

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
CONGREGATIONS FOR THE HOMELESS

Doing business as
PORCHLIGHT

Number and street (or P.O. box if mail is not delivered to street address) 13668 SE EASTGATE WAY	Room/suite
City or town, state or province, country, and ZIP or foreign postal code BELLEVUE, WA 98005	

D Employer identification number
45-3932748

E Telephone number
(425) 289-4044

G Gross receipts \$ 7,250,438

F Name and address of principal officer:
TROY CHRISTENSEN
13668 SE EASTGATE WAY
BELLEVUE, WA 98005

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: PORCHLIGHTCARES.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2011

M State of legal domicile:
WA

Part I

Summary

1 Briefly describe the organization's mission or most significant activities:
PROVIDING SHELTER, HOUSING, FOOD, AND CASE MANAGEMENT SERVICES TO MEN EXPERIENCING HOMELESSNESS ON THE EAST SIDE OF KING COUNTY, WA.

2 Check this box <input type="checkbox"/>			
3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	70
6 Total number of volunteers (estimate if necessary)	6	213
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,297,797	6,471,612
9 Program service revenue (Part VIII, line 2g)	91,322	68,864
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	244,282	272,226
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,711	23,181
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,623,690	6,835,883

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	538,300	688,848
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,247,639	4,100,977
16a Professional fundraising fees (Part IX, column (A), line 11e)	111,642	25,050
b Total fundraising expenses (Part IX, column (D), line 25) 468,615		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,728,111	2,658,506
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,625,692	7,473,381
19 Revenue less expenses. Subtract line 18 from line 12	997,998	-637,498

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	29,261,330	28,476,729
21 Total liabilities (Part X, line 26)	16,724,296	16,575,612
22 Net assets or fund balances. Subtract line 21 from line 20	12,537,034	11,901,117

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (if other than filer) is attached if applicable.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign
Here**

2025-10-28

Date

Signature of officer
TROY CHRISTENSEN EXECUTIVE DIRECTOR

Type or print name and title

**Paid
Preparer
Use Only**

	Print/Type preparer's name	Preparer's signature	Date 2025-10-28	Check <input type="checkbox"/> if self-employed	PTIN P02233793
	Firm's name FINNEY NEILL & COMPANY PS			Firm's EIN 91-1566381	
	Firm's address 9757 GREENWOOD AVE N SEATTLE, WA 98103			Phone no. (206) 298-9811	

May the IRS discuss this return with the preparer shown above? See Instructions.

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDING SHELTER, HOUSING, FOOD, AND CASE MANAGEMENT SERVICES TO MEN EXPERIENCING HOMELESSNESS ON THE EAST SIDE OF KING COUNTY, WA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,964,539 including grants of \$ 624,562) (Revenue \$)

SHELTER: PORCHLIGHT'S 24/7 EMERGENCY MEN'S SHELTER OFFERS A SAFE, WELCOMING ENVIRONMENT EVERY DAY OF THE YEAR FOR MEN EXPERIENCING HOMELESSNESS. AS THE ONLY DEDICATED SHELTER FOR MEN IN EAST KING COUNTY, THE EMS PROVIDES CRITICAL SERVICES AND RESOURCES TO HELP INDIVIDUALS REBUILD THEIR LIVES AND SECURE STABLE INCOME AND HOUSING. EACH DAY, THE EMS SERVES OVER 100 MEN, UP TO 125 DURING SEVERE WEATHER, AND MORE THAN 340 MEN THROUGHOUT THE YEAR. MEN SERVED BY PORCHLIGHT FACE DEEPLY INTERSECTING BARRIERS: A SEVERE LACK OF AFFORDABLE HOUSING, RISING RENTS, LIMITED ACCESS TO TIMELY MENTAL HEALTH AND ADDICTION TREATMENT, AND SYSTEMIC RACIAL AND ECONOMIC DISPARITIES. MANY OF THESE MEN WORK FULL-TIME JOBS, YET STILL CANNOT AFFORD HOUSING IN OUR COMMUNITY. WITHOUT A SAFE, SUPPORTIVE PLACE TO REST AND ACCESS RESOURCES, THE DAILY STRUGGLE FOR STABILITY CAN FEEL INSURMOUNTABLE. AT PORCHLIGHT, WE BELIEVE THAT SHELTER IS MORE THAN A BED. IT'S AN OPPORTUNITY TO RESTORE DIGNITY AND PROVIDE NEEDED TOOLS TO BUILD A MORE STABLE FUTURE. PORCHLIGHT HOTEL PROGRAM WAS AN EXTENSION OF THE EMS; ITS GOAL WAS TO PROVIDE A HEALTHIER ENVIRONMENT FOR THE MOST MEDICALLY FRAGILE MEN WHO SEEK SHELTER WITH US. IT CAME ONLINE DURING THE COVID-19 PANDEMIC AND CONTINUED UNTIL THE END OF 2024. PORCHLIGHT RENTED ROOMS WITHIN AN EASTGATE AREA HOTEL, WHICH SERVED UP TO 20 MEN AT A TIME. MEN STAYING WITH US ALSO MUST FOLLOW SPECIFIC BEHAVIORAL REQUIREMENTS THAT KEPT THE HOTEL OWNER SATISFIED WITH OUR PROGRAM. CLIENTS IN THE HOTEL WERE PROVIDED MEALS AND HAD ACCESS TO ALL OF OUR SUPPORTIVE SERVICES, INCLUDING HOUSING NAVIGATION AND CASE MANAGEMENT. PORCHLIGHT'S ROTATING SHELTER (RS) IS A UNIQUE, RECOVERY-INFORMED OVERNIGHT SHELTER THAT SERVES UP TO 25 ADULT MEN EACH NIGHT WHO ARE EXPERIENCING HOMELESSNESS IN EAST KING COUNTY. AS A SAFE, RESPECTFUL ENVIRONMENT, RS IS A MEDIUM BARRIER BEHAVIOR-BASED PROGRAM AND SHELTERS CLIENTS WHO ARE HOUSING FOCUSED. IT IS OUR FOUNDATIONAL PROGRAM AS IT IS THE ORIGINAL PROGRAM AT PORCHLIGHT WHEN WE STARTED IN 1993 (THEN CALLED CONGREGATIONS FOR THE HOMELESS). OPERATING FROM 6:00 P.M. TO 7:30 A.M., THE RS OFFERS MORE THAN A SAFE PLACE TO SLEEP-IT PROVIDES A SUPPORTIVE, SOBER COMMUNITY WHERE MEN CAN ACCESS CASE MANAGEMENT, MENTAL HEALTH AND ADDICTION SERVICES, AND THE STABILITY NEEDED TO WORK TOWARD PERMANENT HOUSING. AS THE ONLY RECOVERY-FOCUSED SHELTER OF ITS KIND IN THE REGION, THE RS PROVIDES A TRUSTED, CLEAN, AND SOBER ENVIRONMENT WHERE GUESTS ARE TREATED WITH DIGNITY AND SUPPORTED THROUGH BOTH PROGRESS AND SETBACKS. PORCHLIGHT'S OUTREACH PROGRAM PLAYS A CRUCIAL ROLE IN ENGAGING WITH MEN EXPERIENCING HOMELESSNESS THROUGHOUT EAST KING COUNTY. FOR MANY OF OUR SHELTER GUESTS, OUTREACH IS THE FIRST POINT OF CONTACT AND THE INTRODUCTION TO PORCHLIGHT. IN PARTNERSHIP WITH CITY STAFF, POLICE, EMERGENCY SERVICES, AND OTHER COMMUNITY STAKEHOLDERS, OUR OUTREACH COORDINATOR PROACTIVELY VISITS PUBLIC SPACES - PARKS, LIBRARIES, GREENBELTS, BUS STOPS, AND MORE-TO MEET MEN WHERE THEY ARE, BUILD TRUST, AND SHARE INFORMATION ABOUT AVAILABLE RESOURCES. ADDITIONALLY, OUR OUTREACH COORDINATOR IS THE FACE OF OUR I & R SERVICES (INFORMATION AND REFERRAL) - BRIDGING THE GAP BETWEEN PEOPLE IN NEED AND THE RESOURCES AVAILABLE TO THEM IN EAST KING COUNTY.

4b (Code:) (Expenses \$ 1,427,304 including grants of \$ 64,286) (Revenue \$ 68,864)

HOUSING: PORCHLIGHT'S HOUSING PROGRAM OFFERS 91 UNITS OF PERMANENT HOUSING WITH SUPPORTS FOR SINGLE ADULT MEN (18 YEARS AND OLDER) TRANSITIONING FROM HOMELESSNESS TO STABILITY AND INDEPENDENCE. SUPPORTED BY IN-HOUSE, COMPREHENSIVE WRAPAROUND SERVICES, OUR HOUSING PROGRAM EMPOWERS MEN TO OVERCOME LONG-STANDING BARRIERS AND REBUILD THEIR LIVES IN COMMUNITY. IN 2024, 98% OF PARTICIPANTS EITHER REMAINED STABLY HOUSED FOR TWO YEARS OR MORE OR SUCCESSFULLY TRANSITIONED TO OTHER PERMANENT HOUSING, REFLECTING ONE OF THE STRONGEST SUCCESS RATES IN THE REGION.

4c (Code:) (Expenses \$ 1,154,784 including grants of \$) (Revenue \$)

PROGRAM SUPPORT: PORCHLIGHT'S BEHAVIORAL HEALTH PROGRAM PROVIDES SAME-DAY, ON-SITE BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES TO MEN IN OUR EMERGENCY MEN'S SHELTER (EMS), ROTATING SHELTER, AND PERMANENT SUPPORTIVE HOUSING PROGRAMS. THE BEHAVIORAL HEALTH TEAM USES A MULTI-DISCIPLINARY MODEL WHICH PROVIDES CLOSELY COORDINATED EMPLOYMENT SUPPORT AND HOUSING NAVIGATION, SOCIAL WORK, NURSING, NURSE

PRACTITIONER, AND SUBSTANCE USE CARE. PORCLIGHT'S CASE MANAGEMENT SERVICES PROVIDE PERSONALIZED, STRENGTHS-BASED SUPPORT TO MEN NAVIGATING THE COMPLEX PATH OUT OF HOMELESSNESS. AVAILABLE TO ALL PARTICIPANTS ACROSS OUR PROGRAMS, CASE MANAGEMENT IS CENTRAL TO HELPING INDIVIDUALS STABILIZE, BUILD TRUST, AND MOVE TOWARD LONG-TERM HOUSING, HEALTH, AND WELL-BEING. PORCLIGHT'S HOUSING NAVIGATION PROGRAM PROVIDES TARGETED, HOUSING-FOCUSED CASE MANAGEMENT AND MOVE-IN ASSISTANCE FOR ADULT MEN EXPERIENCING HOMELESSNESS IN EAST KING COUNTY. OUR GOAL IS TO BREAK DOWN BARRIERS AND HELP EACH MAN TAKE CLEAR, SUPPORTED STEPS TOWARD STABLE, PERMANENT HOUSING. PORCLIGHT'S EMPLOYMENT SERVICES, FOR MANY OF THE MEN WE SERVE, HOMELESSNESS IS CLOSELY LINKED TO UNEMPLOYMENT OR UNDEREMPLOYMENT. WITHOUT STABLE INCOME, SECURING AND MAINTAINING HOUSING ON THE EASTSIDE CAN FEEL IMPOSSIBLE. JOB HUNTING WHILE LIVING IN A SHELTER-OR WITHOUT SHELTER AT ALL-BRINGS ADDED CHALLENGES, ESPECIALLY FOR THOSE WITHOUT ACCESS TO TECHNOLOGY, JOB-SEARCH SKILLS, OR EMPLOYER CONNECTIONS. WHILE SOME GUESTS ARE ALREADY EMPLOYED AND USE THE SHELTER AS A TEMPORARY BRIDGE WHILE SAVING FOR HOUSING, OTHERS NEED MORE HANDS-ON SUPPORT TO NAVIGATE JOB READINESS AND PLACEMENT. PORCLIGHT'S EMPLOYMENT SUPPORT SERVICES MEET THIS NEED WITH PERSONALIZED, ONE-ON-ONE GUIDANCE.

4d	Other program services (Describe in Schedule O.) (Expenses \$ 4e Total program service expenses	including grants of \$ 6,546,627) (Revenue \$)
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Part IV **Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, 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? If "Yes," complete Schedule D, Part II	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.		
a 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	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b No	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c No	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 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 XI	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 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? If "Yes," complete Schedule F, Parts I and IV	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

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

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.

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

15	No
16	No
17	Yes
18	Yes
19	No
20a	No
20b	
21	No

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Part IV **Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
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?	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? If "Yes," complete Schedule L, 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):		
a 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
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
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	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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	Yes
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

Part 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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **1a** **40**
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? **1c**

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 70	2b	Yes
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a No	3a	No
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	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No	4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a No	5a	No
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b No	5b	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a No	6a	No
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? 6b	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a No	7a	No
7 Organizations that may receive deductible contributions under section 170(c). 7b	7b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c No	7c	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7e No	7e	No
d If "Yes," indicate the number of Forms 8282 filed during the year 7f No	7f	No
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7g	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7h	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 9a	9a	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9b	9b	
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter:		

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	10b		
11 Section 501(c)(12) organizations. Enter:			
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.)	11b		
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.			
a Is the organization licensed to issue qualified health plans in more than one state?			
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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
<i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
<i>If "Yes," complete Form 4720, Schedule O.</i>			
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		

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	10
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.		
1b Enter the number of voting members included in line 1a, above, who are independent	1b	10
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
7b 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:		
a 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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		

11a	Yes
12a	Yes
12b	Yes
12c	Yes
13	Yes
14	Yes
15	Yes
15a	Yes
15b	No
16a	No
16b	

b Describe on Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? *If "No," go to line 13*

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed
WA

18 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.

Own website Another's website Upon request Other (explain in Schedule O)

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
SHIRLEY TOLSTYKH 13668 SE EASTGATE WAY BELLEVUE, WA 98005 (425) 289-4044

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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.

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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) TROY CHRISTENSEN	40.00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former			

(1) KURT CHRISTENSEN		X		184,784	0	17,603
EXECUTIVE DI							
(2) SHIRLEY TOLSTYKH	40.00		X		136,724	0	16,353
DIR OF FINAN							
(3) KERRI O'FARRELL	40.00			X	119,587	0	15,381
DIR OF DEVEL							
(4) DON CASTLE	5.00	X	X		0	0	0
CHAIR							
(5) JAY WOOLFORD	5.00	X	X		0	0	0
VICE CHAIR							
(6) CRISSA CUGINI	5.00	X	X		0	0	0
SECRETARY							
(7) KRISTI GUAY	5.00	X	X		0	0	0
TREASURER							
(8) SHAWN MCCORD	3.00	X			0	0	0
DIRECTOR							
(9) BONNIE BOWIE	3.00	X			0	0	0
DIRECTOR							
(10) JUDY FAAST	3.00	X			0	0	0
DIRECTOR							
(11) CLAIRE SUMADIWIRYA	3.00	X			0	0	0
DIRECTOR							
(12) BRIAN WARNOCK	3.00	X			0	0	0
DIRECTOR							
(13) HOWARD COLEMAN	3.00	X			0	0	0
DIRECTOR							

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Part VI

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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		

1b Sub-Total
c Total from continuation sheets to Part VII, Section A
d Total (add lines 1b and 1c)

441.095

49,337

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Statement of Revenue

Check if Schedule Q contains a response or note to any line in this Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Constituted campaigns . . .	1a				
Membership dues . . .	1b				
Fundraising events . . .	1c				
147,559					
Related organizations	1d				
Government grants (contributions)	1e				
4,618,348					
All other contributions, gifts, grants					

. contributions, grants, grants, and similar amounts not included above

1f

1,705,705

g Noncash contributions included in lines 1a - 1f: \$

1g

736,131

h Total. Add lines 1a-1f

6,471,612

Program Service Revenue	Business Code			
		624200	68,864	68,864
2a CLIENT PARTICIPATION				
,				
,				
,				
,				
,				
f All other program service revenue.				
g Total. Add lines 2a-2f.	68,864			
3 Investment income (including dividends, interest, and other similar amounts)		271,488		271,488
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
	(i) Real	(ii) Personal		
6a Gross rents				
b Less: rental expenses				
c Rental income or (loss)				
d Net rental income or (loss)				
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory	402,229			
b Less: cost or other basis and sales expenses	401,491			
c Gain or (loss)	738			
d Net gain or (loss)		738		738
a Gross income from fundraising events (not including \$ <u>147,559</u> of contributions reported on line 1c). See Part IV, line 18				
b Less: direct expenses	13,064			
c Net income or (loss) from fundraising events		-13,064		
9a Gross income from gaming activities. See Part IV, line 19				
b Less: direct expenses				
c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances				
b Less: cost of goods sold				
c Net income or (loss) from sales of inventory				
11a BAD DEBT RECOVERY	Business Code			
	900099	31,200	31,200	

b MISCELLANEOUS	900099	5,045		5,045
Other Revenue Misc Amt				
d All other revenue				
e Total. Add lines 11a-11d		36,245		
12 Total revenue. See instructions	6,835,883	100,064		277,271

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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	688,848	688,848		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	321,508	270,678	21,991	28,839
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	2,874,059	2,419,670	196,586	257,803
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,018	65,684	5,336	6,998
9 Other employee benefits	444,403	374,454	30,264	39,685
10 Payroll taxes	382,989	324,963	24,862	33,164
11 Fees for services (non-employees):				
a Management				
b Legal	6,734	5,669	461	604
c Accounting	39,975	33,655	2,734	3,586
d Lobbying				
e Professional fundraising services. See Part IV, line 17	25,050			25,050
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	141,313	98,466	20,994	21,853
12 Advertising and promotion				
13 Office expenses	230,614	108,101	79,351	43,162
14 Information technology				
15 Royalties				
16 Occupancy	503,184	503,021	118	45
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	546,718	511,388	34,762	568
23 Insurance	136,829	127,304	7,377	2,148
24 Other				

24 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.)				
a SHELTER SUPPLIES AND EXPENSES	855,528	819,113	31,305	5,110
b HOUSING EXPENSES	166,794	166,794		
c				
d				
e All other expenses	30,817	28,819	1,998	
25 Total functional expenses. Add lines 1 through 24e	7,473,381	6,546,627	458,139	468,615
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X

Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,171,845	1	1,144,822
	2 Savings and temporary cash investments	5,074,197	2	5,543,494
	3 Pledges and grants receivable, net	137,861	3	88,500
	4 Accounts receivable, net	821,338	4	1,021,308
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	150,290	9	214,905
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,619,707		
	b Less: accumulated depreciation	10b 1,077,003	10c 19,899,054	19,542,704
	11 Investments—publicly traded securities	184,704	11	189,504
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	822,041	15	731,492
	16 Total assets. Add lines 1 through 15 (must equal line 33)	29,261,330	16	28,476,729
Liabilities	17 Accounts payable and accrued expenses	503,816	17	388,768
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	15,387,809	23	15,442,733
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	832,671	25	744,111
	26 Total liabilities. Add lines 17 through 25	16,724,296	26	16,575,612
Equity	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,164,903	27	7,579,921

28	Net assets with donor restrictions	4,372,131	28	4,321,196
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	12,537,034	32	11,901,117
33	Total liabilities and net assets/fund balances	29,261,330	33	28,476,729

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Part XI

Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,835,883
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,473,381
3	Revenue less expenses. Subtract line 2 from line 1	3	-637,498
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,537,034
5	Net unrealized gains (losses) on investments	5	1,581
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,901,117

Part XII

Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	Yes
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? 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.	3a	Yes
	3b	Yes

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Additional Data**Return to Form**

Software ID:
Software Version:

Form 990, Special Condition Description:

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.
www.irs.gov/Form990 for instructions and the

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

2024

Open to Public Inspection

Name of the organization

WORLDWIDE ORGANIZATION CONGREGATIONS FOR THE HOMELESS

Employer identification number

45-3932748

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Cat. No. 11285F

Schedule A (Form 990) 2024

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(ii) and 170(b)(1)(A)(iv)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.)

(Complete only if you checked the box on line 3, 7, 8, 9, or 10 of Part I of the organization's Form 990.)
If the organization failed to qualify under the tests listed below, please complete Part III.

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	5,457,933	9,545,163	8,050,732	7,297,797	6,471,612	36,823,237
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 the organization without charge..						
4 Total. Add lines 1 through 3	5,457,933	9,545,163	8,050,732	7,297,797	6,471,612	36,823,237
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)						444,416
6 Public support. Subtract line 5 from line 4.						36,378,821

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	5,457,933	9,545,163	8,050,732	7,297,797	6,471,612	36,823,237
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	22,455	7,916	44,164	269,139	271,488	615,162
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .				1,350	5,045	6,395
11 Total support. Add lines 7 through 10						37,444,794
12 Gross receipts from related activities, etc. (see instructions)				12		624,845
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	97.150 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	96.330 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990) 2024**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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						

3	Organization's tax-exempt purpose Gross receipts from activities that are 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.					
c	Add lines 7a and 7b. . .					
8	Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.). .						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)) **15**
16 Public support percentage from 2023 Schedule A, Part III, line 15 **16**

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2023 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b	33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	►	<input type="checkbox"/>

Schedule A (Form 990) 2024

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Schedule A (Form 990) 2024

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Part IV Supporting Organizations

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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	2	

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

3a
3b
3c
4a
4b
4c
5a
5b
5c
6
7
8
9a
9b
9c
10a
10b

Schedule A (Form 990) 2024

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on 11a above?		
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 .		

Section B. Type I Supporting Organizations

	Yes	No
1 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		

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.

2

Section C. Type II Supporting Organizations

	Yes	No
1 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).	1	

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 filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 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**):

- The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

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.**

Yes	No
2a	
2b	
3a	
3b	

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990) 2024

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Schedule A (Form 990) 2024

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (**explain in Part VI**). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990) 2024

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2024 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) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			

f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Schedule A (Form 990) (2024)

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Schedule A (Form 990) 2024

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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

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 1,350

Schedule A (Form 990) 2024

Additional Data

Return to Form

Software ID:
Software Version:

Schedule B
 (Form 990)
 (Rev. January 2025)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**
 ► Attach to Form 990, 990-EZ, or 990-PF.
 ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization
CONGREGATIONS FOR THE HOMELESS**Employer identification number**
45-3932748**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Form 990-PF

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).For Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Page 2

Schedule B (Form 990) (Rev. 1-2025)

Page 2

Name of organization
CONGREGATIONS FOR THE HOMELESS**Employer identification number**
45-3932748**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 1-2025)

Page 3

Schedule B (Form 990) (Rev. 1-2025)

Page 3

Name of organization CONGREGATIONS FOR THE HOMELESS		Employer identification number 45-3932748	
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Schedule B (Form 990) (Rev. 1-2025)

Page 4

Schedule B (Form 990) (Rev. 1-2025)

Page 4

Name of organization CONGREGATIONS FOR THE HOMELESS	Employer identification number 45-3932748
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

Transferee's name, address, and ZIP 4

(e) Transfer of gift

Relationship of transferor to transferee

Schedule B (Form 990) (Rev. 1-2025)

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection
Name of the organization
 CONGREGATIONS FOR THE HOMELESS

Employer identification number
 45-3932748
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Held at the End of the Year	
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
 ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
 ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Schedule D (Form 990) (Rev. 1-2025)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,854,993		1,854,993
b Buildings		18,270,508	736,453	17,534,055
c Leasehold improvements		12,161	1,689	10,472
d Equipment		471,991	338,861	133,130
e Other		10,054		10,054

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ►

19,542,704

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	►	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

744,111

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) (Rev. 1-2025)

Page 4

Schedule D (Form 990) (Rev. 1-2025)

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	6,843,421
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,581
b	Donated services and use of facilities	2b	37,157
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	38,738
3	Subtract line 2e from line 1	3	6,804,683
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	31,200
c	Add lines 4a and 4b	4c	31,200
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,835,883

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	7,479,338
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	37,157
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	37,157
3	Subtract line 2e from line 1	3	7,442,181
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . .	4a	
b	Other (Describe in Part XIII.)	4b	31,200
c	Add lines 4a and 4b	4c	31,200
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,473,381

Part XIII Supplemental Information

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	Explanation
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THE ORGANIZATION ACCOUNTS FOR TAX POSITIONS IN ACCORDANCE WITH THE FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES. WITH FEW EXCEPTIONS, THE ORGANIZATION IS SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE PRIOR THREE YEARS. THE ORGANIZATION RECOGNIZES INCOME TAX RELATED INTEREST IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. DURING THE YEARS ENDED DECEMBER 31, 2024 AND 2023, THE ORGANIZATION RECOGNIZED NO INCOME TAX RELATED INTEREST OR PENALTIES.

SCHEDULE D, PAGE 4, PART XI, LINE 4B

BAD DEBT RECOVERY 31,200

SCHEDULE D, PAGE 4, PART XII, LINE 4B

BAD DEBT RECOVERY 31,200

Schedule D (Form 990) (Rev. 1-2025)

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Software ID:
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**SCHEDULE G
(Form 990)**
(Rev. January 2025)

 Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

 Open to Public
Inspection

Name of the organization

CONGREGATIONS FOR THE HOMELESS

Employer identification number

45-3932748

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
 Yes No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
TWO DOGS BARKING PRODUCTIONS 703 PACIFIC AVE TACOMA, WA 98402	CAMPAIGN		No	15,000	-15,000
THE BETTER FUNDRAISING COMPANY PO BOX 1563 EDMONDS, WA 98020	CAMPAIGN		No	10,050	-10,050
Total ►				25,050	-25,050

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.

WA

Schedule G (Form 990) (Rev. 1-2025)

		(a) Event #1 LUNCHEON (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	147,559			147,559
	2 Less: Contributions	147,559			147,559
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,215			3,215
	7 Food and beverages	5,354			5,354
	8 Entertainment				
	9 Other direct expenses	4,495			4,495
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► 13,064
	11 Net income summary. Subtract line 10 from line 3, column (d)				► -13,064

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization conducts gaming activities: _____

Yes No

a Is the organization licensed to conduct gaming activities in each of these states?

Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain: _____

Schedule G (Form 990) (Rev. 1-2025)

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► -----

Address ► -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► -----

Address ► -----

16 Gaming manager information:

Name ► -----

Gaming manager compensation ► \$ -----

Description of services provided ► -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Schedule G (Form 990) (Rev. 1-2025)

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
InspectionName of the organization
CONGREGATIONS FOR THE HOMELESSEmployer identification number
45-3932748**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

 Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) Rev. 1-2025

Page 2

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEALS SERVED	57096		572,365	COST	FOOD
(2) RENT ASSISTANCE	134	64,286			
(3) SUNDRY ITEMS	103		52,197	COST	SUPPLIES
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 4, PART IV	MEALS: PORCHLIGHT PROVIDES DAILY NUTRITIOUS MEALS TO MEN EXPERIENCING HOMELESSNESS THROUGH OUR EMERGENCY MEN'S SHELTER AND DAY CENTER. THESE MEALS MEET BASIC NEEDS WHILE CREATING OPPORTUNITIES TO BUILD TRUST, FOSTER COMMUNITY, AND CONNECT GUESTS WITH CASE MANAGEMENT AND HOUSING RESOURCES. RENT ASSISTANCE: LOCAL CONGREGATIONS GENEROUSLY PROVIDE THEIR FACILITIES FREE OF CHARGE TO HOST PORCHLIGHT'S ROTATING SHELTER PROGRAM. THIS IN-KIND SUPPORT OFFSETS RENT AND OPERATIONAL COSTS, ALLOWING MEN EXPERIENCING HOMELESSNESS TO ACCESS SAFE, STABLE SHELTER WHILE PORCHLIGHT FOCUSES RESOURCES ON SERVICES THAT LEAD TO LONG-TERM HOUSING STABILITY. SUNDRY ITEMS: PORCHLIGHT DISTRIBUTES ESSENTIAL ITEMS SUCH AS CLOTHING, COATS, SOCKS, BLANKETS, AND HYGIENE SUPPLIES TO MEN EXPERIENCING HOMELESSNESS. THESE BASIC NECESSITIES PROVIDE COMFORT, DIGNITY, AND SAFETY WHILE HELPING GUESTS MEET IMMEDIATE NEEDS.

Schedule I (Form 990) Rev. 1-2025

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation	Schedule J (Form 990) (Rev. 1-2025)
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Noncash Contributions

2024

Department of the Treasury
Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

Open to Public
InspectionName of the organization
CONGREGATIONS FOR THE HOMELESSEmployer identification number
45-3932748

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		52,197	COMPARABLE SALES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	213,946	SECURITIES EXCHANGE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MEALS)	X	34,773	469,988	COMPARABLE SALES
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			30a	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			31	Yes
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			32a	No

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

Schedule M (Form 990) (2024)

Additional Data

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Software ID:
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**SCHEDULE O
(Form 990)**(Rev. January 2025)
Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
InspectionName of the organization
CONGREGATIONS FOR THE HOMELESS**Employer identification number**
45-3932748

Return Reference	Explanation
FORM 990, PART III	THE HOTEL PROGRAM WAS ESTABLISHED AS A RESPONSE TO THE COVID-19 PANDEMIC AND CONCLUDED IN DECEMBER 2024. THE PROGRAM ENDED DUE TO THE SALE OF THE HOTEL FACILITY USED TO HOUSE CLIENTS AND THE PLANNED EXPIRATION OF PROGRAM FUNDING.
FORM 990, PAGE 2, PART III, LINE 4A	SHELTER: PORCHLIGHT'S 24/7 EMERGENCY MEN'S SHELTER OFFERS A SAFE, WELCOMING ENVIRONMENT EVERY DAY OF THE YEAR FOR MEN EXPERIENCING HOMELESSNESS. AS THE ONLY DEDICATED SHELTER FOR MEN IN EAST KING COUNTY, THE EMS PROVIDES CRITICAL SERVICES AND RESOURCES TO HELP INDIVIDUALS REBUILD THEIR LIVES AND SECURE STABLE INCOME AND HOUSING. EACH DAY, THE EMS SERVES OVER 100 MEN, UP TO 125 DURING SEVERE WEATHER, AND MORE THAN 340 MEN THROUGHOUT THE YEAR. MEN SERVED BY PORCHLIGHT FACE DEEPLY INTERSECTING BARRIERS: A SEVERE LACK OF AFFORDABLE HOUSING, RISING RENTS, LIMITED ACCESS TO TIMELY MENTAL HEALTH AND ADDICTION TREATMENT, AND SYSTEMIC RACIAL AND ECONOMIC DISPARITIES. MANY OF THESE MEN WORK FULL-TIME JOBS, YET STILL CANNOT AFFORD HOUSING IN OUR COMMUNITY. WITHOUT A SAFE, SUPPORTIVE PLACE TO REST AND ACCESS RESOURCES, THE DAILY STRUGGLE FOR STABILITY CAN FEEL INSURMOUNTABLE. AT PORCHLIGHT, WE BELIEVE THAT SHELTER IS MORE THAN A BED. IT'S AN OPPORTUNITY TO RESTORE DIGNITY AND PROVIDE NEEDED TOOLS TO BUILD A MORE STABLE FUTURE. PORCHLIGHT HOTEL PROGRAM WAS AN EXTENSION OF THE EMS; ITS GOAL WAS TO PROVIDE A HEALTHIER ENVIRONMENT FOR THE MOST MEDICALLY FRAGILE MEN WHO SEEK SHELTER WITH US. IT CAME ONLINE DURING THE COVID-19 PANDEMIC AND CONTINUED UNTIL THE END OF 2024. PORCHLIGHT RENTED ROOMS WITHIN AN EASTGATE AREA HOTEL, WHICH SERVED UP TO 20 MEN AT A TIME. MEN STAYING WITH US ALSO MUST FOLLOW SPECIFIC BEHAVIORAL REQUIREMENTS THAT KEPT THE HOTEL OWNER SATISFIED WITH OUR PROGRAM. CLIENTS IN THE HOTEL WERE PROVIDED MEALS AND HAD ACCESS TO ALL OF OUR SUPPORTIVE SERVICES, INCLUDING HOUSING NAVIGATION AND CASE MANAGEMENT. PORCHLIGHT'S ROTATING SHELTER (RS) IS A UNIQUE, RECOVERY-INFORMED OVERNIGHT SHELTER THAT SERVES UP TO 25 ADULT MEN EACH NIGHT WHO ARE EXPERIENCING HOMELESSNESS IN EAST KING COUNTY. AS A SAFE, RESPECTFUL ENVIRONMENT, RS IS A MEDIUM BARRIER BEHAVIOR-BASED PROGRAM AND SHELTERS CLIENTS WHO ARE HOUSING FOCUSED. IT IS OUR FOUNDATIONAL PROGRAM AS IT IS THE ORIGINAL PROGRAM AT PORCHLIGHT WHEN WE STARTED IN 1993 (THEN CALLED CONGREGATIONS FOR THE HOMELESS). OPERATING FROM 6:00 P.M. TO 7:30 A.M., THE RS OFFERS MORE THAN A SAFE PLACE TO SLEEP-IT PROVIDES A SUPPORTIVE, SOBER COMMUNITY WHERE MEN CAN ACCESS CASE MANAGEMENT, MENTAL HEALTH AND ADDICTION SERVICES, AND THE STABILITY NEEDED TO WORK TOWARD PERMANENT HOUSING. AS THE ONLY RECOVERY-FOCUSED SHELTER OF ITS KIND IN THE REGION, THE RS PROVIDES A TRUSTED, CLEAN, AND SOBER ENVIRONMENT WHERE GUESTS ARE TREATED WITH DIGNITY AND SUPPORTED THROUGH BOTH PROGRESS AND SETBACKS. PORCHLIGHT'S OUTREACH PROGRAM PLAYS A CRUCIAL ROLE IN ENGAGING WITH MEN EXPERIENCING HOMELESSNESS THROUGHOUT EAST KING COUNTY. FOR MANY OF OUR SHELTER GUESTS, OUTREACH IS THE FIRST POINT OF CONTACT AND THE INTRODUCTION TO PORCHLIGHT. IN PARTNERSHIP WITH CITY STAFF, POLICE, EMERGENCY SERVICES, AND OTHER COMMUNITY STAKEHOLDERS, OUR OUTREACH COORDINATOR PROACTIVELY VISITS PUBLIC SPACES - PARKS, LIBRARIES, GREENBELTS, BUS STOPS, AND MORE-TO MEET MEN WHERE THEY ARE, BUILD TRUST, AND SHARE INFORMATION ABOUT AVAILABLE RESOURCES. ADDITIONALLY, OUR OUTREACH COORDINATOR IS THE FACE OF OUR I & R SERVICES (INFORMATION AND REFERRAL) - BRIDGING THE GAP BETWEEN PEOPLE IN NEED AND THE RESOURCES AVAILABLE TO THEM IN EAST KING COUNTY.
FORM 990, PAGE 2, PART III, LINE 4C	PROGRAM SUPPORT: PORCHLIGHT'S BEHAVIORAL HEALTH PROGRAM PROVIDES SAME-DAY, ON-SITE BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES TO MEN IN OUR EMERGENCY MEN'S SHELTER (EMS), ROTATING SHELTER, AND PERMANENT SUPPORTIVE HOUSING PROGRAMS. THE BEHAVIORAL HEALTH TEAM USES A MULTI-DISCIPLINARY MODEL WHICH PROVIDES CLOSELY COORDINATED EMPLOYMENT SUPPORT AND HOUSING NAVIGATION, SOCIAL WORK, NURSING, NURSE PRACTITIONER, AND SUBSTANCE USE CARE. PORCHLIGHT'S CASE MANAGEMENT SERVICES PROVIDE PERSONALIZED, STRENGTHS-BASED SUPPORT TO MEN NAVIGATING THE COMPLEX PATH OUT OF HOMELESSNESS. AVAILABLE TO ALL PARTICIPANTS ACROSS OUR PROGRAMS, CASE MANAGEMENT IS CENTRAL TO HELPING INDIVIDUALS STABILIZE, BUILD TRUST, AND MOVE TOWARD LONG-TERM HOUSING, HEALTH, AND WELL-BEING. PORCHLIGHT'S HOUSING NAVIGATION PROGRAM PROVIDES TARGETED, HOUSING-FOCUSED CASE MANAGEMENT AND MOVE-IN ASSISTANCE FOR ADULT MEN EXPERIENCING HOMELESSNESS IN EAST KING COUNTY. OUR GOAL IS TO BREAK DOWN BARRIERS AND HELP EACH MAN TAKE CLEAR, SUPPORTED STEPS TOWARD STABLE, PERMANENT HOUSING. PORCHLIGHT'S EMPLOYMENT SERVICES, FOR MANY OF THE MEN WE SERVE, HOMELESSNESS IS CLOSELY LINKED TO UNEMPLOYMENT OR UNDEREMPLOYMENT. WITHOUT STABLE INCOME, SECURING AND MAINTAINING HOUSING ON THE EASTSIDE CAN FEEL IMPOSSIBLE. JOB HUNTING WHILE LIVING IN A SHELTER-OR WITHOUT SHELTER AT ALL-BRINGS ADDED CHALLENGES, ESPECIALLY FOR THOSE WITHOUT ACCESS TO TECHNOLOGY, JOB-SEARCH SKILLS, OR EMPLOYER CONNECTIONS. WHILE SOME GUESTS ARE ALREADY EMPLOYED AND USE THE SHELTER AS A TEMPORARY BRIDGE WHILE SAVING FOR HOUSING, OTHERS NEED MORE HANDS-ON SUPPORT TO NAVIGATE JOB READINESS AND PLACEMENT. PORCHLIGHT'S EMPLOYMENT SUPPORT SERVICES MEET THIS NEED WITH PERSONALIZED, ONE-ON-ONE GUIDANCE.
FORM 990, PAGE 6, PART VI	THE FORM 990 WILL BE REVIEWED IN DETAIL AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. THE REMAINING BOARD MEMBERS WILL RECEIVE A COPY OF THE FORM 990 PRIOR TO FILING.

FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS OFFICERS, AT LARGE BOARD MEMBERS, AND EMPLOYEES THAT CAN INFLUENCE THE ACTIONS OR THE ORGANIZATION OR ITS BOARD OR MAKE COMMITMENTS ON THEIR BEHALF. THE EXISTENCE OF ANY OF THE INTERESTS DESCRIBED IN SECTION 4 OF THE POLICY SHALL BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED. IT SHALL BE THE CONTINUING RESPONSIBILITY OF INDIVIDUALS COVERED BY THE POLICY TO SCRUTINIZE THEIR TRANSACTIONS WITH OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES. DISCLOSURE SHOULD BE MADE TO THE EXECUTIVE DIRECTOR (OR IF THE EXECUTIVE DIRECTOR IS THE ONE WITH THE CONFLICT, THEN TO THE CHAIRMAN OF THE BOARD), WHO SHALL BRING THESE MATTERS TO THE ATTENTION OF THE BOARD. THE BOARD SHALL THEN DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE AS TO THE ORGANIZATION. THE DECISIONS ON THESE MATTERS ARE THE SOLE DISCRETION OF THE BOARD. RESTRICTIONS PLACED ON INDIVIDUALS DETERMINED TO HAVE A CONFLICT WILL BE DETERMINED BY THE BOARD. PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES OR AS OTHERWISE APPROPRIATE.
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE WHOLE BOARD.
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

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

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

Additional Data[Return to Form](#)**Software ID:****Software Version:**

**SCHEDULE R
(Form 990)**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
CONGREGATIONS FOR THE HOMELESS

Employer identification number

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFH ALLIANCE LLC 13668 SE EASTGATE WAY BELLEVUE, WA 98005 37-1842359	SHELTER	WA		22,196,518	CFH CONGREGATIONS FOR THE HOMELESS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat. No. 50135

Schedule R (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, etc.)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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