	Investments - publicly traded securities			1,501,979.	11	1,276,80
1	12	Investments - other securities. See Part IV, line			6,564.	12	592,77
1	13	Investments - program-related. See Part IV, line	0/0011	13	0327		
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11				15	
1	16	Total assets. Add lines 1 through 15 (must equ			2,895,201.	16	3,117,83
†	17	Accounts payable and accrued expenses			71,482.	17	71,53
1					71,4021	18	11,00
1	18	Grants payable		19			
ı	19	Deferred revenue					
1	20	Tax-exempt bond liabilities				20	
1	21	Escrow or custodial account liability. Complete				21	
1	22	Loans and other payables to any current or form					
1		trustee, key employee, creator or founder, subst					
1		controlled entity or family member of any of the	•			22	
l	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
1	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			71,482.	25	71,536
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	• •	v	/1,402.	26	/1,550
			ck here				
ı		and complete lines 27, 28, 32, and 33.		le-	2 772 710		2 016 202
П					2,773,719.		3,016,303
ı		Net assets with donor restrictions			50,000.	28	30,000
ı		Organizations that do not follow FASB ASC 9	58, chec	k here			
ı		and complete lines 29 through 33.					
1		Capital stock or trust principal, or current funds			29		
1		Paid-in or capital surplus, or land, building, or eq				30	
1		Retained earnings, endowment, accumulated in			2 022 710	31	2 046 202
1		Total net assets or fund balances			2,823,719.	32	3,046,303
1	33	Total liabilities and net assets/fund balances			2,895,201.	33	3,117,839 Form 990 (20)

Form 990 (2023)

SCHEDULE A

(Form 990)

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

		ANGI	ELA HOUSE						20-4860946
Pa	art I	Reason for Public	Charity Status.	(All organizations must	complete	this part.)	See instruction	s.	
The	organ	nization is not a private foun							
1		A church, convention of cl	hurches, or associati	on of churches describe	d in secti	ion 170(b)	(1)(A)(i).		
2		A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (For	m 990).)				
3		A hospital or a cooperative	e hospital service org	anization described in	section 17	'0(b)(1)(A)(iii).		
4		A medical research organia	zation operated in co	onjunction with a hospita	describe	d in secti	on 170(b)(1)(A)	(iii). Ente	r the hospital's name,
		city, and state:							
5		An organization operated	for the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental ur	nit describ	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, state, or local go	overnment or govern	mental unit described in	section 1	170(b)(1)(A)(v).		
7	X	An organization that norma	ally receives a substa	antial part of its support	from a gov	ernmental	unit or from th	e general	public described in
		section 170(b)(1)(A)(vi). (0	Complete Part II.)						
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)				
9		An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) opera	ted in conj	unction with a l	and-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of t	he colleg	e or
		university:							
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membershi	p fees, an	d gross receipts from
		activities related to its exer							
		income and unrelated busi		The second secon					75
		See section 509(a)(2). (Co	mplete Part III.)			-	-		
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	rganizations describe	ed in section 509(a)(1)	or section	509(a)(2).	See section 5	09(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	janization(s), tyj	oically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the direc	ctors or trustee:	s of the si	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organization	(s), by hav	ving
		control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage	e the sup	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally	integrate	ed with,
		its supported organizatio	n(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.		
đ		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supporte	ed organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and a	an attentiv	veness .
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g	Provi	ide the following informatior	about the supporte	d organization(s).					
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of n		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
_									
		Ì							
_									

Schedule A (Form 990) 2023 ANGELA HOUSE 20-4860 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	7.70					
	membership fees received. (Do not						
	include any "unusual grants.")	690,645.	952,974.	1083577.	837,720.	1050681.	4615597.
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						
4	Total. Add lines 1 through 3	690,645.	952,974.	1083577.	837,720.	1050681.	4615597.
5	The portion of total contributions						
	by each person (other than a		Min at 1		A CONTRACTOR		
	governmental unit or publicly						
	supported organization) included	A DESTRUCTION OF THE PARTY OF T		Maria Control	AND THE REAL PROPERTY.		
	on line 1 that exceeds 2% of the				a halle sign		
	amount shown on line 11,				The William Port		
	column (f)				1000000		756,478.
6	Public support, Subtract line 5 from line 4.						3859119.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	690,645.	952,974.	1083577.	837,720.	1050681.	4615597.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	20,877.	17,557.	-162,971.	64,336.	55,870.	-4,331.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				<u> </u>		
10	Other income. Do not include gain	1					
	or loss from the sale of capital						
	assets (Explain in Part VI.)		-15,593.	-29,119.	1,208.	2,058.	-41,446.
11	Total support. Add lines 7 through 10				March 19 and 19		4569820.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						0.4.45
	Public support percentage for 2023 (li					14	84.45 %
	Public support percentage from 2022						90.55 %
16a	33 1/3% support test - 2023. If the o	•					
	stop here. The organization qualifies a						
b	33 1/3% support test - 2022. If the o			and a second and a second a second as		And the second second second second second	
47.	and stop here. The organization quali						
178	10% -facts-and-circumstances test						
	and if the organization meets the facts						
h	meets the facts-and-circumstances tes	-				7 15 4F is 41	
	10% -facts-and-circumstances test more, and if the organization meets the						U70 OF
	organization meets the facts-and-circu				-		[
	Private foundation. If the organization					***************************************	
-	realisations in the organization	. a.a not onton a b	57 57 mis 10, 10a	130, 174, 01 175,	CHOCK THE DOX AT		Form 990) 2023

Schedule A (Form 990) 2023 ANGELA HOUSE 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,						
2	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			1	1		
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	11 21 21 - 11 - 1 - 1 - 1 - 1 - 1				1		
	the organization without charge			-			
	Total. Add lines 1 through 5					_	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1	1	10/		1	
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
C	Add lines 10a and 10b						
	Net income from unrelated business					1	
	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					1	
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					7047)/0)	
	First 5 years. If the Form 990 is for th						
	check this box and stop here tion C. Computation of Publi				***************************************		
-						T.,, T	
	Public support percentage for 2023 (li	1.11				15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves						
	nvestment income percentage for 20					17	%
	nvestment income percentage from 2					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	33 1/3%, and line 17	is not
1	more than 33 1/3%, check this box an	d stop here. The	organization qualifi	ies as a publicly su	upported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	ore than 33 1/3%, an	d
	ine 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						

V-- N-

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

- 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.
- 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")? # "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)
- 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?
- 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		
20		
3a		
3b		
20		
3c		
4a		
45		
4b		
4c		
11 -4		
5a		
5b		
5c		
	7	1
13 17	-	E T
6		
7		
8		
10		A. T.
9a		
9b		
90		
9c		
10a		
10b		H-IS
A (Form	990)	5053

94-08722

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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (ii) Underdistributions (i) (iii) Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 1 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e 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) 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 c Remainder. Subtract lines 4a and 4b from line 4. 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: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023