

WINDES, INC.
P.O. BOX 87
LONG BEACH, CA 90801

OUR HOUSE GRIEF SUPPORT CENTER
3415 S. SEPULVEDA BLVD., 120
LOS ANGELES, CA 90034



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

August 22, 2025

Our House Grief Support Center
3415 S. Sepulveda Blvd. 120
Los Angeles, CA 90034
Attention: Julia Miele

Dear Julia:

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 17, 2025.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before November 17, 2025 to:

Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$200, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,


Windes, Inc.

***** THIS IS NOT A FILEABLE COPY *****

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

OUR HOUSE GRIEF SUPPORT CENTER

EIN or SSN

33-0529915

Name and title of officer or person subject to tax

**JULIA MIELE
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,533,548.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WINDES, INC. to enter my PIN 14209
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30414911166

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

WINDES, INC.

Date

08/22/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. OUR HOUSE GRIEF SUPPORT CENTER	Taxpayer identification number (TIN) 33-0529915
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3415 S. SEPULVEDA BLVD., 120	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90034	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **TANIA PAUNOVIC**
3415 S. SEPULVEDA BLVD., 120 - LOS ANGELES, CA 90034

Telephone No. **310-473-1511** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: OUR HOUSE GRIEF SUPPORT CENTER
D Employer identification number: 33-0529915
E Telephone number: 310-473-1511
G Gross receipts \$: 3,075,453.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.OURHOUSE-GRIEF.ORG
K Form of organization:
L Year of formation: 1993
M State of legal domicile: CA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes Net Assets or Fund Balances (lines 20-22) comparing Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: JULIA MIELE, EXECUTIVE DIRECTOR
Preparer's name: ELEANOR A. LIVINGSTON, CP
Firm's name: WINDES, INC.
Firm's address: P.O. BOX 87, LONG BEACH, CA 90801

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE THE COMMUNITY WITH GRIEF SUPPORT SERVICES, EDUCATION AND RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,448,335. including grants of \$) (Revenue \$ 125,045.) OUR HOUSE GRIEF SUPPORT CENTER PROVIDES THE LOS ANGELES COMMUNITY WITH GRIEF SUPPORT SERVICES, EDUCATION, RESOURCES, AND HOPE. FOR OVER 30 YEARS, OUR HOUSE HAS HELPED THOUSANDS OF GRIEVING CHILDREN, TEENS, AND ADULTS AS THEY EMBARK UPON THEIR JOURNEYS TO HOPE AND HEALING AFTER THE DEATH OF SOMEONE CLOSE. GRIEF SUPPORT SERVICES ARE LED BY HIGHLY TRAINED VOLUNTEERS WHO ARE SUPERVISED BY OUR HOUSE CLINICAL STAFF. GROUPS ARE AGE AND RELATIONSHIP SPECIFIC. THE ORGANIZATION ALSO OFFERS GRIEF SUPPORT GROUPS IN LOCAL SCHOOLS HELPING GRIEVING CHILDREN IN LOW-INCOME, UNDERSERVED AREAS OF LA COUNTY; HOSTS TWO SUMMER GRIEF CAMPS ANNUALLY FOR CHILDREN, TEENS, AND THEIR PARENTS/GUARDIANS; PROVIDES SHORT-TERM ONSITE GRIEF RESPONSE TO BUSINESSES AND SCHOOLS WHO HAVE EXPERIENCED THE DEATH OF A COMMUNITY MEMBER; AND FACILITATES GRIEF

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,448,335.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TANIA PAUNOVIC - 310-473-1511
3415 S. SEPULVEDA BLVD., 120, LOS ANGELES, CA 90034

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA MIELE EXECUTIVE DIRECTOR	40.00			X			161,835.	0.	12,095.	
(2) ELSA STEFANIAN CLINICAL DIR. OF ADULT PROGRAM	40.00				X		137,800.	0.	19,264.	
(3) JOSHUA GOLDMAN DIRECTOR OF DEVELOPMENT	40.00				X		128,171.	0.	5,634.	
(4) LAUREN SCHNEIDER CLINICAL DIR. OF CHILD & ADOLESCENT	40.00				X		130,245.	0.	242.	
(5) SHANNON BOREN DIRECTOR OF OPERATIONS	40.00				X		110,906.	0.	6,001.	
(6) ANTHONY GUAGLIANO BOARD CHAIR	5.00	X		X			0.	0.	0.	
(7) WILL FORD TREASURER	1.00	X		X			0.	0.	0.	
(8) IVY RAPPAPORT SECRETARY	1.00	X		X			0.	0.	0.	
(9) WENDY BACHELIS BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MICHELLE BEILEY BOARD MEMBER	1.00	X					0.	0.	0.	
(11) ROBIN BLAU BOARD MEMBER	1.00	X					0.	0.	0.	
(12) LARRY CARLAT BOARD MEMBER	1.00	X					0.	0.	0.	
(13) NANCY EISENSTADT BOARD MEMBER	1.00	X					0.	0.	0.	
(14) REVA GINDI BOARD MEMBER	1.00	X					0.	0.	0.	
(15) JORY GOLDMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(16) KATY HARRIS BOARD MEMBER	1.00	X					0.	0.	0.	
(17) SUSAN KURTZMAN BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JO-ANN LAUTMAN BOARD MEMBER	1.00	X						0.	0.	0.
(19) CAROL MEADE BOARD MEMBER	1.00	X						0.	0.	0.
(20) MARK BAUMOHL BOARD MEMBER	1.00	X						0.	0.	0.
(21) ROBYN SANTUCCI BOARD MEMBER	1.00	X						0.	0.	0.
(22) ELLEN SIMMONS, LCSW BOARD MEMBER	3.00	X						0.	0.	0.
(23) LESLIE YABUKI BOARD MEMBER	1.00	X						0.	0.	0.
(24) JACKIE KRUSE BOARD MEMBER	1.00	X						0.	0.	0.
(25) LAURIE BURROWS GRAD BOARD MEMBER (UNTIL 08/2024)	1.00	X						0.	0.	0.
1b Subtotal								668,957.	0.	43,236.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								668,957.	0.	43,236.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,193,563.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	41,068.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,287,640.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 126,862.				
	h Total. Add lines 1a-1f		2,522,271.				
Program Service Revenue	2 a SUPPORT GROUP FEES	Business Code					
		624100	125,045.	125,045.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		125,045.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		32,146.			32,146.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	283,007.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	280,268.				
	c Gain or (loss)	7c	2,739.				
	d Net gain or (loss)		2,739.			2,739.	
8 a Gross income from fundraising events (not including \$ 1,193,563. of contributions reported on line 1c). See Part IV, line 18	8a		97,975.				
b Less: direct expenses	8b	261,637.					
c Net income or (loss) from fundraising events		-163,662.			-163,662.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	15,009.			15,009.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		15,009.					
12 Total revenue. See instructions		2,533,548.	125,045.	0.	-113,768.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	173,930.	142,623.		31,307.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,832,119.	1,532,048.	116,005.	184,066.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	109,261.	105,555.	1,242.	2,464.
10 Payroll taxes	154,494.	133,044.	8,815.	12,635.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,315.		5,315.	
c Accounting	30,900.		30,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	80,040.	20,184.	35,786.	24,070.
12 Advertising and promotion	23,018.	18,849.	1,933.	2,236.
13 Office expenses	62,285.	9,366.	51,327.	1,592.
14 Information technology	24,871.	22,670.	1,658.	543.
15 Royalties				
16 Occupancy	315,356.	248,514.	19,837.	47,005.
17 Travel	48,526.	44,350.	3,981.	195.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,112.		5,112.	
23 Insurance	27,583.	18,177.	7,013.	2,393.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM ACTIVITY SUPPLI	121,628.	121,628.		
b RECRUITING AND RELOCATI	11,159.	7,915.	2,145.	1,099.
c VOLUNTEER TRAINING	8,637.	8,637.		
d STAFF DEVELOPMENT	8,342.	6,888.	763.	691.
e All other expenses _____	26,494.	7,887.	18,295.	312.
25 Total functional expenses. Add lines 1 through 24e	3,069,070.	2,448,335.	310,127.	310,608.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	268,620.	1	584,332.
	2 Savings and temporary cash investments	1,349,192.	2	776,970.
	3 Pledges and grants receivable, net	467,902.	3	487,876.
	4 Accounts receivable, net	320,202.	4	7,745.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13.	8	6,222.
	9 Prepaid expenses and deferred charges	0.	9	36,877.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 231,385.		
	b Less: accumulated depreciation	10b 200,999.	35,498.	10c 30,386.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,441,431.	15	1,219,896.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,882,858.	16	3,150,304.	
Liabilities	17 Accounts payable and accrued expenses	158,888.	17	190,067.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,504,625.	25	1,276,414.
	26 Total liabilities. Add lines 17 through 25	1,663,513.	26	1,466,481.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,705,720.	27	1,326,646.
	28 Net assets with donor restrictions	513,625.	28	357,177.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,219,345.	32	1,683,823.
33 Total liabilities and net assets/fund balances	3,882,858.	33	3,150,304.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,533,548.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,069,070.
3	Revenue less expenses. Subtract line 2 from line 1	3	-535,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,219,345.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,683,823.

Part XII Financial Statements and Reporting

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

- 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2024)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2066745.	1983707.	2359594.	2659278.	2522271.	11591595.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2066745.	1983707.	2359594.	2659278.	2522271.	11591595.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1603943.
6 Public support. Subtract line 5 from line 4.						9987652.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2066745.	1983707.	2359594.	2659278.	2522271.	11591595.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,633.	4,543.	6,708.	46,023.	32,146.	105,053.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			8,349.	19,591.	15,009.	42,949.
11 Total support. Add lines 7 through 10						11739597.
12 Gross receipts from related activities, etc. (see instructions)					12	775,085.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	85.08	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	81.17	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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**

Name of the organization **OUR HOUSE GRIEF SUPPORT CENTER** Employer identification number **33-0529915**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c 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 the organization during the tax year _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		25,229.	11,194.	14,035.
d Equipment		206,156.	189,805.	16,351.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				30,386.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT-OF-USE ASSETS	1,143,092.
(2) SECURITY DEPOSITS	76,804.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,219,896.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	1,276,414.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,276,414.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,090,673.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	557,125.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	557,125.	
3	Subtract line 2e from line 1		3	2,533,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,533,548.

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

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

1	Total expenses and losses per audited financial statements		1	3,626,195.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	557,125.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	557,125.	
3	Subtract line 2e from line 1		3	3,069,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,069,070.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM MOST FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA	5K WALK AND REMEMBER	1		
Revenue		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	954,757.	243,290.	93,491.	1,291,538.
	2	Less: Contributions	896,257.	224,890.	72,416.	1,193,563.
	3	Gross income (line 1 minus line 2)	58,500.	18,400.	21,075.	97,975.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,000.		2,000.	7,000.
	7	Food and beverages	66,360.	519.	5,448.	72,327.
	8	Entertainment	10,500.	1,200.	1,500.	13,200.
	9	Other direct expenses	50,792.	101,747.	16,571.	169,110.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				261,637.
11	Net income summary. Subtract line 10 from line 3, column (d)				-163,662.	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization OUR HOUSE GRIEF SUPPORT CENTER	Employer identification number 33-0529915
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIA MIELE EXECUTIVE DIRECTOR	(i)	161,835.	0.	0.	0.	12,095.	173,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELSA STEFANIAN CLINICAL DIR. OF ADULT PROGRAM	(i)	137,800.	0.	0.	0.	19,264.	157,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **OUR HOUSE GRIEF SUPPORT CENTER** Employer identification number **33-0529915**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS F)	X	145	126,862.	DONOR APPRAISAL
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I:
COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

OUR HOUSE GRIEF SUPPORT CENTER

Employer identification number

33-0529915

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EDUCATION PRESENTATIONS FOR THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND THE BOARD'S FINANCE
COMMITTEE. A COPY OF THE FORM 990 IS MADE AVAILABLE TO ALL VOTING MEMBERS
BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

TRANSACTIONS WHICH MAY BE PERCEIVED AS AT ODDS WITH THE INTERESTS OF THE
ORGANIZATION ARE DISCUSSED BY THE ORGANIZATION'S BOARD. ISSUES ARE REVIEWED
AND RESOLVED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW & APPROVAL PROCESS- CEO & TOP MANAGEMENT
AN EXECUTIVE COMMITTEE COMPOSED OF THE ORGANIZATION'S CHAIR, VICE CHAIR,
TREASURER, SECRETARY, IMMEDIATE PAST CHAIR AND OTHERS APPOINTED BY THE
CHAIR MEET ANNUALLY TO CONDUCT A PERFORMANCE AND COMPENSATION REVIEW OF THE
EXECUTIVE DIRECTOR AND OTHER MANAGEMENT POSITIONS.

COMPENSATION REVIEW & APPROVAL PROCESS- OFFICERS & KEY EMPLOYEES

THE ORGANIZATION'S BY-LAWS PROHIBIT COMPENSATION FOR SERVING ON THE BOARD.
AN EXECUTIVE COMMITTEE COMPOSED OF THE ORGANIZATIONS'S CHAIR, VICE CHAIR,
TREASURER, SECRETARY, IMMEDIATE PAST CHAIR AND OTHERS APPOINTED BY THE
CHAIR MEET ANNUALLY TO CONDUCT A PERFORMANCE AND COMPENSATION REVIEW OF KEY
EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

RELEVANT DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name
OUR HOUSE GRIEF SUPPORT CENTER

California corporation number
1853337

Additional information. See instructions.

FEIN
33-0529915

Street address (suite or room)
3415 S. SEPULVEDA BLVD., 120

PMB no.

City
LOS ANGELES

State
CA

ZIP code
90034

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return Yes No
- B** Amended return Yes No
- C** IRC Section 4947(a)(1) trust Yes No
- D** Final information return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy) _____
- E** Check accounting method: (1) Cash (2) Accrual (3) Other
- F** Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
- G** Is this a group filing? See instructions Yes No
- H** Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____
- L** Is the organization a limited liability company? Yes No
- M** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- O** Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	553,182	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,522,271	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2			
	4	This line must be completed. If the result is less than \$50,000, see General Information B	4	3,075,453	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	280,268	00
	7	Total costs. Add line 5 and line 6	7	280,268	00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	2,795,185	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,330,707	00
Payments	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-535,522	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
Sign Here	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				

Signature of officer **EXECUTIVE DIRE** Title
Date _____ Date

Preparer's signature **ELEANOR A. LIVINGSTON, CPA, M** Date **08/22/25** Check if self-employed **P00226461**

Firm's name (or yours, if self-employed) and address **WINDES, INC.**
P.O. BOX 87
LONG BEACH, CA 90801

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	97,975	00
	2	Interest	•	2	32,146	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6	283,007	00
	7	Other income. Attach schedule	•	7	140,054	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	553,182	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00
	10	Disbursements to or for members.	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	173,930	00
	12	Other salaries and wages	•	12	1,832,119	00
	13	Interest	•	13		00
	14	Taxes	•	14	154,494	00
	15	Rents	•	15	315,356	00
	16	Depreciation and depletion (See instructions)	•	16	5,112	00
	17	Other expenses and disbursements. Attach schedule	•	17	849,696	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,330,707	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,617,812		1,361,302
2 Net accounts receivable		320,202		7,745
3 Net notes receivable				
4 Inventories		13		6,222
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	231,385		231,385	
b Less accumulated depreciation	195,887	35,498	200,999	30,386
11 Land				
12 Other assets. Attach schedule STMT 7		1,909,333		1,744,649
13 Total assets		3,882,858		3,150,304
Liabilities and net worth				
14 Accounts payable		158,888		190,067
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 8		1,504,625		1,276,414
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,219,345		1,683,823
22 Total liabilities and net worth		3,882,858		3,150,304

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	-535,522	7 Income recorded on books this year not included in this return. Attach schedule	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		-535,522
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		-535,522			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
PJT PARK HILL	100 WILSHIRE BLVD., 12F, SUITE 1230 SANTA MONICA, CA 90401		5,000.
LORIN MICHAELS	12224 GORHAM AVENUE LOS ANGELES, CA 90049		9,882.
TAMI SCHNEIDER	875 PARK AVENUE APT 5AB NEW YORK, NY 10075		50,000.
LINDA RICHMAND	900 5TH AVE. APT 7A NEW YORK, NY 10021		5,000.
BRUCE POLLACK	875 PARK AVENUE APT 5AB NEW YORK, NY 10075		100,000.
JULIA WEKSLER	40 ROXBURY LANE WAINSCOTT, NY 11975		50,000.
PENNY ALPERT	16231 MORRISON ST ENCINO, CA 91436		23,500.
BRUCE KARSH	320 N CAROLWOOD DR LOS ANGELES, CA 90077		5,000.
JACQUELINE KRUSE	434 S WINDSOR BLVD LOS ANGELES, CA 90020		20,500.
THE STEVEN & SUSAN COBIN FAMILY FOUNDATION	4839 ENCINO AVE ENCINO, CA 91316		25,000.
STERN FAMILY FUND	3601 DEAUVILLA COURT CALABASAS, CA 91302		5,000.
KAREN LEAF	2461 IVANHOE DR LOS ANGELES, CA 90039		5,000.
BEVERLY GALASHAN	333 S CARMELINA AVE LOS ANGELES, CA 90049		10,000.
ELUNA	2426 32ND AVENUE STE 200 SEATTLE, WA 98199		5,500.

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BANC OF CALIFORNIA CHARITABLE FOUNDATION	3 MACARTHUR PLACE SANTA ANA, CA 92707	5,000.
SHERI RAPAPORT	11625 MORAGA LANE LOS ANGELES, CA 90049	20,000.
ELLEN SIMMONS	501 11TH STREET SANTA MONICA, CA 90402	63,988.
ZIBBY MEDIA	775 PARK AVENUE, #12C NEW YORK, NY 10021	10,000.
LAURIE BURROWS GRAD	10110 EMPYREAN WAY LOS ANGELES, CA 90067	5,100.
KANDUS SIMPSON	10514 DUNLEER DR LOS ANGELES, CA 90064	5,000.
CAROL APRIL	561 MORENO AVENUE LOS ANGELES, CA 90049	6,000.
NANCY EISENSTADT	217 BRONWOOD AVENUE LOS ANGELES, CA 90049	10,447.
KATY HARRIS	3133 HADDINGTON DRIVE LOS ANGELES, CA 90064	5,500.
WENDY BACHELIS	972 HILGARD AVENUE LOS ANGELES, CA 90024	5,250.
AMERICAN HARTFORD GOLD	11900 W OLYMPIC BLVD. LOS ANGELES, CA 90064	10,000.
KURTZMAN FAMILY FOUNDATION	6505 WILSHIRE BLVD STE 1200 LOS ANGELES, CA 90048	10,000.
VIRASB VAHIDI	181 MONARCH BAY DRIVE DANA POINT, CA 92629	5,189.
SHEERI STEINBERG	1240 CHANTILLY ROAD LOS ANGELES, CA 90077	5,000.
VIRTUS PARTNERS, INC.	ONE FINANCIAL PLAZA HARTFORD, CT 06103	10,000.
LEONARD & ANNETTE SHAPIRO FAMILY FOUNDATION	6505 WILSHIRE BLVD STE 1200 LOS ANGELES, CA 90048	5,000.
MICHAEL AND SHERI HOPKINS FAMILY CHARITABLE FUND	165 TOWNSHIP LINE ROAD STE 1200 JENKINTOWN, PA 19046	10,000.
NICOLE MUTCHNIK	716 N. PALM DRIVE BEVERLY HILLS, CA 90210	10,000.
BETTY HAYMAN	6950 WILDLIFE RD MALIBU, CA 90265	5,000.
JULIE PLATT	10393 STRATHMORE DR LOS ANGELES, CA 90024	10,000.
STRADLING YOCCA CARLSON & RAUTH LLP	660 NEWPORT CENTER DR STE 1600 NEWPORT BEACH, CA 92660	5,000.
SCHWAB CHARITABLE	211 MAIN ST SAN FRANCISCO, CA 94105	19,000.
LOIS LUDWIG	348 PATRICIAN WAY PASADENA, CA 91105	10,000.
BOB FRIEDMAN	333 N BRISTOL AVENUE LOS ANGELES, CA 90049	50,000.
CAPITAL GROUP	PO BOX 659528 SAN ANTONIO, TX 78265	25,000.
BANK OF AMERICA CHARITABLE GIFT FUND	100 FEDERAL ST BOSTON, MA 02110	15,000.
HAWKINS FAMILY CHARITABLE FUND	3415 S SEPULVEDA BLVD STE 120 LOS ANGELES, CA 90034	10,000.
RAHEMTULLA CHARITABLE FUND	12255 RICHWOOD DR LOS ANGELES, CA 90049	10,000.
MICHELLE BEILEY	2745 MONTE MAR TERRACE LOS ANGELES, CA 90064	45,440.

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LITOW FAMILY FOUNDATION	5700 SEA VIEW DR MALIBU, CA 90265	5,000.
THE ERNEST G. HERMAN FOUNDATION	1900 AVE OF THE STARS 21ST FL LOS ANGELES, CA 90067	10,000.
MORGAN STANLEY GIFT	8888 KEYSTONE CROSSING STE 1200 INDIANAPOLIS, IN 46240	15,000.
CEDARS SINAI MEDICAL CENTER	8700 BEVERLY BLVD SUITE 2416 LOS ANGELES, CA 90048	80,000.
JOHN AND BEVERLY STAUFFER FOUNDATION	915 E MAIN ST STE A SANTA PAULA, CA 93060	5,000.
THE ANGELO FAMILY CHARITABLE FOUNDATION	245 PARK AVE 26TH FLOOR NEW YORK, NY 10167	20,000.
MARLENE LOUCHHEIM	10490 WILSHIRE BLVD #2602 LOS ANGELES, CA 90024	10,000.
KIRKLAND & ELLIS LLP	333 WEST WOLF POINT PLAZA CHICAGO, IL 60654	10,000.
L.L. FOUNDATION FOR YOUTH	PO BOX 56629 SHERMAN OAKS, CA 91413	50,000.
THE BILL MUSTER FOUNDATION	300 CORPORATE POINT STE 410 CULVER CITY, CA 90230	10,000.
ROBYN SANTUCCI	9822 PORTOLA DRIVE BEVERLY HILLS, CA 90210	12,500.
J & R SCHWARTZ FAMILY FOUNDATION	13600 ROMANY DR. PACIFIC PALISADES, CA 90272	10,000.
BETSY LAUTMAN	11333 BERWICK ST LOS ANGELES, CA 90049	105,000.
ALFRED MANN	601 SOUTH BRAND BLVD #203 SAN FERNANDO, CA 91340	7,500.
JORY GOLDMAN	10473 LINDBROOK DRIVE LOS ANGELES, CA 90024	20,000.
BRAD LEMONS FOUNDATION	1223 WILSHIRE BLVD #407 LOS ANGELES, CA 90403	31,000.
SANDY GAYNOR	280 N SALTAIR AVENUE LOS ANGELES, CA 90049	21,000.
MITCHELL FAMILY FOUNDATION	16821 FRANK AVE LOS GATOS, CA 95032	5,000.
ALLISON HOLKER C/O EDWARD CHARLES	4512 LEMP AVENUE NORTH HOLLYWOOD, CA 91602	15,000.
THE DOLOTTA FAMILY CHARITABLE FOUNDATION	1205 DEL ORO AVE SANTA BARBARA, CA 93109	5,000.
ANTHONY GUAGLIANO	601 CASCADE WAY LOS ANGELES, CA 90049	50,000.
PROVIDENCE LITTLE COMPANY OF MARY - SAN PEDRO MEDICAL CENTER	2601 AIRPORT DRIVE STE 220 TORRANCE, CA 90505	150,000.
NEW YORK LIFE FOUNDATION	51 MADISON AVE NEW YORK, NY 10010	25,000.
IMA FOUNDATION	8200 E. 32ND STREET NORTH WICHITA, KS 67226	10,000.
LEONARD M. LIPMAN CHARITABLE FUND	12490 W FIELDING CIRCLE APT 241 LOS ANGELES, CA 90094	100,000.
UNIVERSITY OF SOUTHERN CALIFORNIA	669 W. 34TH ST., SWC 119 LOS ANGELES, CA 90089	23,620.
MARCIA BRADY TUCKER FOUNDATION	PO BOX 1149 EASTON, MD 21601	20,000.
THOMAS AND DOROTHEY LEAVEY FOUNDATION	10100 SANTA MONICA BLVD SUITE 610 LOS ANGELES, CA 90067	50,000.

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THE ROSE HILLS FOUNDATION	225 S LAKE AVE STE 1250 PASADENA, CA 91101	36,000.
HANSON CHARITABLE TRUST	1 RIGHTER PARKWAY STE 120 WILMINGTON, DE 19803	15,000.
EXACTUALS LLC	8981 SUNSET BLVD STE 311 LOS ANGELES, CA 90069	100,000.
HILLSIDE MEMORIAL PARK & MORTUARY	6001 W CENTINELA AVE LOS ANGELES, CA 90045	6,000.
PAMELA FILLO	3110 MAIN ST NO. 310 SANTA MONICA, CA 90405	5,000.
JAMES JACKOWAY	65 GIBBES STREET CHARLESTON, SC 29401	5,000.
ANITA KOHL	11812 SAN VICENTE BLVD SUITE 510 LOS ANGELES, CA 90049	5,000.
SCOTT NEMERSON	2523 CLEARVIEW AVE VENTURA, CA 93001	10,000.
SANDY DUNCAN	22500 JAMESON DRIVE CALABASAS, CA 91302	10,000.
MICHELLE ROBUCK	12041 LUCILE STREET CULVER CITY, CA 90230	5,000.
MITCHELL QUARANTA	277 S ROCKINGHAM AVENUE LOS ANGELES, CA 90049	31,200.
DANIEL BLEIBERG	1050 26TH STREET SANTA MONICA, CA 90403	5,100.
JON GIMBEL	3060 DANALDA DR LOS ANGELES, CA 90064	5,000.
HONNIE JUDA	237 S IRVING BLVD LOS ANGELES, CA 90004	10,000.
GREGORY KLEIN	305 HOMEWOOD ROAD LOS ANGELES, CA 90049	5,000.
CATHERINE AHMANSON	5213 MOUNT ROYAL DRIVE LOS ANGELES, CA 90041	6,200.
MOLLY DICKSON	982 LAKE ST APT C VENICE, CA 90291	10,500.
RYAN TEDDER	20 MUSIC SQUARE WEST NASHVILLE, TN 37203	5,000.
STEVEN ROMICK	220 NORTH BRISTOL AVENUE LOS ANGELES, CA 90049	5,000.
MARK BAUMOHL	2632 WASHINGTON AVE SANTA MONICA, CA 90403	5,600.
CITY OF BEVERLY HILLS	455 NORTH REXFORD DRIVE BEVERLY HILLS, CA 90210	30,000.
LOS ANGELES COUNTY DEPT OF MENTAL HEALTH	510 S VERMONT AVE LOS ANGELES, CA 90020	6,658.
TOTAL INCLUDED ON LINE 3		<u><u>1,923,174.</u></u>

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

MICHELLE BEILEY

2745 MONTE MAR TERRACE LOS ANGELES, CA
90064

PROPERTY DESCRIPTION

DATE OF GIFT

FMV OF GIFT

TOTAL AMOUNT

GALA AUCTION ITEM

11/16/24

5,560.

51,000.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

FRANCESCA GUAGLIANO

601 CASCADE WAY LOS ANGELES, CA 90049

PROPERTY DESCRIPTION

DATE OF GIFT

FMV OF GIFT

TOTAL AMOUNT

GALA AUCTION ITEM

11/16/24

25,000.

25,000.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

WINNIE WANG

1022 1/2 CAROL DRIVE WEST HOLLYWOOD, CA
90069

PROPERTY DESCRIPTION

DATE OF GIFT

FMV OF GIFT

TOTAL AMOUNT

GALA AUCTION ITEM

11/16/24

6,970.

6,970.

TOTAL INCLUDED ON LINE 3

37,530.

82,970.

CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 3

DESCRIPTION

DATE
ACQUIRED

DATE
SOLD

METHOD
ACQUIRED

SECURITIES

01/01/24

12/31/24

PURCHASED

COST OR
OTHER BASIS

DEPREC.

EXPENSE
OF SALE

GROSS
SALES PRICE

280,268.

0.

0.

283,007.

TOTAL TO FORM 199, PAGE 2, LN 6

280,268.

0.

0.

283,007.

CA 199	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
OTHER INCOME		15,009.
SUPPORT GROUP FEES		125,045.
TOTAL TO FORM 199, PART II, LINE 7		140,054.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JULIA MIELE 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	EXECUTIVE DIRECTOR 40.00	173,930.
ANTHONY GUAGLIANO 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD CHAIR 5.00	0.
WILL FORD 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	TREASURER 1.00	0.
IVY RAPPAPORT 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	SECRETARY 1.00	0.

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WENDY BACHELIS 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
MICHELLE BEILEY 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
ROBIN BLAU 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
LARRY CARLAT 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
NANCY EISENSTADT 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
REVA GINDI 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
JORY GOLDMAN 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
KATY HARRIS 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
SUSAN KURTZMAN 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
JO-ANN LAUTMAN 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
CAROL MEADE 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
MARK BAUMOHL 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.

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ROBYN SANTUCCI 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
ELLEN SIMMONS, LCSW 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 3.00	0.
LESLIE YABUKI 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
JACKIE KRUSE 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER 1.00	0.
LAURIE BURROWS GRAD 3415 S. SEPULVEDA BLVD., 120 LOS ANGELES, CA 90034	BOARD MEMBER (UNTIL 08/202 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11	173,930.
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CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION	AMOUNT	
PROGRAM ACTIVITY SUPPLI		121,628.
RECRUITING AND RELOCATI		11,159.
VOLUNTEER TRAINING		8,637.
STAFF DEVELOPMENT		8,342.
DIRECT EXPENSES OF FUNDRAISING EVENTS		261,637.
OTHER EMPLOYEE BENEFITS		109,261.
LEGAL FEES		5,315.
ACCOUNTING FEES		30,900.
OTHER PROFESSIONAL FEES		80,040.
ADVERTISING AND PROMOTION		23,018.
OFFICE EXPENSES		62,285.
INFORMATION TECHNOLOGY		24,871.
TRAVEL		48,526.
INSURANCE		27,583.
ALL OTHER EXPENSES		26,494.
TOTAL TO FORM 199, PART II, LINE 17		849,696.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	467,902.	487,876.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	36,877.
OPERATING LEASE RIGHT-OF-USE ASSETS	1,365,034.	1,143,092.
PARKING DEPOSITS	225.	0.
KEY CARD DEPOSITS	30.	0.
SECURITY DEPOSITS	76,142.	76,804.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,909,333.	1,744,649.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LEASE LIABILITY	1,504,625.	1,276,414.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,504,625.	1,276,414.

CA 199	FUND BALANCES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	1,705,720.	1,326,646.
NET ASSETS WITH DONOR RESTRICTIONS	513,625.	357,177.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	2,219,345.	1,683,823.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0529915

Corporation name

California corporation number

OUR HOUSE GRIEF SUPPORT CENTER

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
14 1 FIXED ASSETS								
	VARIOUS	231,385	195,887		.000	5,112		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	5,112

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	<input checked="" type="radio"/>	16	5,112
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	<input checked="" type="radio"/>	17	5,112
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	<input checked="" type="radio"/>	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						<input checked="" type="radio"/> 22

TAXABLE YEAR
2024

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name OUR HOUSE GRIEF SUPPORT CENTER	Identifying number 33-0529915
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<u>3,075,453</u>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<u>2,795,185</u>
3 Refund (Form 109, line 26)	3	
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 Direct deposit of refund (Form 109 only.)

6 Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number _____ 11 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here _____ **EXECUTIVE DIRECTOR**

Signature of officer Date Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature WINDES, INC.	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00226461
Must Sign	Firm's name (or yours if self-employed) and address WINDES, INC. 2050 MAIN ST., STE. 1300 IRVINE, CA				Firm's FEIN 95-3001179 ZIP code 92614

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00226461
Must Sign	Firm's name (or yours if self-employed) and address WINDES, INC. P.O. BOX 87 LONG BEACH, CA			Firm's FEIN 95-3001179 ZIP code 90801

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

OUR HOUSE GRIEF SUPPORT CENTER

Name of Organization

List all DBAs and names the organization uses or has used

3415 S. SEPULVEDA BLVD., NO. 120

Address (Number and Street)

LOS ANGELES, CA 90034

City or Town, State, and ZIP Code

JULIA@OURHOUSE-GRIEF.OR

310-473-1511

Telephone Number

G

E-mail Address

Check if:

- Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number 089165

Corporation or Organization No. 1853337

Federal Employer ID No. 33-0529915

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2024 ending 12/31/2024) list:

Total Revenue (including noncash contributions) \$ 2,533,548 Noncash Contributions \$ 126,862 Total Assets \$ 3,150,304
Program Expenses \$ 2,448,335 Total Expenses \$ 3,069,070

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?	X	
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

JULIA MIELE

EXECUTIVE DIRECTOR

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 10

LA COUNTY DEPARTMENT OF MENTAL HEALTH, 510 S VERMONT, LOS ANGELES, CA 90020,
MIRTALA PARADA WARD, 800-854-7771

CITY OF BEVERLY HILLS HUMAN RESOURCES DIVISION, 444 N REXFORD DRIVE 2F, BEVERLY
HILLS, CA 90210, ENISHA CLARK, 310-285-1006

INTERNAL REVENUE SERVICE, 1111 CONSTITUTION AVE NW, WASHINGTON, DC 20224

CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 6

STATEMENT 11

A RAFFLE WAS HELD ON 4/14/2024 FOR THE 5K WALK EVENT.