efile	e GRAPHIC	C print Submission Date - 2024-09-16			DL	.N: 93	493260008074
Form	990	Return of Organization Exe Under section 501(c), 527, or 4947(a)(1) of the Interna Do not enter social security numbers on thi	I Revenue Co is form as it n	ode (except p nay be made	private foundation	is)	MB No. 1545-0047
Treas	rtment of the ury val Revenue	Go to <u>www.irs.gov/Form990</u> for instructi	ons and the	latest infor	mation.		Inspection
		calendar year, or tax year beginning 07-01-2023 , an	d ending 06	-30-2024			
B Che	ck if applicable	C Name of organization DISMAS HOUSE OF INDIANA INC			D Employer i	dentific	ation number
	dress change				82-517282	4	
_	me change tial return	Doing business as					
	al return/terminate						
	ended return	Number and street (or P.O. box if mail is not delivered to street ad 521 S SAINT JOSEPH ST	dress) Room	suite	E Telephone n	umber	
Gipence Gence	plication ling	City or town, state or province, country, and ZIP or foreign postal	code		(574) 233-	8522	
_		SOUTH BEND, IN 46601					
		E. Name and address of grincing officer.			G Gross rece	•	0,421
		F Name and address of principal officer: PETER BOTTINI			this a group return	n for	
		1788 E SNOW ROAD BERRIEN SPRINGS, MI 49103			ibordinates? e all subordinates		🗌 Yes 🗹 No
Ta>	-exempt status	-	\square	in	cluded?		Yes No
- 			527		"No," attach a list.		tructions.
JW	ebsite: W	/WW.DISMASHOUSEOFINDIANA.ORG			roup exemption nu	mber	
K		on: 🗹 Corporation 🗌 Trust 🗌 Association 🗌 Other		L Year of fo	ormation: 2018 M	State of	legal domicile: IN
N FORM	i oi organizatio						
Pa	rtl Sui	mmary					
		lescribe the organization's mission or most significant activitie					
Ce	PROVIDE	ES TRANSITIONAL HOUSING AND OTHER SERVICES FOR PERSC	JNS RELEASE		UN.		
â							
Governance							
20		this box $ igsim $ if the organization discontinued its operations or or of voting members of the governing body (Part VI, line 1a)			% of its net assets	3	12
		r of independent voting members of the governing body (Parl				4	12
es		umber of individuals employed in calendar year 2023 (Part V,				5	12
Į,		umber of volunteers (estimate if necessary)	inic 20, 1		• •	6	12
Activities &		nrelated business revenue from Part VIII, column (C), line 12				7a	0
		related business taxable income from Form 990-T, Part I, line 1				7b	
	b			1	Prior Year		urrent Year
	8 Contrib	outions and grants (Part VIII, line 1h)			95,660	-	120,250
Revenue		n service revenue (Part VIII, line 2g)			97.650		102,943
eve		nent income (Part VIII, column (A), lines 3, 4, and 7d)			36		62
æ		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			69,561		67,166
	12 Total re	venue—add lines 8 through 11 (must equal Part VIII, column	(A), line 12)		262,907		290,421
		and similar amounts paid (Part IX, column (A), lines 1-3)					0
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)					0
ŝ	15 Salaries	s, other compensation, employee benefits (Part IX, column (A	.), lines 5–10)		168,702		187,244
ISe	16a Profess	sional fundraising fees (Part IX, column (A), line 11e)					0
Exp enses	b Total fun	draising expenses (Part IX, column (D), line 25) 19,816					
ă	17 Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			93,299		110,022
	18 Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line	e 25)		262,001	1	297,266
	19 Revenu	e less expenses. Subtract line 18 from line 12			906	1	-6,845
es es				Beginn	ing of Current Year		End of Year
Net Assets or Fund Balances							
Bal		ssets (Part X, line 16)			241,255		206,628
and		abilities (Part X, line 26)			31,009		3,227
		sets or fund balances. Subtract line 21 from line 20	• •		210,246		203,401
		nature Block perjury, I declare that I have examined this return, including	accompanyin	a schedulec :	and statements a	nd to th	e hest of my
knowl	edge and be	lief, it is true, correct, and complete. Declaration of preparer (
any k	nowledge.						
Sign	Cionat	ure of officer			2024-09-05 Date		
Here	PETER	BOTTINI TREASURER		U	Juic		
	Туре о	r print name and title Print/Type preparer's name Preparer's signature		Date			
Pai	d			2024-09-09	Check U if P00 self-employed	007468	
	parer	Firm's name METZGER MANCINI & LACKNER LLP			Firm's EIN 35-12852	68	
	e Only	Firm's address 115 SOUTH EDDY STREET			Phone no. (574) 232	9973	
	y						
		SOUTH BEND IN 46617					
		SOUTH BEND, IN 46617	_			N 14	
		SOUTH BEND, IN 46617 ss this return with the preparer shown above? See Instructions reduction Act Notice, see the separate instructions.	5. 		No. 11282Y	🗹 Yes	No Form 990 (2023)

_	990 (2023)					Р
Pa	rt III Statement of Prog	gram Service	Accomplishments			
	Check if Schedule O co	ontains a response	e or note to any line in thi	is Part III		
	Briefly describe the organization					
RON	IDES TRANSITIONAL HOUSING	AND OTHER SERV	ICES FOR PERSONS RELE	ASED FROM PRISON.		
2	Did the organization undertak	e any significant	orogram services during		not listed on	
	the prior Form 990 or 990-EZ? If "Yes." describe these new se		 le O			🗌 Yes 🛛 🗹 No
	Did the organization cease co			ow it conducts, any p	irogram	
	services?					🗌 Yes 🔽 No
	If "Yes," describe these chang	es on Schedule O				
1	Describe the organization's pr Section 501(c)(3) and 501(c)(and revenue, if any, for each	4) organizations a	re required to report the			
а	(Code:) (E>	(penses \$	including gra	nts of \$) (Revenue \$)
	PROVIDES TRANSITIONAL HOUSING	G AND OTHER SERVIO	ES FOR PERSONS RELEASED	FROM PRISON.		
b	(Code:) (E>	kpenses \$	including gra	nts of \$) (Revenue \$)
	(Code:) (Ex PROVIDES TRANSITIONAL HOUSING	(penses \$ G AND OTHER SERVIC	66,834 including grat CES FOR PERSONS RELEASED) (Revenue \$)
c	PROVIDES TRANSITIONAL HOUSING	G AND OTHER SERVIO	CES FOR PERSONS RELEASED 86,454 including grav	FROM PRISON.) (Revenue \$) (Revenue \$)
lc Id	PROVIDES TRANSITIONAL HOUSING (Code:) (Ex	G AND OTHER SERVIG openses \$ G AND OTHER SERVIG cribe in Schedule (86,454 includit	225 FOR PERSONS RELEASED 86,454 including gran 225 FOR PERSONS RELEASED	FROM PRISON.) (Revenue \$,

Part IV Checklist of Required Schedules

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
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		No
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		No
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> .	5		No
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? <i>If "Yes," complete Schedule D</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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	Yes	
	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		No
	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		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
			Form 99	90 (2023)

Par	t 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		No
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J</i>	23		No
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 Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	21		Nie
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31 32		No No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	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?

No

1c

solicit any contributions that were not tax deductible as charable contributions? if "mes," wild the organization include with very solicitation an express statement that such contributions or gifts were provided to the payor? if and the organization receive a payment in excess of 373 made party as a contribution and party for goods and services provided to the payor? if "mes," indicate the number of Forms 8282 filed during the year if "mes," indicate the number of Forms 8282 filed during the year if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? if the organization receive a contribution of qualified intellectual property. did the organization file a Form 8299 as required 0. if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? if the organization meeived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? if the organization maintaining donor advised funds, if organing organizat	Form	990 (2023)			Page 5
The Statements, the of the calendar year ending with or within the year covered by 2 12 12 bit of a teast one is reported on line 2a, duit the organization file all required dedral employment tax returns? 30 No bit of a teast one is reported on line 2a, duit the organization file an intervent on an adjunct the response of the state of t	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
b If a last one is reported on line 2a, did the organization file al required reform employment has returns? 2a Vis 3a Did the organization have unrelated basines gross file come of 3,000 or more during the year? 3a No 3a Did the organization have unrelated basines gross file come of 3,000 or more during the year? 3a No 3b Did the organization have unrelated basines gross file come of a signature or other authority over, a financial accounts, section is observed. 3a No 3b Did the organization have unrelated basines an interest in, or a signature or other authority over, a signature or other authority ove	2a	Tax Statements, filed for the calendar year ending with or within the year covered by	,		
b 1****: ***: ***: ***: ***: ***: ***: **	b			Yes	
4a Are y time during the calendar year, did the organization have an interest in, or a signature or other suborty over, a fanancial account? 4a No b if "hsc," enter the name of the foreign country. b and account, or other financial account? 5a b if "hsc," if the granization is party to a prohibited tax shear transaction at any time during the tax year? 5a No b Dd any taxable party notify the organization their twas or is a party to a prohibited tax shear transaction? 5a No 5b Dd any taxable party notify the organization their m 386-17 5a No 5c If "hsc," to line 5a or 5b, di the organization in life orm 386-17 5a No 5b Dd dary taxable party notify the organization include where not tax declutible a charable contributions and party for goods and services route tax declutible? 5a No 6b Dd dary taxable party notify the doror of the value of the goods or services provided? 7a 7a 7a 7b Dd the organization netify the doror of the value of the goods or services provided? 7b 7a 7a 7a 7c Di the organization netify the doror of the value of the goods or services provided? 7c 7a 7a 7a 7c Di the organization receive any funds, directly or indirectly, on a personal benefit contract? 7a 7a 7a 7a 7a 7a	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
If "Ms," return the name of the foreign county, If "Ms," return the name of the foreign county, See instructions for filing requirements for FilinCEN form 114, Report of Foreign Bank and Financial Account (PAN). See instructions for filing requirements for FilinCEN form 114, Report of Foreign Bank and Financial Account (PAN). So Was the organization a party to a prohibit dat x shelter transaction at any time during the tax year? So D Ud any taxable party notify the organization file Form 8886-77. So C If "Nes," to line 5a or 5b, did the organization file Form 8886-77. So D D the organization shet were not tax deductible as chartable contributions? Form 8827. D T "Nes," did the organization file Form 8886-77. So D T "Nes," did the organization file form 8886-77. So D T "Nes," did the organization file form 8886-77. So D T "Nes," did the organization file form 8886-77. So D T "Nes," did the organization file form 8282 filed buring the year Td D D the organization sile, exclusive dispose of tangbipe ersonal property for which it was required to file form 82827. Td D D the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided? Td D D the organization received a contribution of qualified intelectual property. If which it was required to file form 82828 as required? Td F D id the organization make a distribution or advised fund. Did horganization file form 88	b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
See instructions for fining requirements for FinCER Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 1 Sa Was the organization and the application of any time during the tax year? 5 5 No b Did any taxable party notify the organization file form 8886-7? 5 5 No So Does the organization are amonglors encoreign that are normally greater than \$100,000, and did the organization 5c 1 So Does the organization share wandlig roos receipts that are normally greater than \$100,000, and did the organization 66 1 If "%s," toll the organization neceive a payment in excess of \$75 made partly as a contributions or gifts were nor tax deductible contributions under section 170(c). 61 1 7a 1 If "%s," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a 1 1 If "%s," did the organization neceive a payment in excess of \$75 made partly as a contribution of the solute organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a 1 <th>4a</th> <th></th> <th>4a</th> <th></th> <th>No</th>	4a		4a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No c If "%s," to line 5 ar 25b, did the organization file form 8886-77 5c 15c a Does the organization serve annual gross recipits that are normally greater than \$100,000, and did the organization file were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions and partly for goods and services 6a No b If "%s," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a 1 b If "%s," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a 1 c Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a 1 c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a 1 c Did the organization neceive any funds, directly or indirectly, on a personal benefit contract? 7a 1 f Did the organization mexice a contribution of cars, basts, airplanes, or other vehicles, did the organization file Form 8899 as required? 1 1 f Did the organization mexice and contribution of cars, basts, airplanes, or other vehicles, did the organization file form 8892 as required? 3 3	b				
c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 Jo Gb Does the organization have annual gross receipts that are normally greater than \$100.00, and did the organization solut any contributions that were not tax deductible a contributions? Ga No b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ga No c Did the organization notify the donor of the value of the goods or services provided? 7a 7b 7c c Did the organization receive a payment in excess of 575 medp partly as a contribution and partly for goods and services from 82827 7c 7c 7c c Did the organization notify the donor of the value of the goods or services provided? 7c 7c 7c c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 7c 7c f Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1998-C7 7g 7f 7f d Did the organization make a distribution to a donor, donor advised funds. 10a 9a 9b d Sponsoring organization maintaining donor advised funds. 10a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a 9a <th>5a</th> <th>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$.</th> <th>5a</th> <th></th> <th>No</th>	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$.	5a		No
Ga Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization include with were not tax deductible as charitable contributions? 6a 10 b If "fes," did the organization include with werey solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b c Organization stealwere patter as expendent the such contributions or gifts were not tax deductible? 7a 6b 6b c Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7a c Did the organization notify the donor of the value of the goods or services provided? 7b 7c 7c c Did the organization receive any turned, directly or indirectly, on paymentim second services provided? 7d 7c 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c 7c 7c f Did the organization receive a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a form 1098 as required? 7g 7g 7g g If the organization maxes business holdings ot any time during the year? 9a 9a <t< th=""><th>b</th><th>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</th><th>5b</th><th></th><th>No</th></t<>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
solicit any contributions that were not tax deductible as charitable contributions?	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
not tax deductible? 6b 7 Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b bit f "bs:" (id the organization notify the donor of the value of the goods or services provided? 7c c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 7d f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7g 7d g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7g 7h 8 Sponsoring organizations maintaining donor advised funds. 8a 9a 9b 9 Sponsoring organization make any taxable distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distribution to a donor, or related person? 9a 9b 10 Besction 501(c/12) organizations. Enter: 11a 11b 12a 12a 12 Section 501(c/12) organizations. (Do not	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a b If "kes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 2822? 7d d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d g If the organization naceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7h 8 Sponsoring organizations maintaining donor advised funds. 9a 9 Sponsoring organization nake excess business holdings at any time during the year? 9a 10 besponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor adviser fund maintained by the sponsoring organization make an distribution to a donor, donor adviser fund maintained by the sponsoring organization make a distribution to a donor, donor adviser fund maintained by the sponsoring organisetion make an distribution to a donor, donor adviser f	b		6b		
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 82827 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7g l H if the organization merceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7g 8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667 9a a Did the sponsoring organizations maintaining door advised funds. 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross income from members or shareholders 11a 11a 11a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year? 13a 13a 13a If "Yes," enter the amount of tax-exempt interest received or accrued during the year? 13a 13a 13a If "Yes," enter th	а		7a		
Form 82827 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7g 8 Sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 0 0 10 section 501(c)(12) organizations. Enter: 10a 11 section 501(c)(12) organizations. Enter: 10a 12 Section 501(c)(12) organizations. Enter: 11a 13 Gross income from members or shareholders 11a 14 "Yes," enter the amount of tax-exempt interest received or accrued during the year? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 14 Did the organization silfer health plans in more than one state? 13a 15 the organization liscensed to iss	b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots	7b		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7g 8 Sponsoring organizations maintaining donor advised funds. Did d a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667 8 9 bid the sponsoring organization make any taxable distributions under section 49667 9a 9 10 Section 501c(r)(7) organizations. Enter: 10a 10a 10a a Gross income from members or shareholders 11a 11a 11a 11a 11 Section 501c(r)(2) organizations. Enter: 11a	c		7c		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7e g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 10 Bid the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 10a 10b 11 Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 12 Section 501(c)(2) organizations. Enter: 11a 10b 12a 13 Section 501(c)(2) organizations. Enter: 11a 12b 13a 14 Section 501(c)(2) organizations. Enter: 11a 12b 13a 14 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year? 1	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 8 9 Sponsoring organizations maintaining donor advised funds. 9a 10 10 the sponsoring organization make any taxable distributions under section 4966? 9a 10 5ection 501(c)(7) organizations. Enter: 10a 10a 11 10a 10b 10b 10b 12 Section 501(c)(12) organizations. Enter: 10a 10b 10b 13 Section 501(c)(12) organizations. Enter: 11a 11b 11b 11c 13 Section 501(c)(2) organizations. Enter: 11a 11b 11b 11c 11c 14 11b 11b 11b 11c 11c 11c 11c 14 11b 11b 11b 11c 11c 11c 11c 15 secti	e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining door 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 organization make excess business holdings at any time during the year? 9a 9 Did the sponsoring organization make a distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions. Included on Part VIII, line 12 10a 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 123 Section 501(c)(2) gualified nonprofit health insurance issuers. 13a 13a 13 Section 501(c)(2) gualified nonprofit health plans in more than one state? 13a 13a 144 Did the organization licensed to issue qualified health plans 13a 14a No 13 Enter	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
1098-C7 7h 8 Sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organization make excess business holdings at any time during the year? 9a 9 Did the sponsoring organization make any taxable distributions under section 49667 9a 10 Betting organization make any taxable distributions under section 49667 9a 10 Betting organization make any taxable distributions under section 49667 9a 10 Section 501(c)(7) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 10c 12 Gross income from members or shareholders 11a 11b 12a 10c 12 Section 501(c)(12) organizations. Enter: 11a 12b 10c 12a 13 Gross income from members or shareholders 11a 11b 12a 12a 14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers.	g		7g		
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b 13b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 Is the organization andication and fier T20, Schedule N. 15	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12			9b		
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b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13b 13a 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 13b 13b c Enter the amount of reserves on hand 13c 14a No b If "Yes," has it filed a Form 720 to report these payments?!f "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No 16 No					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a Is the organization licensed to issue qualified health plans in more than one state?			12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments?/f "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	b	12b			
Note. See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No b If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No		Note. See the instructions for additional information the organization must report on Schedule O.	13a		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No b If "Yes," has it filed a Form 720 to report these payments?/If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 15 15 15 15 16 No 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No		which the organization is licensed to issue qualified health plans 13b			
b If "Yes," has it filed a Form 720 to report these payments?/f "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No		157			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No					No
parachute payment(s) during the year? 15 No If "Yes," see the instructions and file Form 4720, Schedule N. 16 No 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No			14b		ļ
	12	parachute payment(s) during the year?	15		No
if "res," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	would result in the imposition of an excise tax under section 4951, 4952, or 4953?			

Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection 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 12 12	-		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 12			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	.)	
				1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10a 10b		No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b		No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10a 10b 11a		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10a 10b 11a 12a		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i>	10a 10b 11a 12a 12b		No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	10a 10b 11a 12a 12b 12c		No No No
b 11a b 12a b c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13		No No No
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13		No No No
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No
b 11a b 12a b c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes	No No No
b 11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No
b 11a b 12a c 13 14 15 a b 16a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No No

Section 6104 requires an organization to make its Form 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. 18

Own website Another's website **V**pon request Other (explain in Schedule O)

Describe in 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. 19

State the name, address, and telephone number of the person who possesses the organization's books and records: PETE BOTTINI 521 S SAINT JOSEPH ST SOUTH BEND, IN 46601 (574) 233-8522 20

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for	more perse	than on is	bot rect	not e bo :h ar	check x, unle n office rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations	
(1) PETER BOTTINI TREASURER	5.00 			x				0	0	0	
(2) JIM CUNNINGHAM BOARD MEMBER				x				0	0	0	
(3) DOUGLAS R ELDER PRESIDENT				х				0	0	0	
(4) ANDREA GORDON SECRETARY	2.00 			х				0	0	0	
(5) MARIA KACZMAREK BOARD MEMBER				х				0	0	0	
(6) THOMAS KELLER BOARD MEMBER				х				0	0	0	
(7) ANN KIMMELL BOARD MEMBER				х				0	0	0	
(8) SR SUE KINTZELE BOARD MEMBER				х				0	0	0	
(9) DR ALEX LESNIAK BOARD MEMBER				х				0	0	0	
(10) STEVEN LESNIAK PRESIDENT EL				x				0	0	0	
(11) SANDI PONTIUS BOARD MEMBER				x				0	0	0	
(12) JOAN WESOLOWSKI BOARD MEMBER				х				0	0	0	
										Form 990 (2023)	

Page **8**

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

	(A) Name and title	(B) Average hours per week (list any hours for	(C) (D) (E) Position (do not check more than one box, unless person is both an officer and a director/trustee) (V- C) (C) (D) (E) Reportable compensation from the organization (W- 2/1099- 2/1099-				N-	(F Estim amount o compen from	ated of other sation the					
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1 MISC/10	.099- 099-NEC)	2/1099- MISC/1099-NEC		organizat relat organiz	ed
сT	ub-Total	rt VII, Section												
2	Total number of individuals (including b reportable compensation from the orga	out not limited to		liste	d ab	ove) who	recei	ived more	e than \$10	0,000 of			
													Yes	No
3	Did the organization list any former of						yee, o	r hig	hest com	pensated e	employee on			
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is th			mne			and of	• ther		••••	the	3		No
-	organization and related organizations individual										une .	4		No
5	Did any person listed on line 1a receive									ion or indiv	idual for	_		
	services rendered to the organization?/		e Sched	iule ,	for	suc	h pers	on .	• • •	• •		5		No
<u>Se</u>	ction B. Independent Contracto Complete this table for your five higher	st compensated										pens	ation fror	n
	the organization. Report compensation	(A)		ndin	g wi	th o	or withi	in the	e organiz		(B)		(0	
	Name ar	id business addres	S							Desc	ription of services		Compe	nsation

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

Form 990 (20	Form 990 (2023)									
Part VIII	Statement of Revenue									

	Check if Schedule O contains a response or note to any	line in this Part VIII			U
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, gifts, grants, and other similar amounts	1aFederated campaigns	120,250			
	Business Code 2a PROGRAM FEES	60,730	60,730		
Revenue	b ANNUAL DINNER	42,213	42,213		
Program Service Revenue	cd				
Program	e				
	f All other program service revenue. g Total. Add lines 2a-2f. 102,943			1	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents 6a Gross rental expenses c Rental income or (loss) d Net rental income or (loss) 6b 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7b 7c d Net gain or (loss) 7c a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 5a Gross income from gaming activities. See Part IV, line 19 9a Gross income from gaming activities. See Part IV, line 19 9a Gross alse of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances				62
	C Net income or (loss) from sales of inventory Business Code				
sn	11a _{RELIGIOUS} DONATIONS	7,44			
scellaneou Revenue	b OTHER REVENUE	3,32			
Miscellaneous Revenue	C MEMORIALS				
-	e Total. Add lines 11a-11d	19,73			
		200 /2	122.68		62

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must co	•	-	is must complete colu	ПП (А).
	Check if Schedule O contains a response or note to an	,	(B)		<u> U</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) 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		expenses	general expenses	expenses
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	I			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	148,521	66,834	66,834	14,853
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,102		28,102	
	Payroll taxes	10,621	4,779	4,779	1,063
	Fees for services (non-employees):				
i	a Management				
I	o Legal				
	Accounting	3,752		3,752	
	llobbying				
	e Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,953	2,953		
12	Advertising and promotion	696	696		
	Office expenses	10,008	10,008		
14	Information technology				
15	Royalties				
16	Occupancy	17,236	17,236		
	Travel	2,229		2,229	
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings				
	Interest	637		637	
	Payments to affiliates	2.740	2.740		
	Depreciation, depletion, and amortization	2,749 16,780	2,749	16,780	
	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	10,700		10,700	
	a COGS	17,489	17,489		
	b RESIDENT SUPPORT SERVICES	10,944	10,944		
	c REPAIRS	8,041	8,041		
	d DUES AND SUBSCRIPTIONS	6,673	6,673		
	e All other expenses	9,835	4,886	1,049	3,900
25	Total functional expenses. Add lines 1 through 24e	297,266	153,288	124,162	19,816
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here if following SOP 98-2 (ASC 958-720).				
					Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	line in this Part IX			🗆
			-		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			114,362	1	65,390
	2	Savings and temporary cash investments .		[82,426	2	56,532
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the	tantial c	ontributor, or 35%		5	
	6	Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	fied pers	sons (as defined under		6	
6	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges				9	1,500
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	185,070			
	b	Less: accumulated depreciation	10b	126,864	19,467	10c	58,206
	11	Investments—publicly traded securities	<u> </u>		25,000	11	25,000
	12	Investments—other securities. See Part IV, line	11 .		·	12	· · · ·
	13	Investments—program-related. See Part IV, line		-		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		-		15	
	16	Total assets. Add lines 1 through 15 (must equ		-	241,255	16	206,628
	17	Accounts payable and accrued expenses			·	17	· · · ·
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete P	art IV o	f Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons				22	
Ë	23	Secured mortgages and notes payable to unrela	tad thir	1 narties		23	
1	24	Unsecured notes and loans payable to unrelated		· ·		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables	-	31,009	25	3,227
	26	Total liabilities. Add lines 17 through 25 .		F	31,009	26	3,227
Assets or Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck he	re 🗹 and			
ala	27	Net assets without donor restrictions	• •		127,820	27	203,401
I B	28	Net assets with donor restrictions			82,426	28	
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, cł	neck here 🕨 🗌 and			
10	29	Capital stock or trust principal, or current funds	• •	· · · [29	
ets	30	Paid-in or capital surplus, or land, building or equ	uipment	fund		30	
ISS	31	Retained earnings, endowment, accumulated inc	come, oi	r other funds		31	
	32	Total net assets or fund balances			210,246	32	203,401
Net	33	Total liabilities and net assets/fund balances .			241,255	33	206,628

Form **990** (2023)

1

Par	t XI Reconcilliation 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)				290,421
2	Total expenses (must equal Part IX, column (A), line 25)	!			297,266
3	Revenue less expenses. Subtract line 2 from line 1 3	;			-6,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	ł			210,246
5	Net unrealized gains (losses) on investments 5	;			
6	Donated services and use of facilities	;			
7	Investment expenses	'			
8	Prior period adjustments	;			
9	Other changes in net assets or fund balances (explain in Schedule O)	,			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	0			203,401
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	5,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	О.			
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?	۱	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	udit	3b		
					0 (2023)

Form **990** (2023)

efi	le GR	APHIC prii	nt Subi	nission Date	e - 2024-09-16			DLN:	93493260008074
(Fo	rm 9	-			harity Statu organization is a sec 4947(a)(1) nonexe	tion 501(c)(3) mpt charitabl	organization or e trust.		OMB No. 1545-0047
Trea	sury	it of the evenue	•	Go to <u>www.ir</u>	Attach to Form <u>s.gov/Form990</u> for in			ormation.	Open to Public Inspection
Nam DISM/	e of th As hous	ne organizat i SE OF INDIANA	on INC					Employer identifica	ation number
	nrt I				tus (All organization				
	organız		•		e it is: (For lines 1 throu	5		•) /))	
1					ssociation of churches			A)(I).	
2	\Box				(1)(A)(ii). (Attach Sche				
3		A hospital of	or a cooperat	ive hospital ser	rvice organization desc	ribed in sectio i	n 170(b)(1)(A)(ii	ii).	
4		A medical i name, city,		anization opera	ted in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). En	ter the hospital's
5				ed for the benef aplete Part II.)	ït of a college or unive	rsity owned or o	operated by a gov	ernmental unit descri	bed in section
6		A federal, s	tate, or loca	government o	r governmental unit de	scribed in sect	ion 170(b)(1)(A)	(v).	
7		section 17	'0(b)(1)(A)(vi). (Complete			-	nit or from the genera	al public described in
8			•		n 170(b)(1)(A)(vi). (0				
9	\Box				escribed in 170(b)(1) See instructions. Enter t				ge or university or a
10		activities re income and	elated to its e I unrelated b	exempt function	e income (less section 5	xceptions, and	(2) no more than	33 1/3% of its support	from gross investment
11		An organiza	ation organiz	ed and operate	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		more publi	ly supported	d organizations	d exclusively for the be described in section 5 the type of supporting o	609(a)(1) or se	ction 509(a)(2).	See section 509(a)	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup						ing control or nization(s). You must
с					supporting organization must complete Part			d functionally integra	ted with, its supported
d		Type III no functionally	n-functiona integrated.	ally integrated The organization	d. A supporting organiz on generally must satis rt IV, Sections A and	ation operated fy a distributior	in connection wit requirement and		
е		Check this	box if the org	anization recei	ived a written determin supporting organization	ation from the		e I, Type II, Type III fu	nctionally integrated,
f	Entei								
g		Provide the	following int	formation abou	t the supported organiz				
(i) M	Name c	of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				l					1
Tota For		work Reduc	tion Act No	tice, see the l	nstructions for	Cat. No. 1128	35F	Schedul	e A (Form 990) 2023

Sch	edule A (Form 990) 2023						Page 2
F	Part II Support Schedule for						
	(Complete only if you ch					iled to qualify u	nder Part III. If
	the organization failed to	o qualify under t	ne tests listed b	elow, please coi	mplete Part III.)		
	ection A. Public Support	1				1	1
	lendar year r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	150,000	80,500	65,950	91,770	120,250	508,470
~	include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	150,000	80,500	65,950	91,770	120,250	508,470
5	The portion of total contributions by				,		
-	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						508,470
_	line 4.						, -
_	Section B. Total Support	1			I		
	r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4.	150,000	80,500	65,950	91,770	120,250	508,470
8	Gross income from interest,						
	dividends, payments received on	15	16	16	36	62	145
	securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets		42,900		53,014		95,914
	(Explain in Part VI.).						
11	Total support. Add lines 7 through						604,529
12	10 Gross receipts from related activities, e	etc. (see instruction	l ns)			12	706,387
	·					L I	
12	First 5 years. If the Form 990 is for th	-					ation, check
	this box and stop here	<u></u> .				▶∪	
	ection C. Computation of Publi		-				
14	Public support percentage for 2023 (lir	,				14	84.110 %
15	Public support percentage for 2022 Sci					15	85.080 %
16 a	33 1/3% support test—2023. If the o	rganization did not	check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	_
	and stop here. The organization quali						. 🕨 🗹
b	33 1/3% support test—2022. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his
	box and stop here. The organization						
17a	10%-facts-and-circumstances test	-2023. If the orga	nization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more, and
	if the organization meets the "facts-an		-	•		<u> </u>	ion meets the
	"facts-and-circumstances" test. The or						- 100/
b	10%-facts-and-circumstances test and if the organization meets the "face						
	•			•	•	-	_
10	the "facts-and-circumstances" test. The Private foundation. If the organization						
18	-						
	instructions						. 🕨 🗆

Schedule A (Form 990) 2023

Schedule A	Form	990)	2023
Schedule A	(101111	550,	2025

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.)

	ction A. Public Support		-			-	
	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	iscal year beginning in) 🕨	(,	(,	(-,	(,	(-)	(1) 10121
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
5	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization'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						
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.						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
0	from line 6.)						
Se	ction B. Total Support			•	•	•	
Cale	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(or f	iscal year beginning in) 🕨	(a) 2019	(b) 2020	(C) 2021	(u) 2022	(e) 2023	(1) 10141
9	Amounts from line 6						
10a	Gross income from interest,						
	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.						
с	Add lines 10a and 10b.						
	Net income from unrelated business						
11	activities not included on line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's f	irst, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3) organ	ization, check this
	box and stop here						. ► 🗆
Se	ction C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2023 (lin	e 8, column (f) di	vided by line 13, o	column (f))		15	
16	Public support percentage from 2022 S	chedule A Part III	line 15			16	
-						10	
	ction D. Computation of Invest Investment income percentage for 202			ino 13 column (f))	1 1	
17	1 5					17	
18	Investment income percentage from 2					18	
19a	33 1/3% support tests-2023. If the o						
	than 33 $_{\mbox{\scriptsize 1/3}}$ %, check this box and ${\mbox{\scriptsize stop}}$	here. The organiz	zation qualifies as	a publicly suppor	ted organization .	🕨	\Box
b	33 1/3% support tests-2022. If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is m	nore than 33 1/3%	and line 18 is not
	more than 33 $_{1/3}$ %, check this box and	stop here. The o	organization qualif	ïes as a publicly s	upported organiza	tion 🕨 🕨	• 🗆
20		-	•				
20	Private foundation. If the organization	on did not check a	1 box on line 14, 1	9a, or 19b, check	this box and see i		
						Schedule A	(Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
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	1		
	in section 509(a)(1) or (2).	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.	3a		
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.			
		3b		
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.	Зc		
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.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
,	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).	7		
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).	8		
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 .			
_	·	9a		
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 .	9b		
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 .	9c		
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.	10a		
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).	10b		

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			

- Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).

Section 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 field 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).			
	mantanca a close ana continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 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.

 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

З

			 -
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.		
	involvement.	2b	
	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.	3b	

Yes No

Yes No

Yes

No

1

2

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	Pa
 Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization 	st on Nov	. 20, 1970 (explain in I	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
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		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-int	tegrated	Type III supporting orga	anization (see instruct

Schedule A (Form 990) 2023

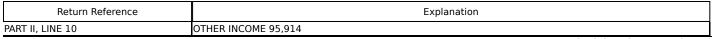
Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	rganizations (co	ontinued				
Section D - Distributions		gamzations		Current Year			
Section D - Distributions				Current real			
1 Amounts paid to supported organizations to accomplish	exempt purposes		1				
2 Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	2				
3 Administrative expenses paid to accomplish exempt pur	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4 Amounts paid to acquire exempt-use assets		4					
5 Qualified set-aside amounts (prior IRS approval required	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
6 Other distributions (describe in Part VI). See instruction		6					
7 Total annual distributions. Add lines 1 through 6.		7					
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (<i>provide</i>	8					
9 Distributable amount for 2023 from Section C, line 6	9						
10 Line 8 amount divided by Line 9 amount	10						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023	ons	(iii) Distributable Amount for 2023			
1 Distributable amount for 2023 from Section C, line 6							
2 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 e							
g Applied to underdistributions of prior yearsh Applied to 2023 distributable amount							
Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions)							
i 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.							
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 							
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . 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							
e Excess from 2023			S	chedule A (Form 990) (2023)			

Page 7



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

Facts And Circumstances Test





_	e GRAPHIC pri	ΠĽ	Submission Date - 2024-	09-16					T	326000807
	HEDULE D m 990)		Supplement	al Fi	nancial	Stateme	ents			No. 1545-0047
(10)	in 550)		Complete if the or	ganizati	ion answered	"Yes," on Form	990,		20	022
Depa	rtment of the		Part IV, line 6, 7, 8, 9, 1		11b, 11c, 11c 1 to Form 990		or 12b	-	Ope	n to Public
Treas	ury		► Go to <u>www.irs.gov/Form</u>				format	ion.		spection
Interr Servi	nal Revenue ce									
	ne of the organiza IAS HOUSE OF INDIAN							nployer id	lentification	number
Pa			ns Maintaining Donor Advi				-			
	Complet	e if th	ne organization answered "Ye	s" on Fo	orm 990, Part			(1-) 5		
1	Total number at e	nd of y	year		(a) Donor adv	vised funds		(b) Fu	nds and other	accounts
		-	ributions to (during year)							
			nts from (during year)							
		-	of year							
5	Did the organizat	tion in	form all donors and donor adviso y, subject to the organization's ex					l funds are	_	
6	Did the organizat charitable purpos private benefit?	tion in ses an	form all grantees, donors, and do d not for the benefit of the donor	nor advis or donor	sors in writing t r advisor, or for	that grant funds ca any other purpos	an be u		or ermissible	Yes 🗌 No
Pai			n Easements. ne organization answered "Ye	s" on Fc	orm 990. Part	IV, line 7.				
1	•		tion easements held by the organ							
			nd for public use (e.g., recreation		_	Preservation of	an hist	orically im	portant land	area
	Protection of the section of the					Preservation of		-	•	
	Preservation						u certi			
2			ugh 2d if the organization held a	gualified	conconvotion c	contribution in the	form of	a conson	vation	
2			ay of the tax year.	quaimeu	Conservation				at the End	of the Year
а	Total number of c	onserv	vation easements				2a			
b	Total acreage rest	tricted	by conservation easements				2b			
с	Number of conser	rvatior	n easements on a certified histori	c structu	ire included in ((a)	2c			
d			n easements included in (c) acqui in the National Register	ired after	⁻ July 25, 2006,	and not on a	2d			
3	Number of conset tax year \blacktriangleright	ervatio	n easements modified, transferre	d, releas!	ed, extinguishe	ed, or terminated l	by the c	organizatio	on during the	
4	Number of states	s wher	e property subject to conservatio	n easem	ent is located 🕨	•				
5			have a written policy regarding the servation easements it holds? .				ng of vio	olations, a	nd 🗌 Yes	
6	Staff and volunte	eer hou	urs devoted to monitoring, inspec	ting, han:	ndling of violation	ons, and enforcing	g conser	vation ea		
7	Amount of expen	nses in	curred in monitoring, inspecting,	handling) of violations, a	and enforcing cons	servatio	n easeme	ents during the	e year
8			n easement reported on line 2(d) 3)(ii)?				n 170(h)(4)(B)(i)	🗌 Yes	
9	balance sheet, and the organization?	nd incl 's acco	w the organization reports conse lude, if applicable, the text of the punting for conservation easemer	footnote nts.	e to the organiz	ation's financial st	tatemer	nts that de	escribes	
Par			ns Maintaining Collections ne organization answered "Ye				Other	Similar	Assets.	
1a	If the organizatio historical treasur	n elec res, or	ted, as permitted under FASB ASG other similar assets held for puble footnote to its financial stateme	C 958, no ic exhibit	ot to report in it tion, education,	s revenue statem , or research in fu				
b	If the organizatio historical treasur	on elec res, or	ted, as permitted under FASB AS other similar assets held for publ ting to these items:	C 958, to	report in its re	venue statement				
(1	-		Form 990, Part VIII, line 1					▶\$		
			n 990, Part X							
2	If the organizatio	on rece	vived or held works of art, historic	al treasu	ires, or other si	milar assets for fir			ide the	
а	5		uired to be reported under FASB A orm 990, Part VIII, line 1		5			▶\$		
b	Assets included i	in Form	n 990, Part X					▶\$		

Schedule	D	(Form	990)	2022
Schedule		(101111	550)	2022

Pa	rt III Organizations Maintaining Co	llections of Art,	Historie	al Tre	asures,	or Othe	er Similar As	sets (continued)	
3	Using the organization's acquisition, accession items (check all that apply):	i, and other records,	check an	y of the	following	that are a	a significant use	of its collection	
а	Public exhibition		d	🗌 Loa	an or exch	ange pro	grams		
b	Scholarly research		e	O Otl	ner				
С	Preservation for future generations								
4	Provide a description of the organization's coll Part XIII.	ections and explain h	now they	further t	he organi	zation's e	exempt purpose	: in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							🗌 Yes 🗌 No	
Pa	rt IV Escrow and Custodial Arranger Complete if the organization answ line 21.		n 990, P	art IV, I	ine 9, or	reporte	d an amount o	on Form 990, Part >	٢,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?							🗌 Yes 🗌 No	
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	wing tab	le:			Am	ount	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For					ccount li	ability?	🗌 Yes 🗌 No	
							_		
b	If "Yes," explain the arrangement in Part XIII. C art V Endowment Funds.	neck here if the expi	anation r	las been	provided	In Part A			
ΓC	Complete if the organization answ	ered "Yes" on Forr	n 990, P	art IV, I	ine 10.				
		(a) Current year	(b) Prio			ears back	(d) Three years	s back (e) Four years ba	ck
1 a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g,	column (a)) held a	s:			
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
c	Term endowment 🕨								
-	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess organization by:	ion of the organizati	on that a	re held a	ind admin	istered fo	or the	Yes No	<u>_</u>
	(i) Unrelated organizations							3a(i)	_
	(ii) Related organizations							3a(ii)	_
b	If "Yes" on 3a(ii), are the related organizations				• •			3b	_
4	Describe in Part XIII the intended uses of the o	5	ment fun	ds.					
Pa	rt VI Land, Buildings, and Equipmer		- 000 D					line 10	
	Complete if the organization answ Description of property (a) Cost or other (investment)	er basis (b) Cost	or other ba				depreciation	(d) Book value	
1a	Land			7,20	00			7,	,200
b	Buildings			65,70	06		65,706		
	Leasehold improvements			95,4	76		44,470	51,	,006
	Equipment			8,93	35		8,935		
	Other			7,75			7,753		
	al. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	, column			. 1	•	58,	,206

	orm 990) 2022					Page 3
	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, P.	art IV liv	ne 11b.See Form	990 Par	t X li	ne 12.
· · · · · · · · · · · · · · · · · · ·	(a) Description of security or category	(b) Boo	ok ((c) Metho	d of v	aluation:
(1) Financial o	(including name of security)	value	Cost	or end-of	-year	market value
(2) Closely-he	eld equity interests					
(3)Other						
(A)						
(B)		1				
(C)		+				
(D)						
. ,						
(E)						
(F)						
(G)						
(H)		+				
	(b) must equal Form 990, Part X, col. (B) line 12.)	_				
Part VIII	Investments - Program Related.					
	Complete if the organization answered 'Yes' on Form 990, P	art IV, lir				
	(a) Description of investment		(b) Book value			hod of valuation: ·of-year market value
(1)						
(2)						
(3)						
(4)						
(5)		Ī				
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	Þ				
	Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	e 11d. See Form	990, Par	t X, li	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 15.)	<u></u> .	<u></u> .		•	
	Other Liabilities.	ort IV li-	0 110 or 11600	Earm 00		rt X lino 25
1.	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	πιιν, IIN	e 116 01 111.566	10111 99	o, Pa	(b) Book value
(1) Federal in						
FEDERAL TAXE	ES PAYABLE COUNTY TAXES PAYABLE					<u>2,476</u> 540
	MPLOYMENT PAYABLE					211
- <u></u>						
. <u></u>						
	(b) must equal Form 990, Part X, col.(B) line 25.)	h - 11		•		3,227
	r uncertain tax positions. In Part XIII, provide the text of the footnote s liability for uncertain tax positions under FIN 48 (ASC 740). Check h					
		5. e ii ciie				lule D (Form 990) 2022
						•

Schedule D (Form 990) 2022

Page	4
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Pa	t XI Reconciliation of Revenue per Audited Financial Statem Return.	nents	With Revenue per		
	Complete if the organization answered 'Yes' on Form 990, Part	IV, lii	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pai	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered 'Yes' on Form 990, Part			r Retu	irn.
1	Total expenses and losses per audited financial statements			1	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•		-	
ے a	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b		_	
c	Other losses	2.0 2c		_	
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d	20		2e	
3	Subtract line 2e from line 1	•		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		5	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	I		
b	Other (Describe in Part XIII.)	4b		_	
c	Add lines 4a and 4b		<u> </u>	4c	1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
-	rt XIII Supplemental Information	•		. <u> </u>	Į

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference

efi	le GRAPHIC print	Sub	mission Date - 2	2024-09	-16			DL	N: 93493260008074
	HEDULE G		Supplem	enta	l Info	ormation Reg	ardi	na	OMB No. 1545-0047
Fo	rm 990)					Gaming Activ	-	-	2023
		Ca	omplete if the organiza	tion answe	red "Yes"	on Form 990, Part IV, lines 1	7, 18, or 19	, or if the	
	artment of the		organizati			n \$15,000 on Form 990-EZ, li 990 or Form 990-EZ.	ne 6a.		Open to Public Inspection
	sury nai Bevenue Service of the organization		►Go to www.i	rs.gov/For	m990 for i	nstructions and the latest in	formation.	Employer ider	ntification number
	AS HOUSE OF INDIAN	A INC							
							000	82-5172824	7
Pa		-	re not required to	Ű		answered "Yes" on Fo	orm 990,	Part IV, line 1	7.
1			•			llowing activities. Check	all that an	nlv	
- a	Mail solicitations	-		oughany	e ci une ro	Solicitation of non			
и ь	Internet and ema		tions			f Solicitation of gov	•	-	
D	_		LIONS					Jiants	
С	Phone solicitation				ç	g [] Special fundraisin	g events		
d	In-person solicita	ations							
2a						vidual (including officers,			_
_						with professional fundra	•	□ Ye	es 🗆 No
b	to be compensated a				raisers) p	oursuant to agreements u	nder whic	n the fundraiser	
(i) N	lame and address of ir or entity (fundraise		(ii) Activity) Did ser have	(iv) Gross receipts from activity		nount paid to etained by)	(vi) Amount paid to (or retained by)
	or entity (fundraise			custo	ody or rol of	nom activity	fundra	iser listed in	organization
				contrib	outions?			col. (i)	
1				Yes	No				
2									
3									
4									
5									
6									
7									
8									
9									
5									
10									
ota	I			►					
									•

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	dule G (Form 990) 2023 Int II Fundraising Events. Comple				
	than \$15,000 of fundraising ev gross receipts greater than \$5		gross income on Form	990-EZ, lines 1 and 6	b. List events with
	group receipes greater than \$5	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
e					
Revenue					
Rev					
	1 Gross receipts	47,428			47,428
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	47,428			47,428
	4 Cash prizes	,.==			
ŝ	5 Noncash prizes				
euse	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				-
irect	 8 Entertainment 9 Other direct expenses 				-
Δ	10 Direct expense summary. Add lines 4 th	nrough 9 in column (d)		▶	-
	11 Net income summary. Subtract line 10				47,428
Pa	rt III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part IV	/, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Rev	1 Gross revenue				
es	2 Cash prizes				
bens					
Direct Expense:	3 Noncash prizes				
Direc	4 Rent/facility costs				
house	5 Other direct expenses	□ Yes%_	☐ Yes%_	□ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 th	nrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, columr	n (d)		
9	Enter the state(s) in which the organization	on conducts gaming activi	ties:		
a b	Is the organization licensed to conduct ga If "No," explain:				🗌 Yes 🗌 No
~					
10a	Were any of the organization's gaming lic]
b	If "Yes," explain:				
					1

Schedule G (Form 990) 2023

Sche	dule G (Form 990) 2023							Page 3
11	Does the organization conduct gaming	activities with nonmem	nbers?			🗌 Yes		
12	Is the organization a grantor, beneficiar formed to administer charitable gaming		or a member of a partnership or other ent	ity		□ Yes	_	
13	Indicate the percentage of gaming activ	vity conducted in:						
а	The organization's facility				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the pers	son who prepares the o	rganization's gaming/special events book	s and rec	ords:			<u> </u>
	Name 🕨 🛛							
15a	Address		whom the organization receives gaming			_		
b			organization 🕨 \$	 and the	•	🗌 Yes	∪ No	
~	amount of gaming revenue retained by							
с	If "Yes," enter name and address of the							
	Name 🕨							
	Address							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation \blacktriangleright \$							
	Description of services provided							
	Director/officer		Independent contractor	or				
17	Mandatory distributions:							
а	Is the organization required under state retain the state gaming license?		e distributions from the gaming proceeds	to 		🗆 Yes		
b	Enter the amount of distributions requir	ed under state law dist	tributed to other exempt organizations or	spent		⊥ res		
	in the organization's own exempt activi	• •						
Pa			nations required by Part I, line 2b, co cable. Also provide any additional int					,
	Return Reference		Explanation					

efile GRAPH	IC print	Submission Date -	2024-09-16	DLN: 9349326000807							8074	
SCHEDUL (Form 990) Department of t Treasury Internal Revenue	he	Complete to pro Form 990 o	vide informatio r 990-EZ or to p Attach to F	n for resp provide an orm 990 o	for responses to specific questions on ovide any additional information. rm 990 or 990-EZ. 1900 for the latest information.					2(Open	b. 1545-0 2 to Pub pection	3 Nic
Same of the org	anization INDIANA INC						Employer identification number					
							8	32-5172824				
Return Reference				Expla	anation							
FORM 990, PAGE 2, PART III, LINE 4D	PROVID	ES TRANSITIONAL HOU	SING AND OTI	HER SERV	ICES FOR	R PERSO	NS RE	LEASED FF	ROM F	PRISON		
FORM 990, PAGE 6, PART VI, LINE 11B	THE CEO REVIEWS THE FORM 990 AND FILES IT AFTER APPROVAL OF EXECUTIVE COMMITTEE.											
FORM 990, PAGE 6, PART VI, LINE 15A	EXECUT	IVE COMMITTEE EVALU	ATES AND API	PROVES (COMPENS	ATION O)F THE	CEO.				
FORM 990, PAGE 6, PART VI, LINE 15B	EXECUT	IVE COMMITTEE EVALU	ATES AND API	PROVES	COMPENS	ATION O)F ALL	OFFICERS	AND	KEY EN	MPLOYE	ES.
FORM 990, PAGE 6, PART VI, LINE 19	GOVER	NING DOCUMENTS ARE	MADE AVAILA	BLE TO T	HE PUBLI	C UPON	REQU	JEST.				