ObjectId: 202403309349301320 - Submission: 2024-11-25

TIN: 84-0644270 OMB No. 1545-0047

Form **990** 

# Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

Inspection

Internal Revenue Service For the 2023 calendar year, or tax year beginning 04-01-2023 , and ending 03-31-2024 C Name of organization WARREN VILLAGE INC D Employer identification number B Check if applicable: Address change 84-0644270 O Name change Doing business as O Initial return O Final return/terminated E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) 1323 GILPIN ST O Application pending (303) 321-2345 City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80218 **G** Gross receipts \$ 13,235,620 F Name and address of principal officer: **H(a)** Is this a group return for ETHAN HEMMING ☐Yes ☑No subordinates? 1323 GILPIN ST **H(b)** Are all subordinates DENVER, CO 80218 ☐ Yes ☐No included? Tax-exempt status: 501(c)(3) 4947(a)(1) or □ 527 501(c) ( ) (insert no.) If "No," attach a list. See instructions. **H(c)** Group exemption number WWW.WARRENVILLAGE.ORG Website: L Year of formation: 1969 M State of legal domicile: CO K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other Summary 1 Briefly describe the organization's mission or most significant activities: WARREN VILLAGE EXISTS SO LOW-INCOME, SINGLE-PARENT FAMILIES CAN ACHIEVE SUSTAINABLE PERSONAL AND ECONOMIC SELF-SUFFICIENCY. Activities & Governance Check this box Number of voting members of the governing body (Part VI, line 1a) . 26 26 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . 5 84 **6** Total number of volunteers (estimate if necessary) . . . . 6 385 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 14,539,351 9,271,918 **9** Program service revenue (Part VIII, line 2g) . . . 599,467 569,256 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 299,417 -262,928 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -130,069 -136,951 14,745,821 10,003,640 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 215,788 164,953 **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) 4,853,771 5,805,581 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 782,286 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 2,454,264 2,613,339 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 7,523,823 8,583,873 19 Revenue less expenses. Subtract line 18 from line 12 . 7,221,998 1,419,767 Net Assets or Fund Balances Beginning of Current Year **End of Year 20** Total assets (Part X, line 16) . . . . . 22,448,839 24,149,540 21 Total liabilities (Part X, line 26) . . . . . . 1,388,029 1,605,257 22 Net assets or fund balances. Subtract line 21 from line 20 . 20,843,582 22,761,511

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ere		or print name and tit	1					
- : -1		Print/Type prepare		Preparer's	signature	Date 2024-11-21	Check if	PTIN P01260252
aid rep	arer	Firm's name JD	S PROFESSIONAL (	GROUP			self-employed Firm's EIN 20-	-8019714
	Only	Firm's address 103	303 E DRY CREEK R	D STE 400			Phone no. (303	3) 771-0123
			GLEWOOD, CO 801				Thone no. (505	5) 771 0123
v th	ne IRS discu	ss this return wit	h the preparer sl	hown above? S	See Instructions. •			. Yes No
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Part	Stat	tement of Pro	gram Service	Accomplis	hments			
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# **Checklist of Required Schedules**

2 Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.

	Yes	No
1	Yes	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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? <i>If "Yes,"</i> 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
LO	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 2	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
L2a	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
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	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
L5	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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
L6	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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
	· ·	F	orm <b>99</b>	<b>0</b> (2023
	Page 4 ———————————————————————————————————			

Part IV Checklist of Required Schedules (continued)

Form 990 (2023)

Page 4

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? <i>If "Yes," complete Schedule J </i>	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No 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	Yes	
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   19			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2023)
	Page 5			
Form	990 (2023)			Page <b>5</b>
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			

	this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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						
	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				
b	If "Yes," enter the name of the foreign country:							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
c	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
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?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	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?	7a		No				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
LO	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b							
l1 _	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources							
-	against amounts due or received from them.)							
L2a	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.							
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	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.	13a						
	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							
	Enter the amount of reserves on hand							
	14a		No					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
LS	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				
L6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No				
L7	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	17						

Form	990 (2023)			Page <b>6</b>
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" resp	onse 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			<b>✓</b>
Se	ction 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  26	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  26			
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? $\cdot$	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
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		N1 -
10-	Did the examination have lead chanters branches or affiliates?	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
11a	form?	11a	Yes	
120	Describe on Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12a	res	
	conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CO			
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.			

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

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### 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 no	r any related o	rganizat	ion c	omp	ens	ated a	any (	current officer, dire	ctor, or trustee.	_
(A) Name and title	(B) Average hours per week (list any hours for related	pers	an on on is	e bo botl ecto	t che x, u n an	eck m nless office ustee	er )	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) JOEL ROSENSTEIN	4.00	x		x				0	0	0
CHAIR		X		X				U	O	U
(2) JESSICA PERRILL	4.00	,		,,						
VICE-CHAIR		Х		Х				0	0	0
(3) JORDAN YARMON	4.00	.,		.,						
TREASURER		Х		Х				0	0	0
(4) SHALYN KETTERING	4.00	,		,,				0		
SECRETARY		Х		Х				U	0	0
(5) CRAIG BROWN BOARD MEMBER	3.00	Х						0	0	0
(6) KYLE CRAIG BOARD MEMBER	3.00	х						0	0	0
(7) NICOLE MARQUEZ BOARD MEMBER	3.00	Х						0	0	0
(8) PETER DELLGREN BOARD MEMBER	3.00	Х						0	0	0
(9) TASHA JONES BOARD MEMBER	3.00	Х						0	0	0
(10) ANDREA STILES PULLAS BOARD MEMBER	3.00	х						0	0	0
(11) ANGELA WILLIAMS BOARD MEMBER	3.00	х						0	0	0

(12) CRISTEN LAWTON BOARD MEMBER	3.00	х			0	0	0
(13) GINA CARBONE FENTON BOARD MEMBER	3.00	Х			0	0	0
(14) JESSICA DE GORTARI BOARD MEMBER	3.00	Х			0	0	0
(15) JOHN SHELLENBERGER BOARD MEMBER	3.00	Х			0	0	0
(16) KATE SANSING BOARD MEMBER	3.00	Х			0	0	0
(17) KATIE GOODWIN BOARD MEMBER	3.00	х			0	0	0

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

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than d is b	one bo	ox, u n of or/t	t che unles ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations	
(18) KRISTIN SULLIVAN	3.00	v						0	0	0	
BOARD MEMBER	†···	×						U	U	Ü	
(19) LANEETA SOWELL-PRUITT	3.00										
BOARD MEMBER		X						0	0	0	
(20) MARCUS DIVITA	3.00								_	_	
BOARD MEMBER	•••	X						0	0	0	
(21) MICHAEL WALTERS	3.00	.,									
BOARD MEMBER		X						0	0	0	
(22) RACHEL NIXON	3.00	.,						0	0	0	
BOARD MEMBER	†···	X						U	U	0	
(23) REBA JONES	3.00	.,						0	0		
BOARD MEMBER	†···	X						0	0	0	
(24) SHARON BUTLER	3.00	.,									
BOARD MEMBER	†···	X						0	0	0	
(25) STEFANNIE EMERSON	3.00	.,							0		
BOARD MEMBER	†···	X						0	0	U	
(26) VICTOR DAVIS	3.00	V						0	0	0	
BOARD MEMBER		×						U	U	0	
(27) ETHAN HEMMING	40.00								_		
PRESIDENT/CE	•••			Х				197,958	0	24,879	
(28) AMY FLEMING	40.00										
VP OF STRATE	+0.00	<b>.</b>				Х		158,435	0	19,247	
(29) MICHELE KILEN	40.00										
DIR. OF DEVE	40.00					Х		103,269	0	9,458	
1b Sub-Total	ı		<u> </u>		<b>!</b>		1				

d T	Total (add lines 1b and 1c)	•	459,662		-		53,584
2	Total number of individuals (including but not limited to thos of reportable compensation from the organization 3	se listed above) who red		0,000			
						Yes	No
3	Did the organization list any <b>former</b> officer, director or trust 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 organization and related organizations greater than \$150,00 individual			the			
5	Did any person listed on line 1a receive or accrue compensa services rendered to the organization? If "Yes," complete Sch				4	Yes	
	<u> </u>	ledule 3 for such person			5		No
Se	ection B. Independent Contractors	andant contractors that	received more than	#100 000 of com	20000	ation	
•	Complete this table for your five highest compensated indep from the organization. Report compensation for the calendar				iperiso	311011	
	(A) Name and business address		Descr	(B) ption of services		(C Comper	
URBA	N VENTURES LLC		DEVELOPER :	•		Compe	655,812
	WYNKOOP ST 200 (ER, CO 80202						
SHEA	RS ADKINS ROCKMORE		ARCHITECTU	RAL			407,029
	WYNKOOP ST						
	YN SECURITY SERVICE		SECURITY				267,934
6553	QUEMOY WAY						•
AURO	PRA, CO 80016						
ALL C	OPY PRODUCTS		IT SUPPORT				143,006
	W 13TH ST 'ER, CO 80204						
	A BUILDING MAINTENANCE		CLEANING				129,579
	GILPIN WAY						
	'ER, CO 80229 Fotal number of independent contractors (including but not lim	ited to those listed abo	ve) who received mo	re than \$100,000	0 of		
	compensation from the organization 6		,				• (2222)
					F	orm <b>99</b>	<b>0</b> (2023)
		— Page 9 ———					
		. age s					
	990 (2023)						Page <b>9</b>
Pa	ort VIII Statement of Revenue	and the state of the Dark VIII					<b>~</b>
	Check if Schedule O contains a response or note to	(A)	(B)	(C)	<del></del>	 (D	
		Total revenue	Related or	Unrelated		Rever	nue
			exempt function	business revenue		excluded x under	sections
	Fodousted assuming		revenue			512 -	514
1	Federated campaigns <u>1a</u> ributions,						
Cifto	Cranta						
	Membership dues 1b						
Cimil	ar .						
Amol	ក្រុមស្នាក់នៅ events <u>1c</u> 469,351						
d i	Related organizations 1d						
"	Tu						
e (	Government grants (contributions) 1e						
L	3,242,222						
ā	All other contributions, gifts, grants, and similar amounts not included above						
	5,560,345						
	Noncash contributions included in						
	lines 1a - 1f:\$						
	52,720						
h 1	<b>Fotal.</b> Add lines 1a-1f	018					
	9,2/1, <sup>1</sup>		1		1		

		Business code				
2a LEARNING CENTER			294,866	294,866		
HOUSING REVENUE			274,390	274,390		
- Rev		.				
Service						
Program						
	comice revenue					
f All other program  g Total. Add lines 2		569,256				
3 Investment income	(including dividends, i		289,045			289,045
similar amounts) .  4 Income from invest	ment of tax-exempt bo	ond proceeds	209,043			209,043
	<u> </u>	i =				
<b>6a</b> Gross rents	(i) Real	(ii) Personal				
<b>b</b> Less: rental	6b					
expenses c Rental income or	6c					
(loss)  d Net rental income						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than	<b>7a</b> 3,097,001					
b Less: cost or other basis and sales expenses	<b>7b</b> 3,086,629	,				
Gain or (loss)	<b>7c</b> 10,372					
d Net gain or (loss) Gross income from fu			10,372			10,372
a Gross income from fu (not including \$ contributions reported See Part IV, line 18	469,351 of d on line 1c).	8,400				
<b>b</b> Less: direct expen	Od	145,351				
•	s) from fundraising ev	ents	-136,951			-136,951
9a Gross income from See Part IV, line 19	gaming activities.					
<b>b</b> Less: direct expen						
<b>c</b> Net income or (los	s) from gaming activit	ies				
<b>10a</b> Gross sales of invergence returns and alloware	entory, less inces • • 10a					
<b>b</b> Less: cost of good	s sold <b>10b</b>			,	1	
C Net income or (los	s) from sales of invent	ory Business Code				
11a		Dusiness code				
b						
Other Revenue Misc Amt						
<b>d</b> All other revenue						
	1a-11d					
<b>12 Total revenue.</b> S	ee instructions		10,000,040	ECO 3EC		100.400
1		I	10.003.640	569.256	ı	162.466

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organization	ns must complete col	umn (A).
Check if Schedule O contains a response or note to an				$\square$
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	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·	J .	·
2 Grants and other assistance to domestic individuals. See Part IV, line 22	164,953	164,953		
<b>3</b> 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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	240,466	203,975	15,252	21,239
<b>6</b> 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	4,333,169	3,675,605	274,837	382,727
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	136,734	115,984	8,673	12,077
9 Other employee benefits	720,177	610,889	45,678	63,610
<b>10</b> Payroll taxes	375,035	318,123	23,787	33,125
11 Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
c Accounting				
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	358,979	264,965	15,691	78,323
<b>12</b> Advertising and promotion	36,451	26,920	4	9,527
13 Office expenses	85,113	54,750	10,732	19,631
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,460,879	1,354,291	40,353	66,235
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	264,067	253,780	5,802	4,485
23 Insurance				
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 PROGRAM SUPPLIES	278,894	247,966	16,235	14,693
<b>b</b> OTHER	128,956	45,235	7,107	76,614
C				
d				
e All other expenses	0 === ===			
<b>Total functional expenses.</b> Add lines 1 through 24e	8,583,873	7,337,436	464,151	782,286

Form 990 (2023)			Page <b>11</b>
	— Page 11 ——		Form <b>990</b> (2023)
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).			

Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) End of year Beginning of year 2,615,267 1 2,319,556 1 Cash-non-interest-bearing . 1,154,924 1,453,167 2 Savings and temporary cash investments 2 6,791,710 5.496.709 3 Pledges and grants receivable, net . 3 174,334 181,357 4 Accounts receivable, net . 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 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 4,005,000 7 Notes and loans receivable, net . . . Assets Inventories for sale or use . . 8 9 Prepaid expenses and deferred charges 66,122 9 86,239 10a Land, buildings, and equipment: cost or other 9.876.231 basis. Complete Part VI of Schedule D 10a 10b 4,953,464 5,083,784 10c 4,922,767 b Less: accumulated depreciation 4,211,153 4,802,793 11 Investments—publicly traded securities . 11 147,328 184,211 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets . . . . 14 697,741 2.204.217 15 Other assets. See Part IV, line 11 15 22,448,839 16 24.149.540 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 603,867 669,729 17 17 Accounts payable and accrued expenses 18 18 Grants payable . 8,919 5,779 19 19 Deferred revenue . 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities 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 . . . . . 22 300,000 23 300,000 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 692,471 25 412,521 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 1,605,257 1,388,029 26 **Total liabilities.** Add lines 17 through 25 . 26 Assets or Fund Balances Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 12,429,650 17,689,002 27 27 Net assets without donor restrictions . 8,413,932 5,072,509 28 28 Net assets with donor restrictions .

Organizations that do not follow FASB ASC 958, check here

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund . . .

complete lines 29 through 33.

Total net assets or fund balances .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances . .

29

30 31

32

33

Net

Form **990** (2023)

22,761,511

24.149.540

29

30

31

32

33

20,843,582

22,448,839

Form	990 (2023)				Page <b>12</b>
Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<b>V</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	,003,640
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	,583,873
3	Revenue less expenses. Subtract line 2 from line 1	3		1	,419,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		20	,843,582
5	Net unrealized gains (losses) on investments	5			467,458
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			30,704
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		22	,761,511
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate tonsolidated basis, or both:	asis,			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheo	lule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uni Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a	Yes	
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.	red	3b	Yes	
			F	orm <b>99</b>	<b>0</b> (2023)
Form	990 (2023)				
Ac	Iditional Data		Return	ı to Fo	rm

A.A. . . TB

ObjectId: 202403309349301320 - Submission: 2024-11-25

TIN: 84-0644270

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

ormation. Open to Public
Inspection

		he organization					Employer identific	ation number		
WARR	EN VILI	LAGE INC					84-0644270			
	rt I	Reason for Public					See instructions.			
_	rganiz	zation is not a private four		•						
1		A church, convention of	•				(A)(i).			
2		A school described in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)				
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).			
4		A medical research orga name, city, and state:	nization operat	ed in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). Er	nter the hospital's		
5		An organization operate 170(b)(1)(A)(iv). (Co			sity owned or op	perated by a gov	vernmental unit described in <b>section</b>			
6		A federal, state, or local	government or	on 170(b)(1)(A	()(v).					
7	<b>~</b>	An organization that nor section 170(b)(1)(A)		governmental u	init or from the genera	al public described in				
8		A community trust descri	ribed in <b>sectio</b> i	n 170(b)(1)(A)(vi).	(Complete Part I	I.)				
9		An agricultural research non-land grant college of						ege or university or a		
10		An organization that nor from activities related to investment income and 30, 1975. See <b>section</b> !	its exempt fur unrelated busir	nctions—subject to cert less taxable income (le	ain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross		
11		An organization organize	ed and operated	d exclusively to test for	public safety. S	ee section 509	(a)(4).			
12		An organization organize more publicly supported on lines 12a through 12	organizations	described in section 5	09(a)(1) or se	ction 509(a)(2	). See section 509(a			
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo						
b		Type II. A supporting o management of the sup must complete Part IV	porting organiz	ation vested in the san						
С		Type III functionally supported organization(						ted with, its		
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satisf	y a distribution	requirement and				
e		Check this box if the org	janization recei	ved a written determin	ation from the I		pe I, Type II, Type III	functionally		
f	Enter	integrated, or Type III n r the number of supported	,	3 11 3	_					
g		de the following informati	-				· · · · · · · · · <u> </u>			
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
Tota	1									
For F	aperv	work Reduction Act Not or 990-EZ.	ice, see the I	nstructions for	Cat. No. 11285	5F	Schedule	A (Form 990) 2023		
				Pac	ge 2 ———					
Scher	ابناد ۵	(Form 990) 2023						Paga <b>7</b>		

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

If the organization failed to qualify under the tests listed below, please complete Part III.)

(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.

Part II

	r fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	4,548,918	5,687,450	8,204,299	14,539,351	9,271,918	42,251,936
2	include any "unusual grant.") Tax revenues levied for the		, ,	, ,	, ,	, ,	, ,
_	organization's benefit and either paid to or expended on its behalf						
_							
3	The value of services or facilities furnished by a governmental unit to						
4	the organization without charge <b>Total.</b> Add lines 1 through 3	4,548,918	5,687,450	8,204,299	14,539,351	9,271,918	42,251,936
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						2 220 205
	supported organization) included on line 1 that exceeds 2% of the						2,238,205
	amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						40,013,731
	Section B. Total Support		Γ	1	1	Γ	
	lendar year r fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest,	4,548,918	5,687,450	8,204,299	14,539,351	9,271,918	42,251,936
Ū	dividends, payments received on securities loans, rents, royalties and income from similar sources.	75,510	61,120	150,524	158,658	289,045	734,857
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	or loss from the sale of capital	165					165
11	assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through						42,986,958
12	10 Gross receipts from related activities, 6	etc. (see instructi	<u>l</u> ons)			12	5,509,159
13	First 5 years. If the Form 990 is for th	ne organization's	first, second, third	l, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organ	nization, check
	this box and <b>stop here</b>			<u> </u>		▶□	_
	Section C. Computation of Public Public support percentage for 2023 (lin			column (f))			02.000.00
14 15	Public support percentage for 2023 (IIII		•			14	93.080 % 90.900 %
	33 1/3% support test—2023. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% or	1 1	box
	and <b>stop here.</b> The organization qualif 33 1/3% <b>support test—2022.</b> If the						• 🗸
	box and <b>stop here.</b> The organization	-		•		•	
17	a 10%-facts-and-circumstances test and if the organization meets the "facts						
	meets the "facts-and-circumstances" to						
b	10%-facts-and-circumstances tes more, and if the organization meets the						
	meets the "facts-and-circumstances"						_
18	<b>Private foundation.</b> If the organization	on did not check a	box on line 13, 1	.6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions		<u> </u>		· · · · · · · · ·	Schedule A (	▶ □ Form 990) 2023
							<b>,</b>
_			Page 3				
	edule A (Form 990) 2023				· \/a`		Page <b>3</b>
	Part III Support Schedule for (Complete only if you					d to qualify und	er Part II. If
_	the organization fails t						
	Section A. Public Support lendar year	1, 2010	142222		( I) 2022		(O. T. )
	r fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	membership fees received. (Do not						
2			+		+		
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are	:					
	not an unrelated trade or business					1	
	under section 513		+	-		1	+

4	iax revenues ievieu iui uie		Ī	Ī		İ	I		
	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	<b>Total.</b> Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						-		
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year. Add lines 7a and 7b						-		
8	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support	1	•			1			
	ndar year fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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	<b>Total support.</b> (Add lines 9, 10c,								
14	11, and 12.) <b>First 5 years.</b> If the Form 990 is for 990	he organization's	first second thir	d fourth or fifth	tay year as a secti	on 501(c)(3) ora	anizat	ion ch	neck
14	this box and <b>stop here</b>	-			-				
Se	ection C. Computation of Public						• • •		
		ouppoit i cicc							
	Public support percentage for 2023 (lir	ne 8, column (f) d		column (f))		15			
15	Public support percentage for 2023 (lir Public support percentage from 2022 S		livided by line 13,			15 16			
15 16	Public support percentage from 2022 S	Schedule A, Part I	livided by line 13, II, line 15			15 16			
15 16 Se		Schedule A, Part I	livided by line 13, II, line 15 Percentage			16			
15 16	Public support percentage from 2022 Sction D. Computation of Invest	Schedule A, Part I ment Income 23 (line 10c, colum	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by	line 13, column (	f))	<b>—</b>			
15 16 Se 17 18	Public support percentage from 2022 Sction D. Computation of Invest Investment income percentage for 20: Investment income percentage from 2	ment Income (line 10c, column) (Schedule A, Part I) (Schedule A, Part I)	livided by line 13, II, line 15	line 13, column (	f))	16 17 18	ne 17 i	s not	
15 16 Se 17 18	Public support percentage from 2022 Sction D. Computation of Invest.  Investment income percentage for 202	Ment Income  3 (line 10c, columno 10c, colum	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	line 13, column (	f))	16			
15 16 Se 17 18 19a	Public support percentage from 2022 Sction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2023. If the	ment Income 23 (line 10c, colur 022 Schedule A, organization did r	Iivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual	line 13, column (	f))	16	🕨	▶ □	18 is
15 16 Se 17 18 19a	Public support percentage from 2022 Sction D. Computation of Invest.  Investment income percentage for 20.  Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and	ment Income 23 (line 10c, colur 022 Schedule A, organization did r stop here. The e organization did	Iivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box .	line 13, column (	f))	16 17 18 33 1/3%, and lination more than 33 1/	▶ ₃% an	d line	18 is
15 16 Se 17 18 19a	Public support percentage from 2022 Sction D. Computation of Invest.  Investment income percentage from 202  Investment income percentage from 2  33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	ment Income 23 (line 10c, colur 022 Schedule A, organization did r I stop here. The e organization did and stop here.	Iivided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization organization of the organization of the organization of the orga	line 13, column (	f))	16	Þ 3% an	d line	18 is
15 16 Se 17 18 19a	Public support percentage from 2022 Sction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the	ment Income 23 (line 10c, colur 022 Schedule A, organization did r I stop here. The e organization did and stop here.	Iivided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization organization of the organization of the organization of the orga	line 13, column (	f))	16	Þ 3% and Þ	d line :	
15 16 Se 17 18 19a	Public support percentage from 2022 Sction D. Computation of Invest.  Investment income percentage from 202  Investment income percentage from 2  33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	ment Income 23 (line 10c, colur 022 Schedule A, organization did r I stop here. The e organization did and stop here.	Iivided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization organization of the organization of the organization of the orga	line 13, column (	f))	17   18   133 1/3%, and liration more than 33 1/anization instructions	Þ 3% and Þ	d line :	
15 16 Se 17 18 19a	Public support percentage from 2022 Sction D. Computation of Invest.  Investment income percentage from 202  Investment income percentage from 2  33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	ment Income 23 (line 10c, colur 022 Schedule A, organization did r I stop here. The e organization did and stop here.	Iivided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization organization of the organization of the organization of the orga	line 13, column (	f))	17   18   133 1/3%, and liration more than 33 1/anization instructions	Þ 3% and Þ	d line :	
15 16 Se 17 18 19a	Public support percentage from 2022 Sction D. Computation of Invest.  Investment income percentage from 202  Investment income percentage from 2  33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	ment Income 23 (line 10c, colur 022 Schedule A, organization did r I stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (	f))	17   18   133 1/3%, and liration more than 33 1/anization instructions	Þ 3% and Þ	d line :	
15 16 Se 17 18 19a b	Public support percentage from 2022 Sction D. Computation of Invest Investment income percentage for 203 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization	ment Income 23 (line 10c, colur 022 Schedule A, organization did r I stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (	f))	17   18   133 1/3%, and liration more than 33 1/anization instructions	Þ 3% and Þ	d line:	2023
15 16 Se 17 18 19a b	Ction D. Computation of Invest.  Investment income percentage from 2023. Investment income percentage from 2  33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2023	ment Income 23 (line 10c, colun 022 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (	f))	17   18   133 1/3%, and liration more than 33 1/anization instructions	Þ 3% and Þ	d line:	
15 16 Se 17 18 19a b	Public support percentage from 2022 Sction D. Computation of Invest.  Investment income percentage from 2023. Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2023	ment Income 23 (line 10c, colun 022 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a	Page 4	line 13, column (	f))	16  17  18  133 1/3%, and lire ation more than 33 1/4 anization instructions Schedule A (		990)	<b>2023</b> age <b>4</b>
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15 16 Se 17 18 19a b 20 Scheer Par	Public support percentage from 2022 Sction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organiz  Are all of the organization's supported If "No," describe in Part VI how the st describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2).	s a box on line 12 octions A and D, and continuing relations the properties of a continuing relation the part VI how the organization the part VI how the organizatio	Page 4  Page 4  Page 4  Page 4  Page 15	line 13, column (	f))	16  17  18  133 1/3%, and liration more than 33 1/3 anization instructions Schedule A (  Sections A and B, D, and E. If you ts? se, er section on was	Form	gd line:  990)  Properties of the content of the co	<b>2023</b> age <b>4</b> ked
15 16 Se 17 18 19a b 20 Scher Par	Public support percentage from 2022 Sction D. Computation of Invest.  Investment income percentage for 202  Investment income percentage from 2  33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section Ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the states of the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part described in section 509(a)(1) or (2).  Did the organization have a supported	s a box on line 12 octions A and D, and continuing relations the properties of a continuing relation the part VI how the organization the part VI how the organizatio	Page 4  Page 4  Page 4  Page 4  Page 15	line 13, column (	f))	16  17  18  133 1/3%, and liration more than 33 1/3 anization instructions Schedule A (  Sections A and B, D, and E. If you ts? se, er section on was	If you check	gd line:  990)  Properties of the content of the co	<b>2023</b> age <b>4</b> ked
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15 16 Se 17 18 19a b 20 Scheer Par	Public support percentage from 2022 Sction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organiz  Are all of the organization's supported If "No," describe in Part VI how the st describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Paction 509(a)(1) or (2).  Did the organization have a supported 3c below.  Did the organization confirm that each	s a box on line 12 o ctions A and C. If is A and D, and co ations organization the corganizations list upported organization the corganization of the search	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box or The organization is a box on line 14,  Page 4  Page 4  Of Part I. If you che ryou checked box omplete Part V.)  ed by name in the stions are designationship, explain. That does not have organization determinated in section 5.	line 13, column (	f))	16  17  18  133 1/3%, and liration	If you check	gd line:  990)  Properties of the content of the co	<b>2023</b> age <b>4</b> ked
15 16 Se 17 18 19a b 20 Schee Par	Ction D. Computation of Invest:  Investment income percentage from 2023  Investment income percentage from 203  If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Settor 12d, of Part I, complete Section 21d, of Part VI how the state describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the state of the organization have a supported 3c below.	s a box on line 12 o ctions A and C. If is A and D, and co ations organization the corganizations list upported organization the corganization of the search	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box or The organization is a box on line 14,  Page 4  Page 4  Of Part I. If you che ryou checked box omplete Part V.)  ed by name in the stions are designationship, explain. That does not have organization determinated in section 5.	line 13, column (	f))	16  17  18  133 1/3%, and liration	If you check	gd line:  990)  Properties of the content of the co	<b>2023</b> age <b>4</b> ked

111 a b c See 1	dule A (Form 990) 2023  ***TV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  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.  **Ection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's 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.  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.	11a 11b 11c		2023 Page 5 No
11 a b c See	t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  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.  Extion B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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	11a 11b 11c	Yes	Page 5
11 a b c See	Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  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.  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.  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	11a 11b 11c	Yes	Page 5
11 a b c	dule A (Form 990) 2023  **TV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  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.  **Ection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11a 11b 11c	Yes	Page 5
Pai 11 a b	dule A (Form 990) 2023  **TIV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  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.	11a 11b	Yes	No
Pai 11 a b	dule A (Form 990) 2023  **TIV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  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.	11a 11b	F	Page <b>5</b>
11 a	dule A (Form 990) 2023  **EXEMPTION TO Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?	11a 11b	F	Page <b>5</b>
Pai	dule A (Form 990) 2023  **TIV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	F	Page <b>5</b>
Pai	dule A (Form 990) 2023  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?	(Form	F	Page <b>5</b>
	dule A (Form 990) 2023	(Form	F	Page <b>S</b>
Sche		(Form		
	Page 5	(Form	1 990)	2023
		(Form	990)	2023
	Schedule A			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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 <b>Part VI</b> .	9с		
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 <b>Part VI</b> .	9b		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
9a	complete Part I of Schedule L (Form 990).  Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	8		
8	contributor? If "Yes," complete Part I of Schedule L (Form 990).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
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	•		
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 <b>Part VI</b> .	6		
c	organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
b	amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
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 <b>Part VI</b> , 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			
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
-	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
b	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3с		
4a b	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	2 -		

were a majority or the organization's directors or trustees during the tax year also a majority or the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the						-
	supporting organization was vested in the same persons that controlled or managed to	ne sup	ported organization(s).	1		
Se	ection D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the		Yes	No
	documents in effect on the date of notification, to the extent not previously provided?		gamzation's governing	1	<del>                                     </del>	<del>                                     </del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "	No," e	xplain in <b>Part VI</b> how the			
	organization maintained a close and continuous working relationship with the supporte	ed org	anization(s).	2		
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 <b>Part VI</b> the role the organization's supported			3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instructi	ons):		
a						
b	The organization is the parent of each of its supported organizations. Complete	line	<b>3</b> below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the		res	NO
	supported organization(s) to which the organization was responsive? If "Yes," then in <b>organizations and explain</b> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part \	/I identify those supported how the organization was			
	substantially all of its activities.	ar		2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the	' expla	in in <b>Part VI</b> the reasons for			
	organization's involvement.			2b	1	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
<b>a</b> 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 <b>Part VI.</b>						
b	Did the organization exercise a substantial degree of direction over the policies, progri supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations?					
	supported organizations. If it easy describe in Fair Fair Fair fore played by the organization	1011 11	Schedule A	3b	2 000)	2023
			Schedule A	(1011)	1 990)	2023
	Page 6					
	dule A (Form 990) 2023				F	Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е	
	Section A - Adjusted Net Income		· · · · · · · · · · · · · · · · · · ·	(B) Curr	rent Yea	ır
<del></del>	•	1		(ори	onal)	
	Net short-term capital gain  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		7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year (		rent Yea onal)	ır
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		_		_
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				

е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
	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).	- (i.e. greater amount) see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	om 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, lin	ie 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-i	integrat	ed Type III supp		
					Sc	hedule A (Form 990) 2023
		——— Page 7 ———				
		. age /				
Sched	lule A (Form 990) 2023					Page <b>7</b>
Par		509(a)(3) Supporting (	Organi	izations (con	tinued	
	tion D - Distributions	. ses (a)(s) supporting	o. ga			Current Year
	Amounts paid to supported organizations to accomplish				1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3 /	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5 (	Qualified set-aside amounts (prior IRS approval require	d - provide details in <b>Part VI</b> )			5	
6 (	Other distributions ( <i>describe in <b>Part VI</b></i> ). See instructio	ne .			6	
		113				
<u> </u>	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whatefails in <b>Part VI</b> ). See instructions	ich the organization is respons	sive ( <i>pro</i>	ovide	8	
<b>9</b> 1	Distributable amount for 2023 from Section C, line 6				9	
<b>10</b> L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) derdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
<b>1</b> D	istributable amount for 2023 from Section C, line 6					
(1	nderdistributions, if any, for years prior to 2023 reasonable cause required explain in <b>Part VI</b> ).					
	ee instructions. xcess distributions carryover, if any, to 2023:					
	From 2018					
b	From 2019					
	From 2020					
	From 2021					
	otal of lines 3a through e					
	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
	Carryover from 2018 not applied (see nstructions)				Ţ	
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
<b>4</b> Di	stributions for 2023 from Section D, line 7:					_
\$	Applied to underdistributions of prior years					

<b>b</b> Applied to 2023 distributable a	mount	1	1	
c Remainder. Subtract lines 4a a				
<b>5</b> Remaining underdistributions for 2023, if any. Subtract lines 3g If the amount is greater than z See instructions.	r years prior to and 4a from line 2.			
<b>6</b> Remaining underdistributions fo lines 3h and 4b from line 1. If than zero, explain in <b>Part VI</b> .	the amount is greater			
7 Excess distributions carryovo 3j and 4c.	er to 2024. Add lines			
8 Breakdown of line 7:				
a Excess from 2019				
<b>b</b> Excess from 2020				
c Excess from 2021				
<b>d</b> Excess from 2022				
e Excess from 2023				
Section A, lines 1, 2, 3 Part IV, Section D, line	3b, 3c, 4b, 4c, 5a, 6, 9a, es 2 and 3; Part IV, Section	9b, 9c, 11a, 11b, and 11c; on E, lines 1c, 2a, 2b, 3a an	, line 10; Part II, line 17a or 17b Part IV, Section B, lines 1 and 2; d 3b; Part V, line 1; Part V, Sectio omplete this part for any addition	Part IV, Section C, line 1; on B, line 1e; Part V
	F	acts And Circumstances T	est	
Return Reference			Explanation	
PART II, LINE 10	165			
SUPPLEMENTAL INFORMATION	PAGE 2, PART II, LII DEVELOPMENT PRO. EDUCATION CENTER IN 2022, AS WELL A OVER 2021 REVENU	JECT WITH COMMUNITY ANI R. IN PART, THE PROJECT W AS VARIOUS CONTRIBUTED JE IS LARGELY RELATED ANI	E ORGANIZATION BEGAN A NEW O SUPPORTIVE SERVICES SPACE ILL UTILIZE LOW INCOME HOUSI REVENUE SOURCES. THE INCREA O RESTRICTED TO THIS DEVELOF ERAL OPERATING SUPPORT.	AND AN EARLY CHILDHOOD ING TAX CREDITS GRANTED ASE IN REVENUE IN 2022
			Scl	hedule A (Form 990) 2023
Additional Data				Return to Form

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**Software Version:** 

# efile Public Visual Render ObjectId: 202403309349301320 - Submission: 2024-11-25 TIN: 84-0644270 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization WARREN VILLAGE INC 84-0644270 Organization type (check one): Filers of: Section: Form 990 or 990-EZ □ 501(c)( ) (enter number) organization 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation 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 331/3% 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 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) (2023)

Page 2

Schedule B (Form 990) (2023)

Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace 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
		\$_	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•		\$	Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)
Schodulo P	(Form 900) (2023)		Down 2
Name of orga WARREN VIL		Employer identification	Page 3 on number
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

				,		
	-					
-					<u> </u>	
					(-)	
(a) No. from	(b)			FMV (c	(c) or estimate)	_ (d)
Part I	Description of noncash	property give	1		nstructions)	Date received
-	-				\$_	
	-					
(a)	(b)				(c)	(d)
No. from	Description of noncash	property give	1		or estimate)	Date received
Part I		proposity gives	-	(See ir	nstructions)	
	-				\$	
•	-			-	Ψ	
(a)					(c)	
No. from	(b)		_	FMV (c	or estimate)	(d)
Part I	Description of noncash	property give	1		nstructions)	Date received
	-					
-	-				\$	
(a)	(b)				(c)	(d)
No. from Part I	Description of noncash	property give	1		or estimate)	Date received
<u> </u>				(366 11	istructions)	
_					\$	
-	-			-		_
(a)					(c)	
No. from	(b) Description of noncash	proporty give		FMV (c	or estimate)	(d)
Part I	Description of noncash	property give	1		nstructions) ´	Date received
-	-				\$	
						Schedule B (Form 990) (2023)
		P	age 4			
Schedule	B (Form 990) (2023)					Page 4
	rganization				Employer iden	tification number
WARREN V	ILLAGE INC				84-0644270	
Part III	Evaluativaly validiana abaritable eta can	tributions to or	nanizationa decari	ibad in aaa		2) or (10) that total mare
1 0111111	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con					
	organizations completing Part III, enter the	-				-
	the year. (Enter this information once. See			iai itabie, et	ic., contribution	3 01 <b>4 1,000 01 1033</b> 101
	Use duplicate copies of Part III if additional s				_	
(a)						
No. from	(b) Purpose of gift	(	c) Use of gift		(d) Descrip	otion of how gift is held
Part I						
	<u> </u>					
-						
			Transfer of gift _			
	Transferee's name, address, and	ZIP 4	, k	Relationship	o of transferor to	transferee
			·			
		_				
(a)	(h) Durnage of gift	,	a) Has of wift		(d) Deceri	ation of how wift in hold
No. from Part I	(b) Purpose of gift	۱ '	c) Use of gift		(a) Descri	otion of how gift is held
-						
		( <u> </u>	Transfer of gift			
	Transferee's name, address, and			Relationship	o of transferor to	transferee
		_		•		
			·			
(a)						

No. from Part I	(b) Purpose of gift	 (c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	e) Transfer of gift Relationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	 (c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, and 2	e) Transfer of gift Relationshi	p of transferor to transferee
			Schedule B (Form 990) (2023)

**Additional Data** 

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TIN: 84-0644270

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

# **Supplemental Financial Statements**

► 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.

OMB No. 1545-0047

**Open to Public** Inspection

	I <b>me of the organization</b> RREN VILLAGE INC	Employer identification number
WAI	INCH VILLAGE INC	84-0644270
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	r Accounts.
	(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 ad organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose c private benefit?	
Pa	rt 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)	historically important land area
	Protection of natural habitat Preservation of a c	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	rm of a conservation
_	easement on the last day of the tax year.	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year	the organization during the
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 and enforcement of the conservation easements it holds?	of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserved \$\\$\$	vation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section 170(h)(4)(B)(ii)?	70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exper balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.	
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er 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 statemen historical treasures, or other similar assets held for public exhibition, education, or research in further 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 an historical treasures, or other similar assets held for public exhibition, education, or research in further 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 final	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	<b>P</b> \$

Schedule D (Form 990) 2022 Page **2** 

Part IV   Comparization   Security   Collections of Art, Historical Treasures, or Other Similar Assets (continued)	-										o: :			rage <b>=</b>
terms (check all that apply):    Description of the proparization of the proparization sollections and explain how they further the organization's exempt purpose in Prax XIII.														
to be provide a description of the organization solictions and explain how they further the organization's exempt purpose in Parx XIII.  5 Uning the year, did the organization soliction receive donations of art, historical treasures or other similar assets to be solit to rise funds rather than to be maintained as part of the organization collection?   yes   No    Parx IVI   Escrow and Custodial Arrangements.  Complete if the organization analyser of "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21.  1a   Is the organization arrangement in Parx XIII and complete the following table:   Amount   yes   No    If "Yes," explain the arrangement in Parx XIII and complete the following table:   Amount   Amount   Yes,   No    If "Yes," explain the arrangement in Parx XIII and complete the following table:   Amount   Amount   Yes,   No    If "Yes," explain the arrangement in Parx XIII and complete the following table:   Amount   Yes,   No    If "Yes," explain the arrangement in Parx XIII and complete the following table:   Amount   Yes,   No    If "Yes," explain the arrangement in Parx XIII and complete the following table:   Amount   Yes,   No    If "Yes," explain the arrangement in Parx XIII and complete the following table:   Amount   Yes,   No    If "Yes," explain the arrangement in Parx XIII and complete the following table:   Yes,   No    If "Yes," explain the arrangement in Parx XIII and complete the following table:   Yes,   No    If "Yes, explain the arrangement in Parx XIII and complete the following table:   Yes,   No    If "Yes, explain the arrangement in Parx XIII and complete the following table:   Yes,   No    If Yes, explain the arrangement in Parx XIII and complete the explanation has been provided in Part XIII    If Complete if the organization in Parx XIII the check here if the explanation has been provided in Part XIII    If Administrative expenses   (A) Outer the part   (A) Outer the part   Yes,   No    If Administrative expenses   (A) Outer the part   Yes,	3			sition, accession	, and other record		any of tl	ne follo	wing tha	it are a	significant (	use of its co	llection	
Scholarly research   Colles   Preservation for future generations	_		Public exhibition					Loan o	r exchan	ge prog	rams			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pert XIII.  During the year, did the organization solicit or receive donations of art, historical treasures or other similar essets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b		Scholarly research			е		Other .						
Part XIII.  Part IV   Secretary and Custodial Arrangements   Secretary and Custodial Arrangement   Secretary and Custodial Arrangement   Secretary and Custodial on Form 990, Part X   Secretary and Custodial Account liability   Secretary   Secretary and Custodial Account liability   Secretary   Se	С		Preservation for future g	generations										
Second   S	4			ganization's coll	ections and explair	n how the	ey furthe	er the o	organizat	ion's ex	empt purpo	se in		
Complete if the organization an swered "Yes" on Form 990, Part IX, 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?   Ves   No	5											☐ Yes	□ No	,
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7.   Ves   No	Pai	t IV	Complete if the orga			rm 990	, Part I	V, line	9, or r	eporte	d an amou	nt on Forr	n 990, P	art X,
C   Reginning balance   1c	1a		organization an agent, t									☐ Yes	□ No	
C   Reginning balance   1c		TC 111/-	. Il and the Manager	and to David Will					_					_
Additions during the year   1e					·				-	_	A	mount		-
The process of the current year and programs   The process of the current year and balance   The process of the current year and programs   The process of the current year and balance   The process of the programa   The process of the current year and balance   The process of the process of the current year and balance   The process of the process of the process of the current year and balance   The process of the	С	-	-						+	1c				_
Ending balance   11	d	Additi	ons during the year							1d				_
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e	Distri	outions during the year .							1e				
Description of property   Endowment   Part XIII. Check here if the explanation has been provided in Part XIII.	f	Endin	g balance							1f				_
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did th	e organization include ar	n amount on Fo	rm 990, Part X, line	e 21, for	escrow	or cust	odial acc	ount lia	bility?	☐ Yes	□ No	)
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b	If "Ye	s," explain the arrangem	ent in Part XIII.	Check here if the	explanati	on has l	een pi	rovided i	n Part X	III			
(a) Current year   (b) Prior years back   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Four year	Pa	rt V	<b>Endowment Funds</b>	j.										
1a Beginning of year balance       302,041       486,460       470,272       341,967       366,196         b Contributions       . </th <th></th> <th></th> <th>Complete if the orga</th> <th>nization answ</th> <th>ered "Yes" on Fo</th> <th></th> <th>,</th> <th>V, line</th> <th>10.</th> <th></th> <th></th> <th></th> <th></th> <th></th>			Complete if the orga	nization answ	ered "Yes" on Fo		,	V, line	10.					
b Contributions					(a) Current year	(b) F			) Two yea	rs back	(d) Three ye	ars back (e	) Four years	back
to Net investment earnings, gains, and losses d Grants or scholarships	1a	Beginn	ing of year balance .		302,041		486,	460		470,272		341,967	36	66,196
d Grants or scholarships	b	Contrib	utions											
e Other expenditures for facilities and programs	С	Net inv	estment earnings, gains,	and losses	30,704		-27,	168		16,188		128,305	-2	20,715
and programs	d	Grants	or scholarships											
per End of year balance					-54,552		-157,	251						-3,514
Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶  Description of property  (a) Cost or other basis (investment)  Land  Description of property  (a) Cost or other basis (investment)  Land  L	f	Admini	strative expenses											
Board designated or quasi-endowment ► 100.000 %  c Term endowment ► 100.000 %  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	g	End of	year balance		278,193		302,	041		486,460		470,272	34	41,967
b Permanent endowment   100.000 %  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   (iii) Related organizations   (iii			•	-	nt year end balanc	e (line 1	g, colum	ın (a))	held as:			•		
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														
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				100.000 70										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	С				dl 1000/									
(i) Unrelated organizations	3а	Are th	nere endowment funds no	•	•	ation tha	t are he	d and	administ	ered for	the		Ves	No
(ii) Related organizations		-	•					_				3a/i		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?			•											No
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  570,238  b Buildings	b		•											
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 (investment) (s) Buildings	4		. ,,	-	•							<u> </u>		
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  570,238  b Buildings	Pai													
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         570,238         570,238           b Buildings         7,894,620         3,798,502         4,096,118           c Leasehold improvements         Equipment         1,367,373         1,154,962         212,411           e Other         44,000         44,000						rm 990	, Part I	V, line	11a. S	ee Fori	n 990, Pa	rt X, line 1	.0.	
b Buildings       7,894,620       3,798,502       4,096,118         c Leasehold improvements		Descri		(a) Cost or oth	er basis (b) Cos									
c Leasehold improvements       1,367,373       1,154,962       212,411         e Other       44,000       44,000	1a	Land					570	,238					5	70,238
d Equipment     1,367,373     1,154,962     212,411       e Other     44,000     44,000	b	Buildin	gs				7,894	,620			3,798,502		4,0	96,118
d Equipment     1,367,373     1,154,962     212,411       e Other     44,000     44,000	С	Leaseh	old improvements											
e Other					+		1,367	,373			1,154,962		2	12,411
				umn (d) must e	gual Form 990. Pa	rt X, colu			O(c).) .		<b>•</b>			

Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category	(b)		(c) Method of valuation:
(including name of security)	Book value		t or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3)Other			
A)			
3)			
C)			
0)			
E)			
F)			
G)			
н)			
	•		
<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	rm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market va
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	۰		
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, I	Dart IV/ li	no 11d Coo For	m 000 Part V line 15
(a) Description	rait IV, ii	ne 11u. See Foi	(b) Book val
1)			(5) 500% var
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X Other Liabilities.	D= =+ T\ / !'	11 11CO	aa Farma 000 D-rt V Hr - 25
Complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization answered 'Yes' on Form 990, lead to be complete if the organization of the or	rart IV, li	ne 11e or 11f.S	(b) Book value
1) Federal income taxes			

41	ABLE ADVANCE
▶ 41	olumn (b) must equal Form 990, Part X, col.(B) line 25.)
	ty for uncertain tax positions. In Part XIII, provide the text of the footnote
•	tion's liability for uncertain tax positions under FIN 48 (ASC 740). Check he
Schedule D (Form 990)	
	Page 4
	Page 4 —
F	D (Form 990) 2022
	Reconciliation of Revenue per Audited Financial Staten
	Complete if the organization answered 'Yes' on Form 990, Pa
1 10,566	tal revenue, gains, and other support per audited financial statements .
1 - 1	nounts included on line 1 but not on Form 990, Part VIII, line 12:
2a 467,458	et unrealized gains (losses) on investments
<b>2b</b> 64,206	onated services and use of facilities
. 2c	ecoveries of prior year grants
<b>2d</b> 30,704	ther (Describe in Part XIII.)
<b>2e</b> 562	Id lines 2a through 2d
3 10,000	ubtract line <b>2e</b> from line <b>1</b>
	nounts included on Form 990, Part VIII, line 12, but not on line 1:
4a	vestment expenses not included on Form 990, Part VIII, line 7b .
4b	ther (Describe in Part XIII.)
4c	dd lines <b>4a</b> and <b>4b</b>
	tal revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12
	II Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Pa
<b>1</b> 8,644	tal expenses and losses per audited financial statements
	nounts included on line 1 but not on Form 990, Part IX, line 25:
<b>2a</b> 64,206	onated services and use of facilities
2b	ior year adjustments
. 2c	ther losses
	ther (Describe in Part XIII.)
2d	dd lines <b>2a</b> through <b>2d</b>
	ubtract line <b>2e</b> from line <b>1</b>
2e 64	nounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>
2e 66 3 8,583	nounts included on Form 990, Part IX, line 25, but not on line 1:
2e 66 3 8,583	nounts included on Form 990, Part IX, line 25, but not on line <b>1:</b> vestment expenses not included on Form 990, Part VIII, line 7b
2e 64 3 8,583	nounts included on Form 990, Part IX, line 25, but not on line 1:
2e 64 3 8,583 4a 4b 4c 4c	nounts included on Form 990, Part IX, line 25, but not on line 1: vestment expenses not included on Form 990, Part VIII, line 7b ther (Describe in Part XIII.) Id lines 4a and 4b
2e 64 3 8,583 4a 4b 4c 4c	rounts included on Form 990, Part IX, line 25, but not on line 1: vestment expenses not included on Form 990, Part VIII, line 7b cher (Describe in Part XIII.)
2e 66 3 8,583 . 4a 4b 4c 4c 4c 5 8,583	nounts included on Form 990, Part IX, line 25, but not on line 1: vestment expenses not included on Form 990, Part VIII, line 7b
2e 66 3 8,583  . 4a 4b 4c 4c 4c 4c 1ine 18.)	rounts included on Form 990, Part IX, line 25, but not on line 1: vestment expenses not included on Form 990, Part VIII, line 7b cher (Describe in Part XIII.)
2e 66 3 8,583  . 4a 4b 4c 4c 4c 4c 1ine 18.)	rounts included on Form 990, Part IX, line 25, but not on line 1:  vestment expenses not included on Form 990, Part VIII, line 7b
2e 66 3 8,583 4a 4b 4c 4c 5 8,583 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Pavide any additional information.	rounts included on Form 990, Part IX, line 25, but not on line 1:  vestment expenses not included on Form 990, Part VIII, line 7b  ther (Describe in Part XIII.)
2e 66 3 8,583 4b 4b 4c line 18.)	rounts included on Form 990, Part IX, line 25, but not on line 1:  vestment expenses not included on Form 990, Part VIII, line 7b  ther (Describe in Part XIII.)  dd lines 4a and 4b  tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:  XIII Supplemental Information  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a Return Reference  LE D, PAGE 2, PART V, LINE 4  THE ENDOWMENTS CAN E ORGANIZATION'S PROGRE
2e 66 3 8,583 4a 4b 4c 4c 4c 4c 4c 5 8,583 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Pavide any additional information.  Explanation  CAN BE USED TO FUND THE ORGANIZATION'S LEARNING CENTER ORGAMS THAT FURTHER EDUCATION AND ENRICHMENT ACTIVITY IN FOLLOWS ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES A	rounts included on Form 990, Part IX, line 25, but not on line 1:  vestment expenses not included on Form 990, Part VIII, line 7b  ther (Describe in Part XIII.)  d lines 4a and 4b  tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:  XIII Supplemental Information  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a Return Reference  LE D, PAGE 2, PART V, LINE 4  THE ENDOWMENTS CAN E ORGANIZATION'S PROGR.  LE D, PAGE 3, PART X  THE ORGANIZATION FOLL
2e 66 3 8,583 4b 4b 4c line 18.)	rounts included on Form 990, Part IX, line 25, but not on line 1:  vestment expenses not included on Form 990, Part VIII, line 7b  ther (Describe in Part XIII.)

Additional Data	Return to Form
	Schedule D (Form 990) 2022
SCHEDULE D, PAGE 4, PART XI, LINE 2D	CHANGE IN VALUE BENEFICIAL INTEREST 30,704
	POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT, PRESUMING THE TAX POSITION IS EXAMINED BY THE APPROPRIATE TAXING AUTHORITY THAT HAS KNOWLEDGE OF ALL RELEVANT INFORMATION. DURING THE YEAR ENDED MARCH 31, 2024, THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION OR WHICH MAY HAVE AN EFFECT ON ITS TAXEXEMPT STATUS.

Software ID: Software Version:

ObjectId: 202403309349301320 - Submission: 2024-11-25

TIN: 84-0644270 OMB No. 1545-0047

**SCHEDULE G** (Form 990)

# **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.

	rtment of the Treasury al Revenue Service	Go to www		990 or Form 990-EZ. instructions and the latest i	nformation	Inspection
	ne of the organization	p do to mini		moducerons and the facest i		dentification number
WAF	RREN VILLAGE INC				84-0644270	
Pa	nrt I Fundraising Activi	ties. Complete if	the organization	n answered "Yes" on F	orm 990, Part IV, line	17.
	Form 990-EZ filers a					
1	Indicate whether the organiza	ation raised funds th	nrough any of the f	ollowing activities. Check	call that apply.	
а	☐ Mail solicitations		•	Solicitation of nor	n-government grants	
b	Internet and email solicita	tions	,	f Solicitation of gov	vernment grants	
c	Phone solicitations		•	g Special fundraisir	ng events	
d	☐ In-person solicitations					
2a	Did the organization have a wor key employees listed in For				Iraicing convices?	Yes 🗆 No
b	If "Yes," list the 10 highest pa to be compensated at least \$!			pursuant to agreements		
(i) 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			
			<del>                                     </del>			-
			<del>                                     </del>			
Tota	al					
	List all states in which the organ licensing.	nization is registere	d or licensed to sol	licit contributions or has	been notified it is exemp	t from registration or
For I	Paperwork Reduction Act Notice,	see the Instructions	for Form 990 or 99	O-EZ. Cat. No	. 50083H	Schedule G (Form 990) 2023
			Pa	age 2 ————		

Schedule G (Form 990) 2023 Page 2

		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		GALA (event type)	OTHER EVENTS	(total number)	col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
nue					
Revenue					
~					
	1 Gross receipts	456,249	21,502		477,751
	2 Less: Contributions	447,849	21,502		469,351
	<b>3</b> Gross income (line 1 minus line 2)	8,400			8,400
	4 Cash prizes				
S	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
X.	<b>7</b> Food and beverages				
ğ	8 Entertainment				
ä	9 Other direct expenses	145,351			145,351
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		•	145,351
	11 Net income summary. Subtract line 10			•	-136,951
Pai	<b>Gaming.</b> Complete if the organized on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
1e	,	( ) D	(b) Pull tabs/Instant	( ) 011	(d) Total gaming (add col.
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))
Re	1 Gross revenue				
S					
enses	2 Cash prizes				
찚	3 Noncash prizes				
Direct Exp	4 Rent/facility costs				
ā	5 Other direct expenses				
		☐ Yes %	☐ Yes %	☐ Yes %	
	<b>6</b> Volunteer labor	□ No	□ No	☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract		n (d) -		
_					<u> </u>
9 a	Enter the state(s) in which the organizati Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				_
					I
10a	Were any of the organization's gaming lic	censes revoked, suspended	d or terminated during the	e tax year?	
b	If "Yes," explain:				

Schedule G (Form 990) 2023 Page 3 Does the organization conduct gaming activities with nonmembers? · · · O Yes O No Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 formed to administer charitable gaming? ☐ Yes ☐ No 13 Indicate the percentage of gaming activity conducted in: The organization's facility 13a % 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 If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$\_\_ 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: Is the organization required under state law to make charitable distributions from the gaming proceeds to 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 > \$ 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) 2023

**Software ID:** 

**Return to Form** 

Software Version

**Additional Data** 

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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)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

OMB No. 1545-0047

reasury				organization answered Attach Go to <u>www.irs.gov/Forr</u>	to Forn	າ 990.					Open to Public Inspection	
nternal Revenue Service lame of the organization VARREN VILLAGE INC										I imployer identifica 34-0644270	tion number	
Part I General	Informat	ion on Gra	nts and Assista	ance					1			
				mount of the grants or as				for the grants or assistan	ce, and		✓ Yes	☐ No
				ing the use of grant funds								
				zations and Domestic G ated if additional space is		ents. Complete	if the c	organization answered "Yes	s" on Form 9	990, Part IV, line 2	21, for any recipi	ent
(a) Name and addr organization or government		(b) EIN	(c) IRC so (if applica			(e) Amount cash assistan		(f) Method of valuation (book, FMV, appraisal, other)		Description of sh assistance	(h) Purpose of or assistance	f grant
1)												
2)												
)												
·)												
5)												
5)												
7)												
3)												
9)												
10)												
11)												
2)												
	er of other o	rganizations	listed in the line 1	<b>)</b> .					· · ·		dule I (Form 990	) 2023
				— Page 2 ————								
	d Other As		Domestic Individ	uals. Complete if the org	anization	answered "Yes"	on For	m 990, Part IV, line 22.			F	age <b>2</b>
(a) Type of grant	•		(b) Number of recipients			(d) Amour		(e) Method of valuation FMV, appraisal, other		(f) Description of	of noncash assista	ance
(1) CASH		Į.	257	57,296				, аррина, ст	,			
(2) COLLEGE TO CARE	EER		64	17,536								
(3) CHILD CARE & TRA			91	18,143								
(4) EMERGENCY ASSI (5) RENT/LEASING AS			121 24	7,359		6,708	FMV		GROCERIE	S, SUPP		
6) FOOD AND HOUSE			257	7,359		52,399	FMV		FOOD, HOU	ISEHOLD		
7) COUNSELING AND		:R	13			5,512			PAYMENT F			
	7 112 12111 02		- 13			3/312			.,	0.1.02.1.		
) Part IV Suppl	lemental 1	Informatio	<b>n</b> . Provide the ir	nformation required in	Part I. li	ne 2: Part III.	colur	nn (b); and any other a	ndditional i	nformation.		
eturn Reference		Explanation						(-),				
CHEDULE I, PAGE 1, P.	PART I, LINE	PROCEDUR PERSONAL MUST BE PA EDUCATION CONSIDERE	ES FOR MONITORI AND ECONOMIC S ARTICIPANTS IN TH IAL ASSISTANCE T ED. ASSISTANCE M	ELF-SUFFICIENCY. FROM HE WARREN VILLAGE PRO AKES PLACE THROUGH TI IAY ALSO BE NECESSARY	TIME TO GRAM AN HE FAMIL ON OCCA	TIME, THIS REQ ND BE PURSUIN Y SERVICES TEA SION IN AREAS	UIRES G A DE M, AN SUCH	S SO LOW-INCOME, SING FINANCIAL SUPPORT IN T GREE AT AN ACCREDITED D ACADEMIC PERFORMAN. AS CHILDCARE, TRANSPC PROGRAMS AND FURTHER	HE FORM O INSTITUTION CE, WORK H ORTATION, E	F EDUCATIONAL A DN. REQUEST FOR IISTORY, AND FIN MERGENCY ASSI	ASSISTANCE. RE R AND APPROVAL IANCIAL NEED AF	CIPIENTS OF RE
											e I (Form 990)	2023

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TIN: 84-0644270 OMB No. 1545-0047

Schedule J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public

Department of the Treasury Internal Revenue Service

wA.	ne of the organization RREN VILLAGE INC			Employer identificat	ion nun	nber	
	KKEN VILLAGE INC			84-0644270			
Pa	rt I Questions Regarding Compensation		l				
_						Yes	No
1	Check the appropiate box(es) if the organization provid 990, Part VII, Section A, line 1a. Complete Part III to p	led any of rovide an	the following to or for a person listed y relevant information regarding thes	d on Form e items.			
	First-class or charter travel		Housing allowance or residence for p	personal use			
	Travel for companions		Payments for business use of person				
	Tax idemnification and gross-up payments		Health or social club dues or initiation				
	Discretionary spending account		Personal services (e.g., maid, chauff	feur, chef)			
,	If any of the boxes on Line 1a are checked, did the org- reimbursement or provision of all of the expenses descr	anization ribed abov	follow a written policy regarding payr ve? If "No," complete Part III to expla	ment or ain	1b		
	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Executiv			e 1a?	2		
	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director. Check all that apused by a related organization to establish compensation	pply. Do n	ot check any boxes for methods				
	Compensation committee		Written employment contract				
	☐ Independent compensation consultant	<b>~</b>	Compensation survey or study				
	Form 990 of other organizations		Approval by the board or compensat	tion committee			
	During the year, did any person listed on Form 990, Par related organization:	rt VII, Sed	ction A, line 1a, with respect to the fil	ing organization or a			
	Receive a severance payment or change-of-control pay	ment? .			4a		No
,	Participate in, or receive payment from, a supplementa	l nonquali	ified retirement plan?		4b		No
:	Participate in, or receive payment from, an equity-base	d compen	nsation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provid	le the app	licable amounts for each item in Part	III.			
	, ,						
	, , , , , , ,	izations	must complete lines 5-9.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of:						
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line				5a		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of:				5a 5b		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of: The organization?	e 1a, did t  	the organization pay or accrue any		-		No No
,	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of: The organization?  If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line	e 1a, did t  	the organization pay or accrue any		-		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes," on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of:	e 1a, did t  	the organization pay or accrue any		5b		No
,	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of: The organization?  Any related organization?  If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of: The organization?	e 1a, did t  	the organization pay or accrue any		5b 6a		No No
b	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of: The organization?  If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of: The organization?  Any related organization?	e 1a, did t e 1a, did t	the organization pay or accrue any the organization pay or accrue any the organization provide any nonfixed		5b 6a		No No
9	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of: The organization? Any related organization? If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of: The organization? Any related organization? If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line	e 1a, did t e 1a, did t e 1a, did t ribe in Pai d or accur	the organization pay or accrue any the organization pay or accrue any the organization pay or accrue any the organization provide any nonfixed tt III	scribe	6a 6b 7		No No No
a b a b	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes," on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes," on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc  Were any amounts reported on Form 990, Part VII, pair subject to the initial contract exception described in Reg in Part III  If "Yes" on line 8, did the organization also follow the re-	e 1a, did t e 1a, did t e 1a, did t ribe in Pai d or accur gulations ebuttable	the organization pay or accrue any the organization pay or accrue any the organization provide any nonfixed ti III	scribe	5b 6a 6b		No No No
a b a b	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of: The organization?  Any related organization?  If "Yes," on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of: The organization?  Any related organization?  If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc  Were any amounts reported on Form 990, Part VII, pais subject to the initial contract exception described in Res in Part III	e 1a, did t e 1a, did t ribe in Par d or accur gulations ebuttable	the organization pay or accrue any the organization pay or accrue any the organization provide any nonfixed ti III.  The depursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," depresumption procedure described in legislations."	scribe · · · Regulations section · ·	6a 6b 7 8 9		No No No
a b	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of:  The organization?  The organization?  If "Yes," on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes," on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in Part III.  Were any amounts reported on Form 990, Part VII, pair subject to the initial contract exception described in Regin Part III.  If "Yes" on line 8, did the organization also follow the re 53.4958-6(c)?	e 1a, did t e 1a, did t ribe in Pai d or accur gulations bebuttable	the organization pay or accrue any the organization pay or accrue any the organization provide any nonfixed fit III. ted pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de presumption procedure described in I	scribe · · · Regulations section · ·	6a 6b 7 8 9		No No No
a b	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of:  The organization?  The organization?  If "Yes," on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes," on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in Part III.  Were any amounts reported on Form 990, Part VII, pair subject to the initial contract exception described in Regin Part III.  If "Yes" on line 8, did the organization also follow the re 53.4958-6(c)?	e 1a, did t e 1a, did t ribe in Pai d or accur gulations bebuttable	the organization pay or accrue any the organization pay or accrue any the organization provide any nonfixed ti III.  The depursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," depresumption procedure described in legislations."	scribe · · · Regulations section · ·	6a 6b 7 8 9		No No No
r	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of:  The organization?  The organization?  If "Yes," on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes," on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in Part III.  Were any amounts reported on Form 990, Part VII, pair subject to the initial contract exception described in Regin Part III.  If "Yes" on line 8, did the organization also follow the re 53.4958-6(c)?	e 1a, did t e 1a, did t ribe in Pai d or accur gulations bebuttable	the organization pay or accrue any the organization pay or accrue any the organization provide any nonfixed fit III. ted pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de presumption procedure described in I	scribe · · · Regulations section · ·	6a 6b 7 8 9		No No No

Page 2

e is needed. cribed in the

amounts for that individual.

(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 ETHAN HEMMING PRESIDENT/CEO	(i) (ii)	183,975	13,983		7,707	17,172	222,837	
2 AMY FLEMING VP OF STRATEGY, FIN	(i) (ii)	153,585	4,850		6,309	12,938	177,682	

		1	+	+	+	<del> </del>	1	+
		1	•		<u> </u>	S	Schedule J (F	orm 990) 2023
		F	age 3 ———					
Schedule J (Form 990) 2023								Page <b>3</b>
Part III Supplemental Information  Provide the information, explanation, or descriptions required for Pa	art I lines 1a	1h 3 4a 4h 4c '	5a 5h 6a 6h 7 a	and 8 and for Part	II Also complete	this part for any	additional info	rmation
Return Reference	are 1, mies 14,	10, 5, 40, 40, 40,		planation	II. Also complete	chis pare for any	addicional inio	arriacion.
						9	Schedule J (F	orm 990) 2023
							(	,

Return to Form

Software ID: Software Version:

**Additional Data** 

ObjectId: 202403309349301320 - Submission: 2024-11-25

TIN: 84-0644270

SCHEDULE M (Form 990)

# **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

► Attach to Form 990.

Open to Public Inspection

	e of the organization				Employe	r identification	numbe	r
WARK	EN VILLAGE INC				84-06442	270		
Pa	rt I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		<b>(d)</b> Method of deter cash contributio		ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		52,72	0 FMV			
	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
10 11	Securities—Closely held stock . Securities—Partnership, LLC,							
	or trust interests							
12 13	Securities—Miscellaneous							
14	structures							
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 • ()							
26 27	Other ► ( ) Other ► ( )	-						
	Other ► ()							
	Number of Forms 8283 received by t				29			
	To which the organization completed	1 101111 020	5, Ture IV, Donce Acknowleds	gement			Yes	No
30a	During the year, did the organization hold for at least three years from the purposes for the entire holding perions.	e date of the	ne initial contribution, and wl	hich isn't required to be use	rough 28, ed for exer	that it must mpt		
	parposes for the entire holding pent					. зо	а	No
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a gift ac	cceptance p	olicy that requires the review	w of any nonstandard contr	ibutions?	31	L	No
	Does the organization hire or use th contributions?		or related organizations to s	olicit, process, or sell nonce	ash • • •	. 32	а	No
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a describe in Part II.	amount in o	column (c) for a type of prop	erty for which column (a) is	s checked,			
For P	aperwork Reduction Act Notice, see the	Instruction	ns for Form 990.	Cat. No. 51227J		Schedule M (Fo	rm 990)	(2023)

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) (2023)

Additional Data Return to Form

Software ID: Software Version:

ObjectId: 202403309349301320 - Submission: 2024-11-25

TIN: 84-0644270 OMB No. 1545-0047

### **SCHEDULE 0** (Form 990)

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 the latest information.

Inspection **Employer identification number** 

Name of the organization WARREN VILLAGE INC

84-0644270

	84-0644270
Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	FAMILY SERVICES AND VOLUNTEER SEGMENTS: OUR ADULT SELF-SUFFICIENCY PROGRAM HAS MULTIPLE ELEMENTS. RESIDENTS ATTEND POST-SECONDARY EDUCATIONAL PROGRAMS OR WORK FULLTIME WITH STAFF SUPPORT, AND RECEIVE SUPPORTS THROUGH VARIOUS WELLNESS INITIATIVES. RESIDENTS ALSO PARTICIPATE IN ONGOING ENRICHMENT CLASSES TO DEVELOP FOUNDATIONAL SKILLS AND WORK WITH FAMILY ADVOCATES WHO GUIDE THEM THROUGH PERSONAL AND WELLNESS GOALS, LEARNING CENTER ENROLLMENT FOR CHILDREN, AND OTHER ASSISTANCE. RESIDENTS IN THE FIRST STEP PROGRAM ARE PART OF A COMMUNAL LIVING PROGRAM FOR SINGLE MOTHERS AT ANOTHER NORTH DENVER LOCATION, OFFERING MANY SIMILAR SELF-SUFFICIENCY PROGRAM COMPONENTS. SIMILAR RESIDENT AND CHILDRENS' PROGRAMS ARE ALSO PROVIDED TO THE RESIDENTS AT IVY CROSSING, A NON-WARREN VILLAGE OWNED FACILITY. IN ADDITION, HUNDREDS OF DEDICATED VOLUNTEERS PROVIDE A WIDE RANGE OF SUPPORTS, OFFSETTING COSTS THROUGH CONDUCTING ENRICHMENT CLASSES, INTERN WORK, HOLIDAY ACTIVITIES, CHILDCARE AND RESIDENT EVENTS.
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE/AUDIT COMMITTEE PRIOR TO THE DISTRIBUTION TO THE FULL BOARD. THE BOARD OF DIRECTORS RECEIVES A HIGH LEVEL REVIEW OF THE IRS FORM 990 PRIOR TO THE FILING OF THE RETURN.
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS SIGN AN AFFIRMATION OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON ELECTION TO THE BOARD AND AFFIRM THAT COMPLIANCE ANNUALLY. A STANDING BOARD AGENDA ITEM INQUIRES IF ANY CHANGES IN MEMBER INTERESTS COULD RESULT IN NON-COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD SERVES AS THE COMPENSATION COMMITTEE FOR THIS POSITION. MEMBERS OF THE COMMITTEE PREPARE A WRITTEN JOB PERFORMANCE EVALUATION FOR THE PRESIDENT/CEO ANNUALLY. COMPENSATION IS DETERMINED BY REFERENCE TO JOB PERFORMANCE AND COMPARABLE COMPENSATION DATA, INCLUDING BUT NOT LIMITED TO, LOCAL SALARY SURVEYS, NON-PROFIT COMPENSATION REPORTS AND OCCASIONALLY SIMILAR POSITIONS CURRENTLY OPEN.
FORM 990, PAGE 6, PART VI, LINE 15B	THE PRESIDENT/CEO DETERMINES THE COMPENSATION FOR ALL STAFF INCLUDING SENIOR MANAGEMENT POSITIONS USING COMPARABLE DATA FROM OTHER ORGANIZATIONS AND OUTSIDE SOURCES. MEMBERS OF THE BOARD OF TRUSTEES PARTICIPATE ON SELECTION COMMITTEES FOR SENIOR MANAGEMENT POSITIONS WHEN REQUESTED, AND THE RESULTING DECISION AND INFORMATION IS DOCUMENTED IN THE PERSONNEL FILE FOR THE EMPLOYEE UPON APPROVAL AND HIRE.
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST
FORM 990, PART VIII	IN EARLY 2022, THE ORGANIZATION BEGAN A NEW HOUSING PROJECT DEVELOPMENT PROJECT WITH COMMUNITY AND SUPPORTIVE SERVICES SPACE AND AN EARLY CHILDHOOD EDUCATION CENTER. IN PART, THE PROJECT WILL UTILIZE LOW INCOME HOUSING TAX CREDITS GRANTED IN 2022, AS WELL AS VARIOUS CONTRIBUTED REVENUE SOURCES. THE INCREASE IN REVENUE IN 2022 OVER 2021 REVENUE IS LARGELY RELATED AND RESTRICTED TO THIS DEVELOPMENT PROJECT, WITH LESS THAN 1M REPRESENTING AN INCREASE IN GENERAL OPERATING SUPPORT.
FORM 990, PART XI, LINE 9	CHANGE IN VALUE BENEFICIAL INTEREST 30,704

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

Cat. No. 51056K

Schedule O (Form 990) 2023

**Additional Data** 

**Return to Form** 

**Software ID: Software Version:** 

### SCHEDULE R (Form 990)

### **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.
Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2023

Department of the Treasury Internal Revenue Service Name of the organization WARREN VILLAGE INC Attach to Form 990.

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

Open to Public Inspection

Employer identification number

84-0644270

Part I Identification of Disregarded Entities. Complete if the	e organization answ	ered "Yes" on Form	990, Part IV, line 3	33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (st or foreign countr		(e) End-of-year assets	(f) Direct controlling entity	ı
(1) 1300 GILPIN LLC 1323 GILPIN ST DENVER, CO 80218	OPERATIONS	СО	-4,229	161,927	WARREN VIL	
92-3445287 (2) 5280 FEDERAL LLC 1323 GILPIN ST DENVER, CO 80218	OPERATIONS	СО	-38,860	1,591,367	WARREN VIL	
92-3408309 (3) WARREN VILLAGE AT ALAMEDA GP LLC 1323 GILPIN ST DENVER, CO 80128	OPERATIONS	СО			WARREN VIL	
84-4540405						
Part II Identification of Related Tax-Exempt Organizations.	Complete if the org	anization answered	l "Yes" on Form 990	, Part IV, line 34 b	pecause it had one or	more
related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?
						Yes No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 5013	55Y		Schedule R (Form	990) 2023
Page 2 Schedule R (Form 990) 2023						D <b>3</b>
Part III Identification of Related Organizations Taxable as a one or more related organizations treated as a partnership			ation answered "Yes	" on Form 990, Pa	art IV, line 34, becaus	Page <b>2</b> e it had
(a)  Name, address, and EIN of related organization	(b) Primary activity Legal domicile (state or foreign country)	Direct Predo income entity unre excluded under :		(g) Share of nd-of-year assets (h) Disproprtion allocations	iate Code V-UBI General of managing partner? (Form 1065) (j) General of managing partner?	g ownership
(1) WARREN VILLAGE AT ALAMEDA LLLP	HOUSING CO	N/A		Yes No. 580 No.		0.010 %
1323 GILPIN ST DENVER, CO 80218 93-1388048						
Part IV Identification of Related Organizations Taxable as a because it had one or more related organizations treated a	s a corporation or t	rust during the tax	year.			
(a) (b) Name, address, and EIN of Primary activity	(c) Legal	(d) Direct controlling	(e) (f) Type of entity Share of to		(h) Percentage Secti	(i) on 512(b)(13)

Post V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.    Note. Complete line I if any centro is listed in Parts II, III, or I vol this schedule.   Yes	related organization	1				Circley	(0 00)				Cui				
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 355, or 36.  Note, Complete line I if expentity is lited in Parts II, IT, or by of this schedule.  Note, Complete line I if expentity is lited in Parts II, IT, or by of this schedule.  Note, Complete line I if expentity is lited in Parts II, IT, or by of this schedule.  Part Outring the law year, and the organization engage in any of the following transactions with one or more related organizations (ii) provides, (iii) growther, (i										dss	ets			Yes	No
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 900, Part IV, line 34, 355, or 36.  Note, Complete line I also yearby is listed in Parts III, III, or Nor this schedule.  Note, Complete line I also yearby is listed in Parts III, III, or Nor this schedule.  Note Complete line I also yearby is listed in Parts III, III, or Nor this schedule.  I list year a Recept of Lighterest, (Illinounities, IIII) requires the register of the complete control mentage in any of the close is related organization (s).  I large the seven of the parts III, III, or Nor this schedule.  I large the seven of the parts III, III, or Nor this schedule.  I large the seven of the															
Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.  Note, Complete Inc. If any ective is listed in Parts III, IV or Or this schedule.  Note, Complete Inc. II any ective is listed in Parts III, IV or Or this schedule.  Note, Complete Inc. II any ective is listed in Parts III, IV or Or this schedule.  Note Complete Inc. II any ective is listed in Parts III, IV or Or this schedule.  Note Complete Inc. II any ective is listed in Parts III, IV or Or this schedule.  Note Complete Inc. II any ective is listed in Parts III, IV or Or this schedule.  I large the Security of the III and the III and															
Part V Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 33b, or 36.  Note. Complete Inc. If any entity is listed in Parts III, IV, or Vir of Its Schedule.  Note. Complete Inc. If any entity is listed in Parts III, IV, or Vir of Its Schedule.  Note. Complete Inc. If any entity is listed in Parts III, IV, or Vir of Its Schedule.  Note. Complete Inc. If any entity is listed in Parts III, IV, or Vir of Its Schedule.  Note. Complete Inc. III any entity is listed in Parts III, IV, or Vir of Its Schedule.  Note. Complete Inc. III any entity is listed in Parts III, IV, or Vir of Its Schedule.  In Its III.  Its															
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Page 3  Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.  Notes, Complete ine 3.6 are entire is least in Parts II, III, or IV of the schedule.  Notes Complete ine 3.6 are entire is least in Parts II, III, or IV of the schedule.  Notes Complete ine 3.6 are entire is least in Parts II, III, or IV of the schedule.  Notes Complete ine 3.6 are entire in Parts II, III, or IV of the schedule.  Notes Complete ine 3.6 are entire in Parts III, III, or IV of the schedule.  Outling notes, or capital contribution to previous organizations of the schedule.  III is in the schedule of the schedule organization from related organizations from rel															
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Page 3  Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.  Notes, Complete ine 3.6 are entire is least in Parts II, III, or IV of the schedule.  Notes Complete ine 3.6 are entire is least in Parts II, III, or IV of the schedule.  Notes Complete ine 3.6 are entire is least in Parts II, III, or IV of the schedule.  Notes Complete ine 3.6 are entire in Parts II, III, or IV of the schedule.  Notes Complete ine 3.6 are entire in Parts III, III, or IV of the schedule.  Outling notes, or capital contribution to previous organizations of the schedule.  III is in the schedule of the schedule organization from related organizations from rel															
Page 3  Page 4  **Parasactions With Related Organizations. Complete If the organization answered "Yes," on Form 990, Part IV, line 34, 35b, or 36.  **Nets Complete fire 4 if ery entity is leader in Parts II, III, or Yor diths schedule.  **Nets Complete fire 4 if ery entity is leader in Parts II, III, or Yor diths schedule.  **Nets Complete fire 4 if ery entity is leader in Parts III, III, or Yor diths schedule.  **Nets Complete fire 4 if ery entity is leader in Parts III, III, or Yor diths schedule.  **Nets Complete fire 4 if ery entity is leader in Parts III III.  **Parts III.** Yes  **Substitute of the Parts III III.** Yes  **Substitute of International Complete in III.** Yes  **International Complete in III.** Yes															
redule R (Perm 990) 2023  **Para N 1 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.  **Netac. Complete in it flav) entire is it any entiry is listed in Parts II, III, or IV of this schedule.  **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?  **Receipt of (I) interest, (Bipannites, IV) (I) ovelles, or (iv) reviets or or year from a controlled estity.  **Because of (I) animal controllation from related organization(s).  **Experiment of the animal controllation from related organization(s).  **Experiment or these organization(s).  **Experiment or the controllation or related organization(s).  **Experiment organization or related organization(s).  **Experiment organization or related organization(s).  **Experiment organization org												Sche	dule R (	Form 9	90) 2023
Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.  Verse Complete line 1 if any entiry is lined in Parts II, III, or IV of this schedule.  Verse During the tax yes, did the organization reagagin any of the following transactions: six on or more related organizations listed in Parts II-IV?  I would be a line of the organization reagagin any of the following transactions with one or more related organizations listed in Parts II-IV?  I would be a line of the organization reagagin any of the following transactions of the control of the contr			Page 3 —												
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a Receipt of (1) interest, (III) provides, or (IV) rent from a controlled entity.  In Sife, spant, or capital contribution in the interest organization(s).  In Sife, spant, or capital contribution that interest organization(s).  In Sife, spant, or capital contribution from related organization(s).  In Signature of the spant of the interest of the i															Yes No
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Cifi., grant, or capital contribution from related organization(s)   Is   West												: :			No.
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Dividends from related organization(s)	Loans or loan guarantees to or for related orga	anization(s) .													
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edule R (Form 990) 2023  Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  Ide 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) not a related organization. See instructions regarding exclusion for certain investment partnerships.  (a)  Name, address, and EIN of entity  (b)  Legal organizations  (c)  Legal organizations?  (related, organizations)  Are all partners section (related, organizations)  Share of total income of oreign (country)  (related, organizations)  (related, organizations)  Of Schedule K-1 (Form 1065)  (Form 1065)	Exchange of assets with related organization(s Lease of facilities, equipment, or other assets lease of facilities, equipment, or other assets performance of services or membership or fund performance of services or membership or fund Sharing of facilities, equipment, mailing lists, or Sharing of paid employees with related organication(s) Reimbursement paid to related organization(s) Reimbursement paid by related organization(s) Other transfer of cash or property to related organization (s) Other transfer of cash or property from related If the answer to any of the above is "Yes," see	from related organization related organization solicitation draising solicitation or other assets with zation(s).  ) for expenses.  ) for expenses.  rganization(s).  d organization(s).  the instructions for (a)	nization(s) ns for relate ns by relate h related on	ed organization ed organization ganization(s) .	(s)	e this line,	including cov (b) Transactio type (a-s)	vered rela	tionships an (c) Amount involv 4,005,000	ed	saction thre Methol	· · · · · · · · · · · · · · · · · · ·	(d)	1k 11 1m 1n 10 1p 1q 1r 1s	Yes Yes No
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  Indicated 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) assets or gross revenue) in the related organization. See instructions regarding exclusion for certain investment partnerships.  (a)  (b)  (b)  (c)  (d)  (e)  (d)  (related, domicile (state or foreign country)  (related, organizations?  (related, organizations)	Exchange of assets with related organization(s Lease of facilities, equipment, or other assets lease of facilities, equipment, or other assets Performance of services or membership or fund Performance of services or membership or fund Sharing of facilities, equipment, mailing lists, or Sharing of paid employees with related organization(s). Reimbursement paid to related organization(s). Other transfer of cash or property to related or Other transfer of cash or property from related. If the answer to any of the above is "Yes," see	from related organization related organization solicitation draising solicitation or other assets with zation(s).  ) for expenses.  ) for expenses.  rganization(s).  d organization(s).  the instructions for (a)	nization(s) ns for relate ns by relate h related on	ed organization ed organization ganization(s) .	(s)	e this line,	including cov (b) Transactio type (a-s)	vered rela	tionships an (c) Amount involv 4,005,000	ed	saction thre Methol	esholds	(d) ermining a	1k 1l 1m 1n 1o 1p 1q 1r 1s	Yes Yes No
Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  ide 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) not a related organization. See instructions regarding exclusion for certain investment partnerships.  (a)  (b)  (c)  (d)  (e)  (f)  (g)  (h)  (i)  (j)  (primary activity  (related, organizations?  (related, organizations?  (related, organizations?  (related, organizations?  (state or foreign country)  (a)  (b)  (c)  (d)  (e)  (f)  (g)  (f)  (g)  (f)  (primary allocations?  (related, organizations?  (related, organizations)	Exchange of assets with related organization(s Lease of facilities, equipment, or other assets lease of facilities, equipment, or other assets Performance of services or membership or fund Performance of services or membership or fund Sharing of facilities, equipment, mailing lists, or Sharing of paid employees with related organication(s) Reimbursement paid to related organization(s) Other transfer of cash or property to related or Other transfer of cash or property from related If the answer to any of the above is "Yes," see	from related organization related organization solicitation draising solicitation or other assets with zation(s)	nization(s) ns for relate ns by relate h related on	ed organization ed organization ganization(s) .	(s)	e this line,	including cov (b) Transactio type (a-s)	vered rela	tionships an (c) Amount involv 4,005,000	ed	saction thre Methol	esholds	(d) ermining a	1k 1l 1m 1n 1o 1p 1q 1r 1s	Yes Yes No
Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  ide 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) not a related organization. See instructions regarding exclusion for certain investment partnerships.  (a)  (b)  (c)  (d)  (e)  (related, domicile (state or foreign country)  (related, organizations?  (related, organizations?  (a)  (b)  (c)  (d)  (d)  (e)  (f)  (g)  (h)  (i)  (j)  (overtical domicile (nedations)  (related, organizations)	Exchange of assets with related organization(s Lease of facilities, equipment, or other assets lease of facilities, equipment, or other assets Performance of services or membership or fund Performance of services or membership or fund Sharing of facilities, equipment, mailing lists, or Sharing of paid employees with related organization(s). Reimbursement paid to related organization(s). Other transfer of cash or property to related or Other transfer of cash or property from related. If the answer to any of the above is "Yes," see	from related organization related organization solicitation draising solicitation or other assets with zation(s)	nization(s) ns for relate ns by relate h related on	ed organization ed organization ganization(s) .	(s)	e this line,	including cov (b) Transactio type (a-s)	vered rela	tionships an (c) Amount involv 4,005,000	ed	saction thre Methol	esholds	(d) ermining a	1k 1l 1m 1n 1o 1p 1q 1r 1s	Yes Yes No
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Name, address, and EIN of entity  Primary activity  Predominant  Income (related, organizations?)  Predominant  Share of total  primary activity  Income organizations?  Predominant  Share of total  powr activity  Primary activity  Predominant  Income of total  Share of end-of-year allocations?  Prodominant  Income of total  Prodominant  Income of total  Prodominant  Primary activity  Pri	Exchange of assets with related organization (s Lease of facilities, equipment, or other assets to the second of acilities, equipment, or other assets of facilities, equipment, or other assets of the second of services or membership or funds or services or services or services or membership or funds or services or membership or funds or services or services or membership or funds or services or services or services or services or services or membership or funds or services or servic	from related organization related organization solicitation draising solicitation or other assets with zation(s)	nization(s) ns for relate ns by relate h related on  or information	ed organization of organization(s)	organizaz	e this line,	including cov (b) Transactio type (a-s) D A	on Form	tionships an (c) Amount involv 4,005,000 82,295	d transed ed //	saction three Methor	esholds	. (d) ermining a	1k 1l 1m 1n 1o 1p 1q 1r 1s	Yes Yes No
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Additional Data Return to Form