



**OAKRIDGE NEIGHBORHOOD AND  
NEIGHBORHOOD SERVICES BOARD  
MEETING PACKET  
August 27, 2025**

**<https://us02web.zoom.us/j/88988681135?pwd=VTtb37MpB57ymcTtHAym9aArlG9LrK.1>**

**Meeting ID: 889 8868 1135**

**Passcode: 455168**



N E I G H B O R H O O D

## OAKRIDGE NEIGHBORHOOD AND NEIGHBORHOOD SERVICES

### BOARD MEETING AGENDA

August 27, 2025

Hybrid Meeting

<https://us02web.zoom.us/j/88988681135?pwd=VTtb37MpB57ymcTtHAym9aArlG9LrK.1>

Meeting ID: 889 8868 1135

Passcode: 455168

- |                                  |                       |
|----------------------------------|-----------------------|
| 1. Call to Order/ Chairs Report  | Skylar Mayberry-Mayes |
| 2. Board Mission Moment          | Emily Lemay           |
| 3. Approval of Consent Agenda    | Skylar Mayberry-Mayes |
| a. June 2025 Board Minutes       |                       |
| 4. July Finance Committee Report | Diane Dubuisson       |
| a. July Financials               | Kristin Clayton       |
| b. Approval of 990               |                       |
| 5. Committee Reports             |                       |
| a. Marketing                     | Carol Bodensteiner    |
| b. Development                   | Emily LeMay           |
| c. Human Resources               | Joyce McDanel         |
| d. Organizational Strategy       | Albert Farr           |
| e. Housing & Services            | Jaime Buelt           |
| f. Governance Committee          | Emily LeMay           |
| 5. CEO Update                    | Deidre DeJear         |
| a. Old Business                  |                       |
| b. New Business                  |                       |
| 6. Adjourn                       |                       |



**Oakridge Neighborhood  
June 25, 2025, Board Meeting  
7:30 am**

**Hybrid meeting – Oakridge Neighborhood Board Room - 1401 Center Street Des Moines, IA**

**Board Attendance:**

Carol Bodensteiner, Diana Dubuisson, Sherri Hart, Emily Lemay, Skylar Mayberry-Mayes, Kuuku Saah, Matthea Smith, Jessica Zaugg

**Remote Attendance:**

Marcy Baker, Jaime Buelt, Albert Farr, Sharon Gaddy-Hanna, Tim Haight, Mary Johnson,  
Kent Kramer, Deidre Williams, Mark Wiltse

**Absent:**

Erin Kuhl, Jessica Fenney, Nalo Johnson, Joyce McDanel, Dr. Andrea McGuire

**Staff Attendance:**

Deidre DeJear, Pat Palmer, Kristin Clayton, Chris Irvine, Almardi Abdalla, Sheri Fitzpatrick, Kristin Littlejohn

**I. Call to Order/Chairs Report**

- a) Skylar Mayberry-Mayes called the meeting to order at 7:40 am.
- b) Introductions by all present to welcome new Board members.

**II. Mission Moment**

Deidre DeJear spoke on an Oakridge success story in one of Oakridge Neighborhood's own staff- Zamiratu Dainkeh, Accounting assistant. Zami was an Oakridge resident, and she exemplifies that when a community comes together to help its own it sets individuals up on a path for success.

**III. Consent Agenda Approval**

Skylar presented the following items for approval:

- a) Board Meeting Minutes – April 2025
- b) May 2025 Financials
- c) Committee Reports

**Move:** Carol Bodensteiner **Second:** Emily Lemay **Status:** Passed

**V. May Finance Committee Update**

- a) May financials reviewed
- b) Positive Board responses to the graphing visuals now included in packet

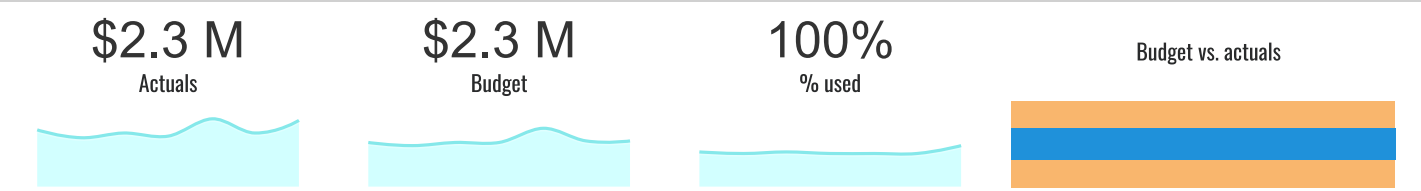
**VI. Closed Session began at 8:00 am**

**Reminders**

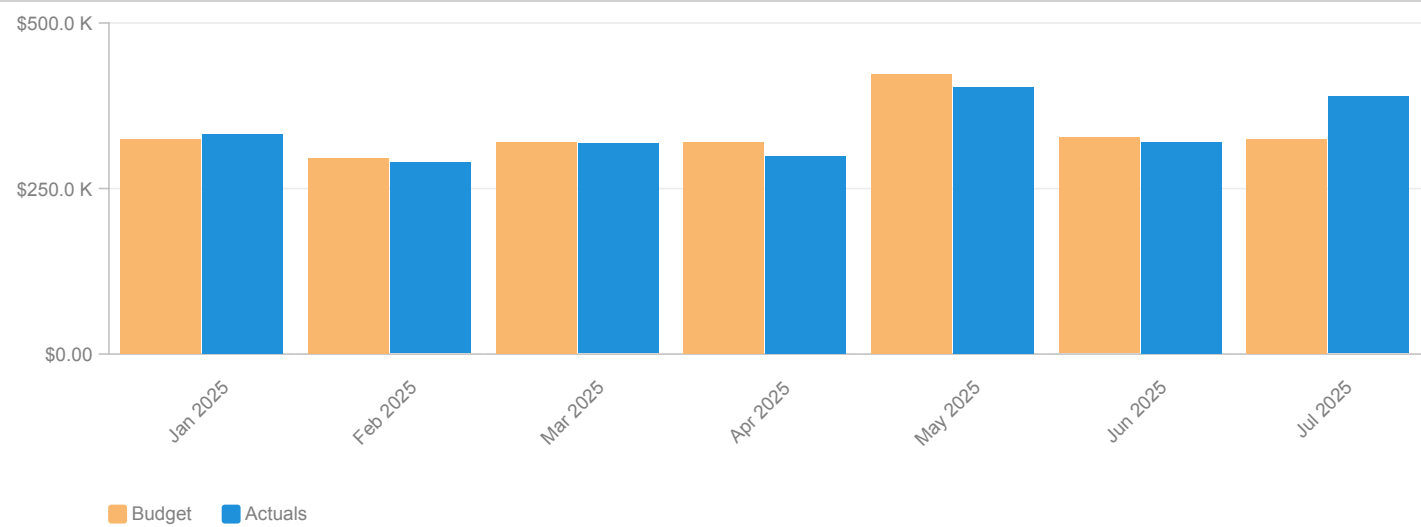
**Next Board Meeting August 27, 2025, at 7:30 am**

POST DATE	POST STATUS	ENCUMBRANCE	
Jan 1 2025 - Jul 31 2025	All	All	
BUDGET SCENARIO	ACCOUNT CATEGORY	ACCOUNT SEGMENT	ACCOUNT SEGMENT VALUE
ONS - BUDGET	Expense	Account code	All
ACCOUNT CLASS	ACCOUNT STATUS	ACCOUNT DESCRIPTION	ACCOUNT NUMBER
All	All	All	All

Summary i

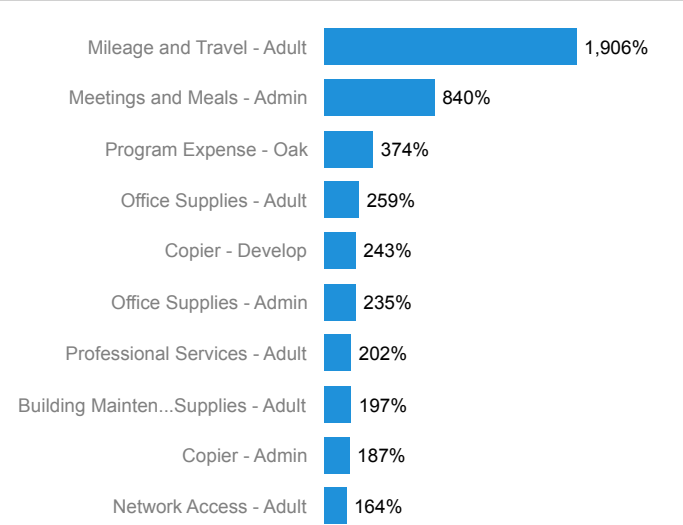


Budget vs. actuals i

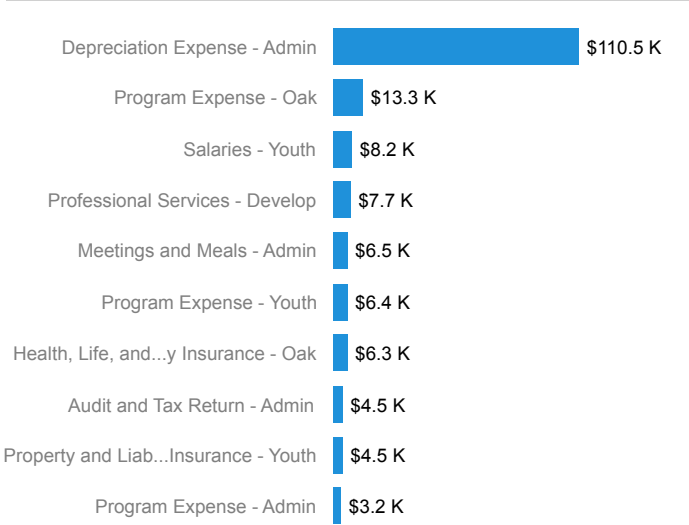


i Click on distinct Budget or Actual bars to drill into more details.

TOP 10 accounts by % used i

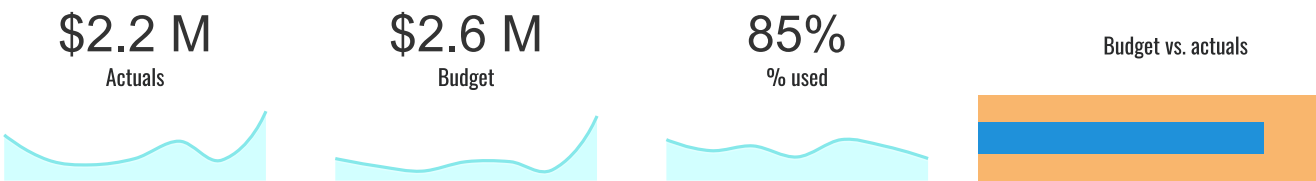


TOP 10 accounts by variance i

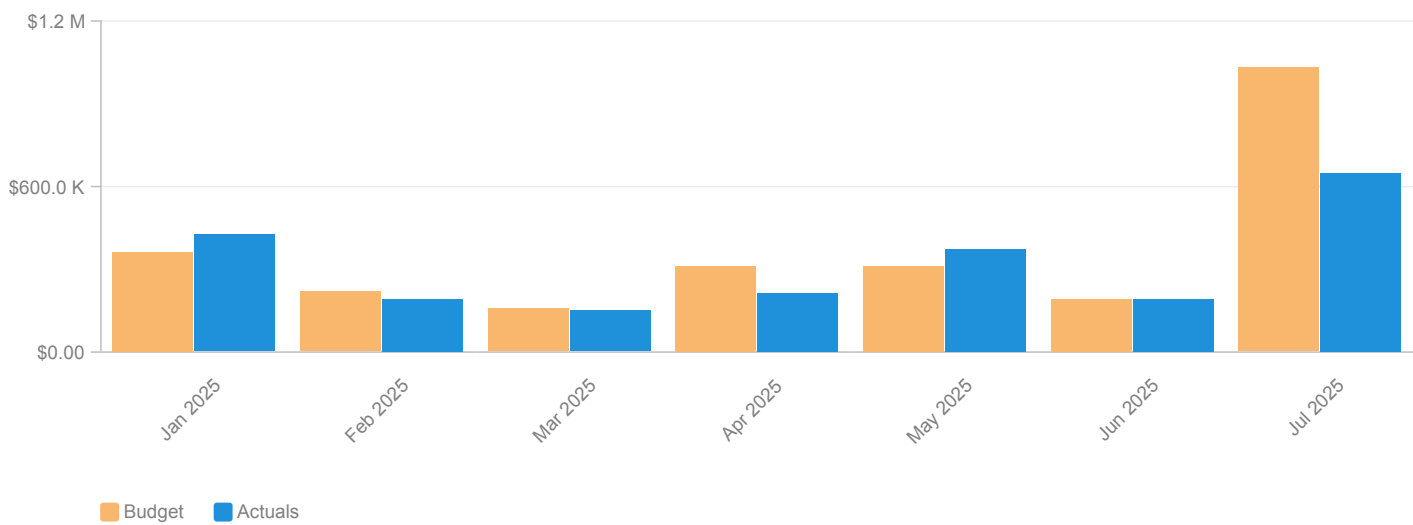


POST DATE	POST STATUS	ENCUMBRANCE	
Jan 1 2025 - Jul 31 2025	All	All	
BUDGET SCENARIO	ACCOUNT CATEGORY	ACCOUNT SEGMENT	ACCOUNT SEGMENT VALUE
ONS - BUDGET	Revenue	Account code	All
ACCOUNT CLASS	ACCOUNT STATUS	ACCOUNT DESCRIPTION	ACCOUNT NUMBER
All	All	All	All

Summary i

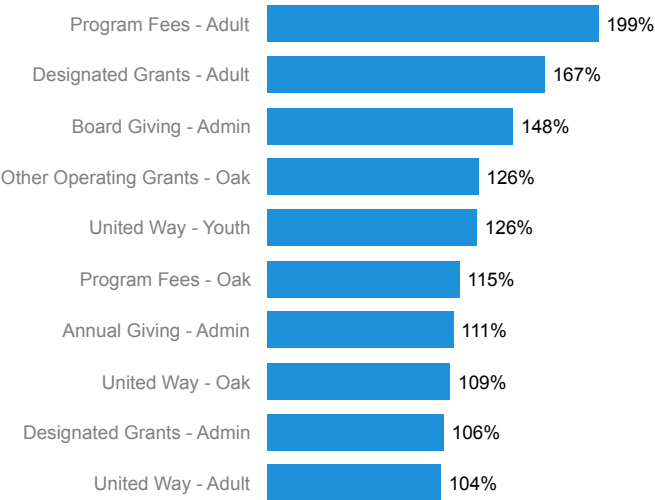


Budget vs. actuals i

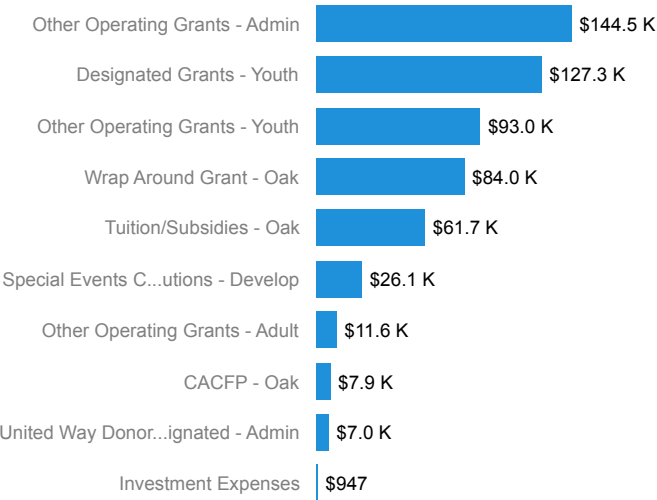


i Click on distinct Budget or Actual bars to drill into more details.

TOP 10 accounts by % used i



TOP 10 accounts by variance i



# Oakridge Neighborhood Services

## Balance Sheet

	Current Period 07/31/2025	Prior Period 06/30/2025	Prior Year End 12/31/2024
<b>Current Assets</b>			
Operating Cash	188,881.84	124,082.88	74,489.39
Designated Cash	178,685.66	120,566.89	32,821.84
Account Receivables and Pledges	626,635.04	218,480.09	616,981.68
Due from Affiliate Entities	51,640.93	312,653.43	381,799.89
Prepaid Expense	20,835.04	20,582.03	28,514.06
Special Investment Fund - GDMCF	386,857.78	386,857.78	385,703.78
Wheels of Hope CD	40,993.90	40,993.90	40,993.90
Investment - Silver Oaks	219,933.00	219,933.00	219,933.00
Investment - ONS Ventures	1,360,414.00	1,360,414.00	1,360,414.00
<b>Total Current Assets</b>	<b>3,074,877.19</b>	<b>2,804,564.00</b>	<b>3,141,651.54</b>
<b>Other Assets</b>			
Housing Notes Receivable, Net of Allowance	0.00	0.00	0.00
Operating Lease Right-of-Use Assets, net	53,887.00	53,887.00	53,887.00
<b>Total Other Assets</b>	<b>53,887.00</b>	<b>53,887.00</b>	<b>53,887.00</b>
<b>Fixed Assets</b>			
Fixed Assets	2,975,203.18	2,975,203.18	2,975,203.18
Less: Accumulated Depreciation	(1,901,083.80)	(1,885,551.71)	(1,790,572.94)
<b>Total Fixed Assets</b>	<b>1,074,119.38</b>	<b>1,089,651.47</b>	<b>1,184,630.24</b>
<b>TOTAL ASSETS</b>	<b>4,202,883.57</b>	<b>3,948,102.47</b>	<b>4,380,168.78</b>
<b>Current Liabilities</b>			
Accounts Payable	37,059.33	35,276.58	39,380.05
Accrued Expenses	223,201.01	223,201.01	223,201.01
Deferred Revenue	40,684.88	40,684.88	40,684.88
Line of Credit	320,000.00	320,000.00	320,000.00
<b>Total Current Liabilities</b>	<b>620,945.22</b>	<b>619,162.47</b>	<b>623,265.94</b>
<b>Long Term Liabilities</b>			
Operating Lease Liabilities	54,361.00	54,361.00	54,361.00
<b>Total Long Term Liabilities</b>	<b>54,361.00</b>	<b>54,361.00</b>	<b>54,361.00</b>
<b>TOTAL LIABILITIES</b>	<b>675,306.22</b>	<b>673,523.47</b>	<b>677,626.94</b>
Net Assets	3,527,577.35	3,274,579.00	3,702,541.84
<b>TOTAL NET ASSETS</b>	<b>3,527,577.35</b>	<b>3,274,579.00</b>	<b>3,702,541.84</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>4,202,883.57</b>	<b>3,948,102.47</b>	<b>4,380,168.78</b>
<b>BEGINNING BALANCE WITH CURRENT YEAR ADJUSTMENTS</b>	<b>3,702,541.84</b>	<b>3,702,541.84</b>	<b>3,956,037.02</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>(174,964.49)</b>	<b>(427,962.84)</b>	<b>(253,495.18)</b>
<b>ENDING NET ASSETS</b>	<b>3,527,577.35</b>	<b>3,274,579.00</b>	<b>3,702,541.84</b>

Accounts Receivable - includes Polk Co and United Way agreements which are received July 1, but paid out monthly

Due from Affiliates - used housing operating reserves to pay down in amount of \$240,000

Line of Credit - will renew in September (matures 8/31), balance will roll forward

## Oakridge Neighborhood Services

### Income Statement - Comparative Summary

	Current Period			PY Period	Current Year-to-Date			Annual Bdgt	Prior YTD
	Actual 07/31/2025	Budget	Change Inc/(dec)		Actual 07/31/2024	Actual 07/31/2025	Change Inc/(dec)		
<b>REVENUE</b>									
Rental Income	6,385.27	6,393.00	(7.73)	6,362.93	44,696.89	44,755.00	(58.11)	76,720.00	44,540.51
Contributions: Corp/Individual	428.96	5,000.00	(4,571.04)	4,818.39	51,171.58	54,150.00	(2,978.42)	123,150.00	51,617.46
Contributions: Board Giving	10,000.00	1,500.00	8,500.00	1,511.92	28,867.55	19,500.00	9,367.55	50,000.00	17,601.62
Grants & Subsidies	550,260.17	903,749.00	(353,488.83)	928,326.46	1,497,129.21	1,837,596.00	(340,466.79)	2,550,285.00	1,753,544.84
Interest & Investment Income	153.46	165.00	(11.54)	221.55	20,451.41	1,155.00	19,296.41	1,980.00	23,169.96
Program Fees & Tuition	56,334.99	69,849.00	(13,514.01)	39,413.63	335,970.12	387,455.00	(51,484.88)	736,200.00	270,549.61
Special Event Income	2,025.00	21,000.00	(18,975.00)	21,000.00	57,412.85	83,500.00	(26,087.15)	178,500.00	82,484.25
Management Fees	19,123.84	19,325.00	(201.16)	19,255.71	135,882.78	135,275.00	607.78	231,900.00	132,238.90
Other Income	0.00	0.00	0.00	0.00	1,831.77	0.00	1,831.77	0.00	1,355.70
<b>TOTAL REVENUE</b>	<b>644,711.69</b>	<b>1,026,981.00</b>	<b>(382,269.31)</b>	<b>1,020,910.59</b>	<b>2,173,414.16</b>	<b>2,563,386.00</b>	<b>(389,971.84)</b>	<b>3,948,735.00</b>	<b>2,377,102.85</b>
<b>EXPENSES</b>									
Salaries & Wages	244,391.97	220,390.00	24,001.97	252,966.88	1,442,182.93	1,501,690.00	(59,507.07)	2,590,100.00	1,464,586.68
Taxes & Benefits	43,691.88	46,477.00	(2,785.12)	43,552.47	297,261.90	324,589.00	(27,327.10)	558,325.00	299,613.74
Telephone & Utilities	5,954.26	5,363.00	591.26	6,072.94	38,786.82	37,545.00	1,241.82	64,360.00	35,581.61
Insurance	4,345.83	4,910.00	(564.17)	3,957.49	53,735.61	46,310.00	7,425.61	70,860.00	46,585.55
Repairs, Maintenance & Supplies	7,596.26	5,075.00	2,521.26	7,314.34	35,577.43	35,540.00	37.43	60,915.00	32,800.53
Program Services	37,229.78	19,484.00	17,745.78	19,651.54	130,949.17	134,409.00	(3,459.83)	229,825.00	124,601.09
Contract Services	19,613.34	15,818.00	3,795.34	33,050.67	128,329.42	138,335.00	(10,005.58)	219,230.00	209,367.85
Special Event Expenses	460.01	0.00	460.01	1,000.00	19,301.15	20,000.00	(698.85)	50,000.00	21,498.73
Marketing & Communications	4,551.18	1,931.00	2,620.18	1,681.89	30,040.49	31,655.00	(1,614.51)	39,060.00	29,733.13
Other General Admin	4,846.74	5,115.00	(268.26)	4,000.66	36,592.87	40,165.00	(3,572.13)	70,450.00	26,309.65
Audit & Tax Return Expense	3,500.00	0.00	3,500.00	0.00	25,110.00	20,600.00	4,510.00	31,350.00	21,500.00
<b>TOTAL EXPENSES</b>	<b>376,181.25</b>	<b>324,563.00</b>	<b>51,618.25</b>	<b>373,248.88</b>	<b>2,237,867.79</b>	<b>2,330,838.00</b>	<b>(92,970.21)</b>	<b>3,984,475.00</b>	<b>2,312,178.56</b>
<b>CHANGE IN NET ASSETS BEFORE DEPRECIATION</b>	<b>268,530.44</b>	<b>702,418.00</b>	<b>(433,887.56)</b>	<b>647,661.71</b>	<b>(64,453.63)</b>	<b>232,548.00</b>	<b>(297,001.63)</b>	<b>(35,740.00)</b>	<b>64,924.29</b>
<b>Depreciation</b>	<b>(15,532.09)</b>	<b>0.00</b>	<b>(15,532.09)</b>	<b>(17,612.29)</b>	<b>(110,510.86)</b>	<b>0.00</b>	<b>(110,510.86)</b>	<b>0.00</b>	<b>(119,774.66)</b>
<b>CHANGE IN NET ASSETS - DEPRECIATION</b>	<b>(15,532.09)</b>	<b>0.00</b>	<b>(15,532.09)</b>	<b>(17,612.29)</b>	<b>(110,510.86)</b>	<b>0.00</b>	<b>(110,510.86)</b>	<b>0.00</b>	<b>(119,774.66)</b>
<b>NET SURPLUS (DEFICIT)</b>	<b>252,998.35</b>	<b>702,418.00</b>	<b>(449,419.65)</b>	<b>630,049.42</b>	<b>(174,964.49)</b>	<b>232,548.00</b>	<b>(407,512.49)</b>	<b>(35,740.00)</b>	<b>(54,850.37)</b>

Grants and Subsidies - see attached schedule

Interest & Investment income - we don't budget for market change in community foundation account

Program fees & Tuition - Oak enrollment at approx. 70, we budgeted for 100

Special Event Income - we are seeing less sponsorship dollars

Salaries - continue to be below budget in Oak Academy due to less staff than budgeted, leadership staff did not receive budgeted 1% raises

# Oakridge Neighborhood Assoc LP

## Balance Sheet HUD

	Current Period 07/31/2025	Prior Period 06/30/2025	Prior Year End 12/31/2024
<b>Current Assets</b>			
Cash in Bank	95,445.20	100,237.90	80,449.10
Account Receivables	55,239.07	56,422.07	51,450.68
Prepaid Expense	31,076.74	31,713.61	25,570.75
<b>Total Current Assets</b>	<b>181,761.01</b>	<b>188,373.58</b>	<b>157,470.53</b>
<b>Other Assets</b>			
Real Estate Tax Escrow	167,090.88	154,340.88	120,952.36
Reserve for Replacement	633,809.47	626,466.80	570,022.35
Operating Reserves	659,952.67	807,345.94	959,551.93
Revenue Deficit Reserves	146,678.03	146,389.03	144,230.02
Deferred Loan & Compliance Fees	27,772.78	28,450.11	32,514.09
<b>Total Other Assets</b>	<b>1,635,303.83</b>	<b>1,762,992.76</b>	<b>1,827,270.75</b>
<b>Fixed Assets</b>			
Fixed Assets	15,443,339.61	15,443,339.61	15,439,645.61
Less: Accumulated Depreciation	(11,606,876.83)	(11,583,149.39)	(11,275,056.78)
<b>Total Fixed Assets</b>	<b>3,836,462.78</b>	<b>3,860,190.22</b>	<b>4,164,588.83</b>
<b>TOTAL ASSETS</b>	<b>5,653,527.62</b>	<b>5,811,556.56</b>	<b>6,149,330.11</b>
<b>Current Liabilities</b>			
Accounts Payable	21,519.21	23,305.89	43,660.66
Due to ONS	17,761.28	172,932.19	281,794.52
Accrued Expenses	1,631,966.14	1,611,165.30	1,532,252.26
Tenant Security Deposits	41,604.00	41,750.00	40,310.00
<b>Total Current Liabilities</b>	<b>1,712,850.63</b>	<b>1,849,153.38</b>	<b>1,898,017.44</b>
<b>Long Term Liabilities</b>			
Flex Subsidy Loans	1,147,807.64	1,146,885.90	1,141,355.46
Notes Payable	5,454,378.97	5,455,562.04	5,462,502.70
<b>Total Long Term Liabilities</b>	<b>6,602,186.61</b>	<b>6,602,447.94</b>	<b>6,603,858.16</b>
<b>TOTAL LIABILITIES</b>	<b>8,315,037.24</b>	<b>8,451,601.32</b>	<b>8,501,875.60</b>
General Partner Capital - Newbury	(1,451,026.68)	(1,451,026.68)	(1,451,025.07)
General Partner Capital - ONS	(771,700.81)	(771,700.81)	(771,699.20)
Syndication Fees	(129,818.00)	(129,818.00)	(129,818.00)
Net Assets	(308,964.13)	(287,499.27)	(3.22)
<b>TOTAL NET ASSETS</b>	<b>(2,661,509.62)</b>	<b>(2,640,044.76)</b>	<b>(2,352,545.49)</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>5,653,527.62</b>	<b>5,811,556.56</b>	<b>6,149,330.11</b>

Operating Reserves used to pay down on Due to ONS in the amount of \$150,000



# Oakridge Neighborhood Assoc LP

## Income Statement - Comparative Summary

	Current Period			PY Period Actual 07/31/2024	Current Year-to-Date			Annual Bdgt 2025	Prior YTD Actual 07/31/2024
	Actual 07/31/2025	Budget	Change Inc/(dec)		Actual 07/31/2025	Budget	Change Inc/(dec)		
<b>REVENUE</b>									
Tenant Rent Revenue	43,714.00	53,618.00	(9,904.00)	46,359.00	312,677.00	345,320.00	(32,643.00)	623,095.00	342,090.00
HUD Rent Subsidy	100,966.00	94,310.00	6,656.00	96,427.00	708,442.00	660,165.00	48,277.00	1,131,715.00	622,169.00
Interest & Investment Income	2,898.92	3,518.00	(619.08)	3,923.32	32,284.59	36,330.00	(4,045.41)	65,620.00	40,937.33
Other Income	0.00	0.00	0.00	0.00	69,833.53	0.00	69,833.53	0.00	7,569.84
<b>TOTAL REVENUE</b>	<b>147,578.92</b>	<b>151,446.00</b>	<b>(3,867.08)</b>	<b>146,709.32</b>	<b>1,123,237.12</b>	<b>1,041,815.00</b>	<b>81,422.12</b>	<b>1,820,430.00</b>	<b>1,012,766.17</b>
<b>EXPENSES</b>									
Salaries & Wages	41,847.92	43,141.00	(1,293.08)	41,553.15	314,245.81	323,554.00	(9,308.19)	560,825.00	297,209.91
Taxes & Benefits	9,380.74	12,805.00	(3,424.26)	11,152.80	74,021.86	91,507.00	(17,485.14)	157,535.00	73,164.79
Rent Expense	2,482.00	2,482.00	0.00	2,482.00	17,374.00	17,374.00	0.00	29,784.00	17,374.00
Communications & Utilities	13,217.20	16,446.00	(3,228.80)	23,768.84	90,569.51	116,095.00	(25,525.49)	198,320.00	117,563.41
Insurance	13,124.69	11,329.00	1,795.69	10,151.20	94,950.64	78,015.00	16,935.64	134,660.00	71,664.99
Real Estate Taxes	7,650.00	7,650.00	0.00	8,900.00	53,550.00	53,550.00	0.00	91,800.00	62,300.00
Office & Security Supplies	511.52	1,626.00	(1,114.48)	1,181.56	14,401.09	10,952.00	3,449.09	18,635.00	4,994.59
Maintenance, Supplies & Repairs	16,793.27	19,427.00	(2,633.73)	26,256.06	174,599.23	126,155.00	48,444.23	216,720.00	125,292.79
Professional/Contract Services	23,933.77	21,257.00	2,676.77	48,899.57	137,921.91	152,884.00	(14,962.09)	259,165.00	251,597.43
Other Admin Expense	365.81	400.00	(34.19)	354.34	2,914.43	8,654.00	(5,739.57)	11,600.00	7,753.90
Audit Expense	0.00	0.00	0.00	0.00	13,475.00	6,600.00	6,875.00	14,100.00	13,100.00
Interest Expense	3,109.10	3,210.00	(100.90)	3,186.05	22,055.48	22,470.00	(414.52)	38,520.00	22,506.16
<b>TOTAL EXPENSES</b>	<b>132,416.02</b>	<b>139,773.00</b>	<b>(7,356.98)</b>	<b>177,885.57</b>	<b>1,010,078.96</b>	<b>1,007,810.00</b>	<b>2,268.96</b>	<b>1,731,664.00</b>	<b>1,064,521.97</b>
<b>CHANGE IN NET ASSETS BEFORE DEPRECIATION</b>	<b>15,162.90</b>	<b>11,673.00</b>	<b>3,489.90</b>	<b>(31,176.25)</b>	<b>113,158.16</b>	<b>34,005.00</b>	<b>79,153.16</b>	<b>88,766.00</b>	<b>(51,755.80)</b>
NON-OPERATING EXPENSES									
Depreciation Expense	(23,727.44)	(65,833.00)	42,105.56	(66,673.10)	(331,820.05)	(460,831.00)	129,010.95	(790,000.00)	(461,105.21)
Interest Expense	(12,900.32)	(12,387.00)	(513.32)	(12,383.97)	(90,302.24)	(86,705.00)	(3,597.24)	(148,640.00)	(86,687.79)
	(36,627.76)	(78,220.00)	41,592.24	(79,057.07)	(422,122.29)	(547,536.00)	125,413.71	(938,640.00)	(547,793.00)
<b>CHANGE IN NET ASSETS - DEPRECIATION</b>	<b>(36,627.76)</b>	<b>(78,220.00)</b>	<b>41,592.24</b>	<b>(79,057.07)</b>	<b>(422,122.29)</b>	<b>(547,536.00)</b>	<b>125,413.71</b>	<b>(938,640.00)</b>	<b>(547,793.00)</b>
<b>NET SURPLUS (DEFICIT)</b>	<b>(21,464.86)</b>	<b>(66,547.00)</b>	<b>45,082.14</b>	<b>(110,233.32)</b>	<b>(308,964.13)</b>	<b>(513,531.00)</b>	<b>204,566.87</b>	<b>(849,874.00)</b>	<b>(599,548.80)</b>

Vacancies 13 9%  
 3 Efficiency; 6 Two Bedrooms; 2 Three Bedrooms; 2 Four Bedrooms

Other Income - includes insurance claim on fire units

Insurance - renewal was higher than budgeted

Maint, Supplies, Repairs - includes \$25,000 for fire restoration, \$11,000 for cleaning, \$9,600 for tree removal (none were budgeted)

# Oakridge Neighborhood Assoc Phase II LP

## Balance Sheet HUD

	Current Period 07/31/2025	Prior Period 06/30/2025	Prior Year End 12/31/2024
<b>Current Assets</b>			
Cash in Bank	83,371.44	110,558.65	83,441.86
Account Receivables	17,661.56	17,439.16	10,105.97
Prepaid Expense	31,076.73	31,713.60	25,570.75
<b>Total Current Assets</b>	<b>132,109.73</b>	<b>159,711.41</b>	<b>119,118.58</b>
<b>Other Assets</b>			
Real Estate Tax Escrow	171,360.94	161,355.94	117,638.98
Reserve for Replacement	559,213.83	551,871.16	496,966.50
Operating Reserves	760,408.57	847,671.64	888,914.78
Revenue Deficit Reserves	299,223.09	298,633.63	294,229.25
Deferred Loan & Compliance Fees	26,514.07	27,160.78	31,041.04
<b>Total Other Assets</b>	<b>1,816,720.50</b>	<b>1,886,693.15</b>	<b>1,828,790.55</b>
<b>Fixed Assets</b>			
Fixed Assets	15,706,602.18	15,706,602.18	15,706,602.18
Less: Accumulated Depreciation	(11,810,459.80)	(11,771,767.29)	(11,424,420.21)
<b>Total Fixed Assets</b>	<b>3,896,142.38</b>	<b>3,934,834.89</b>	<b>4,282,181.97</b>
<b>TOTAL ASSETS</b>	<b>5,844,972.61</b>	<b>5,981,239.45</b>	<b>6,230,091.10</b>
<b>Current Liabilities</b>			
Accounts Payable	25,601.90	27,757.11	47,721.05
Due to ONS	17,498.99	118,648.40	80,490.13
Accrued Expenses	2,251,129.87	2,230,001.33	2,122,358.09
Tenant Security Deposits	40,240.00	40,912.00	41,698.00
<b>Total Current Liabilities</b>	<b>2,334,470.76</b>	<b>2,417,318.84</b>	<b>2,292,267.27</b>
<b>Long Term Liabilities</b>			
Flex Subsidy Loans	1,344,289.63	1,343,200.38	1,336,664.88
Notes Payable	5,578,820.27	5,580,061.13	5,587,340.82
<b>Total Long Term Liabilities</b>	<b>6,923,109.90</b>	<b>6,923,261.51</b>	<b>6,924,005.70</b>
<b>TOTAL LIABILITIES</b>	<b>9,257,580.66</b>	<b>9,340,580.35</b>	<b>9,216,272.97</b>
General Partner Capital - Newbury	(1,783,499.16)	(1,783,499.16)	(1,783,499.23)
General Partner Capital - ONS	(1,102,610.71)	(1,102,610.71)	(1,102,610.77)
Syndication Fees	(100,072.00)	(100,072.00)	(100,072.00)
Net Assets	(426,426.18)	(373,159.03)	0.13
<b>TOTAL NET ASSETS</b>	<b>(3,412,608.05)</b>	<b>(3,359,340.90)</b>	<b>(2,986,181.87)</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>5,844,972.61</b>	<b>5,981,239.45</b>	<b>6,230,091.10</b>

Operating Reserves used to pay down on Due to ONS in amount of \$90,000

## Oakridge Neighborhood Assoc Phase II LP

### Income Statement - Comparative Summary

	Current Period			PY Period Actual 07/31/2024	Current Year-to-Date			Annual Bdgt 2025	Prior YTD Actual 07/31/2024
	Actual 07/31/2025	Budget	Change Inc/(dec)		Actual 07/31/2025	Budget	Change Inc/(dec)		
<b>REVENUE</b>									
Tenant Rent Revenue	42,997.00	54,199.00	(11,202.00)	43,179.00	329,557.00	368,355.00	(38,798.00)	639,350.00	342,099.00
HUD Rent Subsidy	94,694.00	93,832.00	862.00	94,562.00	681,673.00	656,828.00	24,845.00	1,125,985.00	634,967.00
Interest & Investment Income	3,330.15	3,770.00	(439.85)	4,205.42	33,730.05	39,388.00	(5,657.95)	71,235.00	41,722.35
Other Income	0.00	0.00	0.00	60.00	2,402.36	0.00	2,402.36	0.00	8,237.38
<b>TOTAL REVENUE</b>	<b>141,021.15</b>	<b>151,801.00</b>	<b>(10,779.85)</b>	<b>142,006.42</b>	<b>1,047,362.41</b>	<b>1,064,571.00</b>	<b>(17,208.59)</b>	<b>1,836,570.00</b>	<b>1,027,025.73</b>
<b>EXPENSES</b>									
Salaries & Wages	42,723.43	44,048.00	(1,324.57)	42,470.22	320,274.54	330,361.00	(10,086.46)	572,625.00	302,355.01
Taxes & Benefits	9,684.83	13,082.00	(3,397.17)	11,503.05	75,983.58	93,607.00	(17,623.42)	161,160.00	75,535.39
Rent Expense	2,482.00	2,482.00	0.00	2,482.00	17,374.00	17,374.00	0.00	29,784.00	17,374.00
Communications & Utilities	16,304.18	14,349.00	1,955.18	24,964.29	99,477.27	100,577.00	(1,099.73)	172,325.00	88,818.80
Insurance	13,124.68	11,330.00	1,794.68	10,151.20	94,950.63	78,015.00	16,935.63	134,665.00	71,664.99
Real Estate Taxes	3,190.00	3,190.00	0.00	6,475.00	22,330.00	22,330.00	0.00	38,280.00	45,325.00
Office & Security Supplies	577.84	1,631.00	(1,053.16)	1,420.89	15,205.20	10,635.00	4,570.20	17,990.00	5,776.61
Maintenance, Supplies & Repairs	23,535.69	16,102.00	7,433.69	21,809.07	140,871.73	102,860.00	38,011.73	176,800.00	169,760.35
Professional/Contract Services	24,585.73	21,250.00	3,335.73	46,697.70	138,110.21	152,859.00	(14,748.79)	259,105.00	245,672.14
Other Admin Expense	(1,690.13)	500.00	(2,190.13)	465.69	802.64	9,354.00	(8,551.36)	12,800.00	6,970.31
Audit Expense	0.00	0.00	0.00	0.00	14,675.00	6,600.00	8,075.00	14,100.00	14,100.00
Interest Expense	3,274.18	3,401.00	(126.82)	3,364.40	23,070.68	23,810.00	(739.32)	40,815.00	23,679.06
<b>TOTAL EXPENSES</b>	<b>137,792.43</b>	<b>131,365.00</b>	<b>6,427.43</b>	<b>171,803.51</b>	<b>963,125.48</b>	<b>948,382.00</b>	<b>14,743.48</b>	<b>1,630,449.00</b>	<b>1,067,031.66</b>
<b>CHANGE IN NET ASSETS BEFORE DEPRECIATION</b>	<b>3,228.72</b>	<b>20,436.00</b>	<b>(17,207.28)</b>	<b>(29,797.09)</b>	<b>84,236.93</b>	<b>116,189.00</b>	<b>(31,952.07)</b>	<b>206,121.00</b>	<b>(40,005.93)</b>
NON-OPERATING EXPENSES									
Depreciation Expense	(38,692.51)	(67,667.00)	28,974.49	(67,564.56)	(386,039.59)	(473,665.00)	87,625.41	(812,000.00)	(473,591.73)
Interest Expense	(17,803.36)	(17,214.00)	(589.36)	(17,043.90)	(124,623.52)	(120,502.00)	(4,121.52)	(206,575.00)	(119,307.30)
	(56,495.87)	(84,881.00)	28,385.13	(84,608.46)	(510,663.11)	(594,167.00)	83,503.89	(1,018,575.00)	(592,899.03)
<b>CHANGE IN NET ASSETS - DEPRECIATION</b>	<b>(56,495.87)</b>	<b>(84,881.00)</b>	<b>28,385.13</b>	<b>(84,608.46)</b>	<b>(510,663.11)</b>	<b>(594,167.00)</b>	<b>83,503.89</b>	<b>(1,018,575.00)</b>	<b>(592,899.03)</b>
<b>NET SURPLUS (DEFICIT)</b>	<b>(53,267.15)</b>	<b>(64,445.00)</b>	<b>11,177.85</b>	<b>(114,405.55)</b>	<b>(426,426.18)</b>	<b>(477,978.00)</b>	<b>51,551.82</b>	<b>(812,454.00)</b>	<b>(632,904.96)</b>

Vacancies 14 9%

2 Efficiency; 1 One Bedroom; 9 Two Bedrooms; 1 Three Bedrooms; 1 Four Bedrooms

Insurance - renewal was higher than budgeted

Maint, Supplies & Repairs - includes \$9,000 for cleaning and \$9,600 for tree removal (neither were budgeted), approx. \$20,000 over budget on this line item

# Silver Oaks Associates, LP

## Balance Sheet HUD

	Current Period 07/31/2025	Prior Period 06/30/2025	Prior Year End 12/31/2024
<b>Current Assets</b>			
Cash in Bank	27,273.35	29,291.61	39,209.99
Account Receivables	3,417.01	3,403.01	1,087.29
Prepaid Expense	9,937.87	10,117.48	8,456.37
<b>Total Current Assets</b>	<b>40,628.23</b>	<b>42,812.10</b>	<b>48,753.65</b>
<b>Other Assets</b>			
Reserve for Replacement	130,954.88	129,577.75	122,781.52
Operating Reserves	133,177.63	133,149.36	132,984.41
Deferred Loan & Compliance Fees	18,576.99	18,661.43	19,168.07
<b>Total Other Assets</b>	<b>282,709.50</b>	<b>281,388.54</b>	<b>274,934.00</b>
<b>Fixed Assets</b>			
Fixed Assets	6,609,465.86	6,609,465.86	6,609,465.86
Less: Accumulated Depreciation	(2,430,303.26)	(2,413,813.49)	(2,314,540.61)
<b>Total Fixed Assets</b>	<b>4,179,162.60</b>	<b>4,195,652.37</b>	<b>4,294,925.25</b>
<b>TOTAL ASSETS</b>	<b>4,502,500.33</b>	<b>4,519,853.01</b>	<b>4,618,612.90</b>
<b>Current Liabilities</b>			
Accounts Payable	3,117.75	3,526.59	7,316.03
Due to ONS	3,686.66	8,378.84	6,821.24
Accrued Expenses	159,650.31	157,786.11	155,195.91
Tenant Security Deposits	8,400.00	8,400.00	8,200.00
<b>Total Current Liabilities</b>	<b>174,854.72</b>	<b>178,091.54</b>	<b>177,533.18</b>
<b>Long Term Liabilities</b>			
Notes Payable	867,237.62	868,183.29	874,349.81
<b>Total Long Term Liabilities</b>	<b>867,237.62</b>	<b>868,183.29</b>	<b>874,349.81</b>
<b>TOTAL LIABILITIES</b>	<b>1,042,092.34</b>	<b>1,046,274.83</b>	<b>1,051,882.99</b>
Limited Partner Capital - NEF	3,383,331.00	3,383,331.00	3,383,331.00
General Partner Capital - Newbury	(55.04)	(55.04)	(55.43)
General Partner Capital - ONS	219,933.95	219,933.95	219,933.57
Syndication Fees	(36,480.00)	(36,480.00)	(36,480.00)
Net Assets	(106,321.92)	(93,151.73)	0.77
<b>TOTAL NET ASSETS</b>	<b>3,460,407.99</b>	<b>3,473,578.18</b>	<b>3,566,729.91</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>4,502,500.33</b>	<b>4,519,853.01</b>	<b>4,618,612.90</b>

## Silver Oaks Associates, LP

### Income Statement - Comparative Summary

	Current Period			PY Period Actual 07/31/2024	Current Year-to-Date			Annual Bdgt 2025	Prior YTD Actual 07/31/2024
	Actual 07/31/2025	Budget	Change Inc/(dec)		Actual 07/31/2025	Budget	Change Inc/(dec)		
<b>REVENUE</b>									
Tenant Rent Revenue	30,128.00	29,347.00	781.00	27,570.00	206,479.00	205,429.00	1,050.00	353,440.00	194,217.00
Interest & Investment Income	57.58	191.00	(133.42)	230.39	387.88	1,337.00	(949.12)	2,300.00	1,438.44
Other Income	0.00	0.00	0.00	25.00	200.00	0.00	200.00	0.00	100.00
<b>TOTAL REVENUE</b>	<b>30,185.58</b>	<b>29,538.00</b>	<b>647.58</b>	<b>27,825.39</b>	<b>207,066.88</b>	<b>206,766.00</b>	<b>300.88</b>	<b>355,740.00</b>	<b>195,755.44</b>
<b>EXPENSES</b>									
Salaries & Wages	4,941.24	4,965.00	(23.76)	4,961.22	36,128.56	37,215.00	(1,086.44)	64,510.00	36,656.62
Taxes & Benefits	1,356.47	1,377.00	(20.53)	1,313.32	9,635.66	9,842.00	(206.34)	16,965.00	9,313.07
Rent Expense	1,021.27	1,028.00	(6.73)	998.93	7,148.89	7,195.00	(46.11)	12,335.00	6,992.51
Communications & Utilities	6,441.29	5,387.00	1,054.29	6,934.54	43,443.59	38,219.00	5,224.59	65,165.00	35,239.42
Insurance	4,441.05	3,499.00	942.05	3,325.60	28,832.46	24,145.00	4,687.46	41,640.00	21,226.25
Real Estate Taxes	405.00	405.00	0.00	350.00	2,835.00	2,835.00	0.00	4,860.00	2,450.00
Office & Security Supplies	111.65	147.00	(35.35)	9.17	1,713.59	1,175.00	538.59	2,060.00	1,048.12
Maintenance, Supplies & Repairs	3,847.48	4,549.00	(701.52)	5,933.88	21,884.95	24,645.00	(2,760.05)	40,200.00	23,161.67
Professional/Contract Services	3,832.61	4,008.00	(175.39)	3,725.21	32,804.00	30,275.00	2,529.00	50,315.00	30,248.52
Other Admin Expense	221.00	250.00	(29.00)	218.51	1,570.87	1,770.00	(199.13)	3,020.00	1,833.66
Audit Expense	0.00	0.00	0.00	0.00	9,900.00	5,425.00	4,475.00	8,125.00	8,125.00
Interest Expense	84.44	85.00	(0.56)	84.44	591.08	595.00	(3.92)	1,020.00	591.08
<b>TOTAL EXPENSES</b>	<b>26,703.50</b>	<b>25,700.00</b>	<b>1,003.50</b>	<b>27,854.82</b>	<b>196,488.65</b>	<b>183,336.00</b>	<b>13,152.65</b>	<b>310,215.00</b>	<b>176,885.92</b>
<b>CHANGE IN NET ASSETS BEFORE DEPRECIATION</b>	<b>3,482.08</b>	<b>3,838.00</b>	<b>(355.92)</b>	<b>(29.43)</b>	<b>10,578.23</b>	<b>23,430.00</b>	<b>(12,851.77)</b>	<b>45,525.00</b>	<b>18,869.52</b>
NON-OPERATING EXPENSES									
Depreciation Expense	(16,489.77)	(18,090.00)	1,600.23	(16,555.13)	(115,762.65)	(126,625.00)	10,862.35	(217,075.00)	(115,681.65)
Interest Expense	(162.50)	(163.00)	0.50	(162.50)	(1,137.50)	(1,135.00)	(2.50)	(1,950.00)	(1,137.50)
	(16,652.27)	(18,253.00)	1,600.73	(16,717.63)	(116,900.15)	(127,760.00)	10,859.85	(219,025.00)	(116,819.15)
<b>CHANGE IN NET ASSETS - DEPRECIATION</b>	<b>(16,652.27)</b>	<b>(18,253.00)</b>	<b>1,600.73</b>	<b>(16,717.63)</b>	<b>(116,900.15)</b>	<b>(127,760.00)</b>	<b>10,859.85</b>	<b>(219,025.00)</b>	<b>(116,819.15)</b>
<b>NET SURPLUS (DEFICIT)</b>	<b>(13,170.19)</b>	<b>(14,415.00)</b>	<b>1,244.81</b>	<b>(16,747.06)</b>	<b>(106,321.92)</b>	<b>(104,330.00)</b>	<b>(1,991.92)</b>	<b>(173,500.00)</b>	<b>(97,949.63)</b>

Vacancies

0

**Oakridge Neighborhood Services**  
Cash Flow Projection  
January to December 2025

	January (Actual)	February (Forecast)	February (Actual)	March (Forecast)	March (Actual)	April (Forecast)	April (Actual)	May (Forecast)	May (Actual)	June (Forecast)	June (Actual)
<b>A. Cash (Operating &amp; Designated), E</b>	\$107,311	\$306,926	\$306,926	\$377,025	\$377,025	\$254,662	\$254,662	\$258,689	\$283,737	\$337,682	\$337,682
<b>Sources of Cash:</b>											
WIC rental income	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400
Contributions: Corp/Individual	\$26,646	\$13,000	\$10,854	\$15,150	\$4,473	\$8,000	\$7,656	\$2,000	\$377	\$2,000	\$737
Contributions: Board	\$3,246	\$5,500	\$3,433	\$7,500	\$8,480	\$1,500	\$853	\$1,000	\$2,077	\$1,500	\$778
Grants & Subsidies	\$309,819	\$127,651	\$162,789	\$117,746	\$131,623	\$187,476	\$179,208	\$176,061	\$406,588	\$127,359	\$144,527
Interest income	\$89	\$165	\$181	\$165	\$190	\$165	\$118	\$165	\$111	\$165	\$170
Program Fees & Tuition	\$52,050	\$40,000	\$38,626	\$40,000	\$37,244	\$43,000	\$46,925	\$43,000	\$45,798	\$43,000	\$57,896
Special Event Income	\$0	\$0	\$2,000	\$0	\$3,500	\$3,000	\$3,542	\$9,000	\$28,784	\$50,500	\$17,562
Reimbursement from Housing	\$253,286	\$180,177	\$250,566	\$159,619	\$195,188	\$178,619	\$194,541	\$223,269	\$165,040	\$178,619	\$170,302
LOC advances	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$2,159	\$0	\$2,353	\$0	\$3,694	\$19,285	\$25,804	\$0	\$0	\$0	\$125,702
<b>B. Total Sources of Cash</b>	<b>\$647,696</b>	<b>\$366,893</b>	<b>\$471,201</b>	<b>\$340,580</b>	<b>\$384,792</b>	<b>\$441,445</b>	<b>\$459,048</b>	<b>\$454,895</b>	<b>\$649,175</b>	<b>\$403,543</b>	<b>\$518,073</b>
<b>Uses of Cash:</b>											
Wages and Taxes	\$192,767	\$208,046	\$186,361	\$207,646	\$184,526	\$197,883	\$187,709	\$297,327	\$281,742	\$227,486	\$203,229
Benefits	\$29,587	\$29,047	\$36,398	\$29,516	\$36,276	\$32,013	\$32,550	\$34,746	\$38,580	\$34,489	\$34,130
Telephone and Utilities	\$5,002	\$5,364	\$7,656	\$5,364	\$6,750	\$5,610	\$5,809	\$5,610	\$5,121	\$5,610	\$4,050
Prop & Liab Insurance	\$0	\$0	\$0	\$29,497	\$32,561	\$5,648	\$4,346	\$5,648	\$6,395	\$4,360	\$4,346
Repairs, Maintenance, Supplies	\$4,081	\$5,078	\$5,240	\$5,079	\$2,067	\$5,079	\$1,585	\$5,076	\$8,565	\$5,551	\$2,722
Program Services	\$15,327	\$18,614	\$11,457	\$18,613	\$11,735	\$18,088	\$16,320	\$18,708	\$13,992	\$19,208	\$20,876
Contract Services	\$38,832	\$19,963	\$12,950	\$20,557	\$18,870	\$29,116	\$17,365	\$20,670	\$22,894	\$20,887	\$17,605
Special Event Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000	\$1,864	\$18,000	\$15,180
Marketing & Communications	\$15,576	\$5,445	\$1,822	\$1,431	\$2,458	\$1,431	\$334	\$5,106	\$3,710	\$1,431	\$1,782
Other General Admin	\$9,354	\$2,644	\$6,724	\$3,669	\$4,115	\$5,000	\$5,901	\$5,650	\$4,450	\$6,325	\$7,263
LOC payoff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Housing Expenses to be reimbursed	\$137,554	\$137,550	\$131,884	\$228,741	\$207,799	\$137,550	\$158,053	\$182,200	\$198,917	\$137,550	\$162,922
Fixed Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Audit & Tax Return	\$0	\$500	\$610	\$0	\$0	\$0	\$0	\$9,000	\$9,000	\$9,000	\$12,000
RACI - transfer to Polk Co.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Principal Charity Classic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,000
<b>C. Total Uses of Cash:</b>	<b>\$448,082</b>	<b>\$432,251</b>	<b>\$401,102</b>	<b>\$550,114</b>	<b>\$507,156</b>	<b>\$437,418</b>	<b>\$429,972</b>	<b>\$590,741</b>	<b>\$595,230</b>	<b>\$489,897</b>	<b>\$611,105</b>
<b>D. Change in Cash During the Month</b>	<b>\$199,615</b>	<b>-\$65,358</b>	<b>\$70,099</b>	<b>-\$209,533</b>	<b>-\$122,363</b>	<b>\$4,027</b>	<b>\$29,076</b>	<b>-\$135,846</b>	<b>\$53,945</b>	<b>-\$86,354</b>	<b>-\$93,032</b>
<b>Ending Cash Balance (A + D)</b>	<b>\$306,926</b>	<b>\$241,568</b>	<b>\$377,025</b>	<b>\$167,492</b>	<b>\$254,662</b>	<b>\$258,689</b>	<b>\$283,737</b>	<b>\$122,842</b>	<b>\$337,682</b>	<b>\$251,328</b>	<b>\$244,650</b>

**Oakridge Neighborhood Services**  
Cash Flow Projection  
January to December 2025

	July (Forecast)	July (Actual)	August (Forecast)	September (Forecast)	October (Forecast)	November (Forecast)	December (Forecast)	
<b>A. Cash (Operating &amp; Designated), E</b>	<b>\$244,650</b>	<b>\$244,650</b>	<b>\$367,567</b>	<b>\$348,713</b>	<b>\$259,126</b>	<b>\$98,861</b>	<b>\$82,167</b>	
<b>Sources of Cash:</b>								
WIC rental income	\$400	\$400	\$400	\$400	\$400	\$400	\$400	
Contributions: Corp/Individual	\$3,000	\$429	\$3,000	\$3,000	\$14,000	\$24,000	\$24,000	
Contributions: Board	\$1,500	\$10,000	\$6,000	\$5,500	\$1,500	\$9,000	\$8,500	
Grants & Subsidies	\$93,492	\$142,732	\$233,769	\$133,344	\$140,713	\$99,144	\$186,413	Removed \$340,000 unknown grants included in budget
Interest income	\$165	\$153	\$165	\$165	\$165	\$165	\$165	
Program Fees & Tuition	\$43,000	\$54,261	\$43,000	\$43,000	\$42,834	\$42,833	\$42,000	
Special Event Income	\$0	\$2,025	\$21,000	\$35,000	\$54,000	\$4,500	\$1,500	
Reimbursement from Housing	\$377,550	\$452,408	\$137,550	\$137,550	\$182,200	\$137,550	\$137,550	
LOC advances	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other	\$0	\$712	\$0	\$0	\$0	\$100,000	\$150,000	Pull from reserves (not part of original budget)
<b>B. Total Sources of Cash</b>	<b>\$519,107</b>	<b>\$663,120</b>	<b>\$444,884</b>	<b>\$357,959</b>	<b>\$435,812</b>	<b>\$417,592</b>	<b>\$550,528</b>	
<b>Uses of Cash:</b>								
Wages and Taxes	\$227,486	\$256,387	\$227,486	\$197,883	\$297,332	\$197,883	\$197,883	
Benefits	\$34,488	\$34,634	\$34,488	\$34,488	\$36,025	\$34,488	\$34,488	
Telephone and Utilities	\$5,410	\$5,396	\$5,410	\$5,410	\$5,410	\$5,410	\$5,410	
Prop & Liab Insurance	\$4,360	\$4,346	\$4,360	\$4,360	\$4,360	\$4,360	\$4,360	
Repairs, Maintenance, Supplies	\$5,552	\$7,416	\$5,552	\$4,868	\$4,868	\$4,868	\$4,868	
Program Services	\$18,707	\$23,940	\$19,207	\$18,081	\$18,081	\$18,081	\$18,081	
Contract Services	\$20,255	\$20,138	\$20,255	\$20,885	\$21,370	\$19,970	\$20,600	
Special Event Expenses	\$1,000	\$2,086	\$1,000	\$5,000	\$20,000	\$5,000	\$0	
Marketing & Communications	\$1,931	\$5,420	\$1,681	\$1,431	\$1,431	\$1,431	\$1,431	
Other General Admin	\$5,000	\$10,654	\$6,750	\$6,840	\$5,000	\$5,245	\$5,875	
LOC payoff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Removed LOC payoff included in budget
Housing Expenses to be reimbursed	\$137,550	\$166,286	\$137,550	\$137,550	\$182,200	\$137,550	\$137,550	
Fixed Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Audit & Tax Return	\$3,500	\$3,500	\$0	\$10,750	\$0	\$0	\$0	
RACI - transfer to Polk Co.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Principal Charity Classic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>C. Total Uses of Cash:</b>	<b>\$465,239</b>	<b>\$540,202</b>	<b>\$463,739</b>	<b>\$447,546</b>	<b>\$596,077</b>	<b>\$434,286</b>	<b>\$430,546</b>	
<b>D. Change in Cash During the Month</b>	<b>\$53,868</b>	<b>\$122,918</b>	<b>-\$18,855</b>	<b>-\$89,587</b>	<b>-\$160,265</b>	<b>-\$16,694</b>	<b>\$119,982</b>	
<b>Ending Cash Balance (A + D)</b>	<b>\$298,518</b>	<b>\$367,567</b>	<b>\$348,713</b>	<b>\$259,126</b>	<b>\$98,861</b>	<b>\$82,167</b>	<b>\$202,150</b>	



## **Communications Update**

6/14/25 – 8/11/25

### **Earned Media**

- Facilitated deskside visits for D. DeJear and C. Irvine with Des Moines Register (2), Des Moines Business Record, KCCI-TV, and WHO-TV. WE ARE IOWA 5 TV next up.
- Regular Friday email of “good news from Oakridge Neighborhood” to key media contacts sharing details about STEAM on the Ridge, Wilkie House Wednesdays at Oak Studio, financial planning offering, driver’s education program, summer work experience pilot, Oak Academy graduation, National Night Out, etc.
- Pitched and coordinated all details of interviews and coverage of driver’s education program by KCCI-TV and Des Moines Register
- Recommended and facilitated new B-roll for WHO-TV

### **Paid Media**

- Facilitated new content and creative for dsmWeekly
- Facilitated new content and creative for BRDaily
- Facilitated use of Google Ad Grant through do good Points

### **Shared Media**

- Daily social media channel monitoring, response and engagement, plus invitations to potential new followers
- Organic and paid social media content development and post sharing on topics including: STEAM on the Ridge, employee of the month, client success stories, Summer Blast Camp, donor acknowledgements, Oak Academy successes, etc.
- Facilitated development of Oak Academy Facebook and Instagram
- Facebook, Instagram, Twitter, LinkedIn, YouTube



## **Owned Media**

- Distributed hard and electronic copies of annual update to key audiences
- Developed and distributed June and July external newsletters
- Developed and distributed July and August employee newsletters
- Developed, translated and distributed June and July resident newsletters
- Facilitating password protected employee section of website and other website refinements
- Facilitated development of Oak Academy logo
- Helped publicize Oak Academy enrollment Thursdays
- Provided Management Team meeting minutes to all staff bi-weekly
- Added new emails from Breakfast at Tiffany's to external newsletter distribution list
- Facilitating all details of Employee of Month program
- Asset curation including Oak Futures graduation, STEAM on the Ridge, National Night Out, Oak Academy, Summer Blast Camp, driver's education, etc.

## **Events**

- Implemented all Breakfast at Tiffany's communications tactics, including script, social media, paid media, media relations, etc.
- Developed recommendations and implementing promotion of all staff retreat
- Facilitating United Way Day of Action volunteers
- Provided testimonial on behalf of Oakridge Neighborhood to WDM Chamber about impact of our past DEI Workplace Excellence Award honor

## **Misc.**

- Developed online apparel store with Raygun for ability to order year-round; facilitated initial bulk order for staff
- Facilitated communications internship for Grand View University student, managing communications responsibilities for associate working on Oak Academy and Youth Education and Engagement social media, providing direction for creative content associate
- Facilitated meeting for D. DeJear with developer of Center Street documentary
- Implementing communications tactics as outlined in Donor Stewardship recommendation

- Connected with iJag representatives to facilitate meeting with D. DeJear to develop possible workforce pipeline for Oak Academy

## **Community Relations**

- Al Éxito! – board of directors, executive committee, secretary, marketing communications committee
- The Consortium professional women's organization – president, executive committee

## **Results**

**Earned Media** *(note: many news stories noted can additionally be found in media online and social channels, further maximizing exposure)*

- "Oakridge Neighborhood Services seeking donations," What's Happening with DSM Community...", June 2025
- "Oakridge driving program breaks barriers for immigrants and refugees," KCCI-TV, 7/2/25
- "Oakridge driving program breaks barriers for immigrants and refugees," Business Record Daily, 7/3/25
- Oakridge Neighborhood background, interview with D. DeJear on funding, WHO-TV, 7/10/25
- "STEAM on the Ridge," WHO-TV, 7/25/25
- "Des Moines' Oakridge Neighborhood celebrates National Night Out," WE ARE IOWA 5 TV, 8/5/25
- "Des Moines teen sentenced for up to 10 years in prison for fatal 2024 stabbing of his brother," WE ARE IOWA 5 TV, 8/7/25

## **Paid Media**

- "Where children achieve. Families thrive. Prosperity is created." businessrecord.com, 10/1/24 – 9/30/25
- "Where children achieve. Families thrive. Prosperity is created." dsmmagazine.com, 10/1/24 – 9/30/25, 7/21/25
- "Where children achieve. Families thrive. Prosperity is created." dsmWeekly, 6/18/25
- "Where children achieve. Families thrive. Prosperity is created." dsmWeekly, 6/25/25
- "Where children achieve. Families thrive. Prosperity is created." dsm Magazine, July/August 2025

- “Where children achieve. Families thrive. Prosperity is created.” Business Record Daily, 7/7/25
- “Where children achieve. Families thrive. Prosperity is created.” Business Record Daily, 7/14/25
- Oak Academy Enrollment Thursdays, Facebook, 6,054 views, 3,612 reach, 232 post engagement, \$49.98, ending 7/15/25
- Oak Academy Enrollment Thursdays, Instagram, 6,192 views, 3,757 reach, 106 link clicks, \$49.99, ending 7/15/25
- “Where children achieve. Families thrive. Prosperity is created.” Business Record Daily, 7/21/25
- Where children achieve. Families thrive. Prosperity is created.” Business Record Daily, 7/28/25

### Owned Media

- External Newsletter
  - Audience 1,387, up 98 from 1,289 since 6/13/25
  - Open rate/external newsletters sent during this period: 40.1, 35.5

### Shared Media

- Facebook
  - Followers 3,275, **up 69** from 3,206 since 6/13/25
- Instagram
  - Followers 1,255, **up 38** from 1,215 since 6/13/25
- Twitter
  - Followers 366, **down 2** from 368 since 6/13/25
- LinkedIn
  - Connections 1,095, **up 9** from 1,086 since 6/13/25
- YouTube
  - Channel subscribers 165, **stead** since 6/13/25

### Anecdotal

- “Thank you for this important information” – internal newsletter

- “Such great information! Love Zami’s story and Mirra’s win. Thanks to all who pull this together.” – internal newsletter
- “I love this!” – external newsletter
- “Terrific content, as always! – external newsletter
- “This is the best newsletter ever” – internal newsletter
- “Great newsletter – such a great focus on staff and residents!” – external newsletter
- “Great information” – management team meeting notes



## **2025 Development Plan Update (as of 08/01/25)**

### **2025 Fundraising Dashboard**

<b>2024 Actual</b>	<b>2025 Target</b>		<b>To Date</b>	<b>Percent</b>
\$700,177.00	\$850,000.00	Corporate Giving	\$135,000.00	9%
\$695,200.00	\$775,000.00	Foundations	\$589,401.00	41%
\$192,926.24	\$300,000.00	Special Events	\$75,015.00	5%
\$60,362.60	\$125,000.00	Individual Giving	\$60,839.30	4%
\$137,664.00	\$175,000.00	Year-End Giving		0%
\$1,310,094.34	\$1,225,000.00	Government Grants	\$569,380.73	40%
<b>\$3,096,424.18</b>	<b>\$3,500,000.00</b>	<b>Total</b>	<b>\$1,429,636.03</b>	<b>100%</b>

### **Grant Updates**

- **EMC Foundation** – Awarded \$40,000 for Oak Studio & Family & Workforce
- **Prairie Meadows** – Awarded two applications: \$15K for Oak Studio and \$25K for Youth Afterschool Programs
- **United Way of Central Iowa** – Seven (7) applications were successfully awarded, including a new grant for Oak Studio. Total amount awarded: \$515,000.
- **Variety Club – Pending.** Participated in grant review meetings with VC board members on 7/23 and 7/29; funding decisions will be announced in September (we have two applications under review: youth technology and a van)
- **Dupaco Credit Union** – Awarded \$5,000 for Family & Workforce.
- **JP Morgan Chase** – Awarded \$10,000 for workforce development.
- **Federal Home Loan Bank (2) -- Pending.** decision anticipated in December.
- **Iowa Early Childhood Continuum of Care – Declined**
- **Finish Line Foundation – Declined**

#### **Upcoming applications:**

- **Polk County Development Grant** -Community Center and shade structure (August 31); **Delta Dental** (Sept. 1); **Nationwide** (Sept. 1); **Wells Fargo** (Sept. 2).

### **Year-End Development Strategy (Q4)**

Our fourth-quarter development plan is designed to maximize donor engagement and year-end giving through a multi-channel approach. Strategies include the preparation of customized proposal packets for targeted donor requests, a digital communications series featuring e-newsletters and a coordinated social media campaign, and the launch of our annual direct mail appeal. We are also prioritizing personalized stewardship, with one-on-one private meetings tailored to high-value donors, as well as seasonal engagement opportunities such as holiday coffee talks to cultivate relationships in a warm, community-centered setting (Park Fleur, Scottish Rite, Silver Oaks). This comprehensive strategy ensures we are reaching donors at multiple touchpoints—digital, print, and in-person—while aligning messaging with the spirit of year-end giving and gratitude.





### **Oak Society**

- 2025 Honoree: Sister Margaret Toomey. Location: Allora Café on **Wednesday, December 10**. Invitations have also been extended to Susan & Bill Knapp.

### **Oak Studio Teen Tech Center**

- A new part-time employee has joined the BBTTTC: Faysal Ibrahim. In addition to their regular programming and open studio hours, Oak Studio had an incredibly busy summer hosting weekly sessions for Willkie House students (Willkie Wednesdays), as well as Corporate engagement events with FHLB, Global Atlantic / KKR, plus outreach events at Des Moines Arts Festival; the Cornbread Festival; Middle of Nowhere Festival in Madrid; Taste of Valley Junction, and STEM On The Ridge. They are also headed to Phoenix for The Clubhouse Network's Annual Conference in October.

### **Software Updates**

- We are changing CRM databases from Giveeffect to Raisers Edge NXT. This will provide seamless integration between Development and Accounting. The migration and training processes have already begun. Giveeffect will be discontinued on 12/31/25.
- OneCause mobile bidding platform will be upgraded to the Professional level for \$100 more. MailChimp will be discontinued once Raisers Edge is operational.

### **Special Events**

- **Jazz, Jewels & Jeans: Thursday, October 16, 6-9 pm at The Loft.**  
**Sponsors:** Nationwide, William C. Knapp Foundation, Meredith Corporation, Mid-American Energy, Tom's Auto Sales, Des Moines University, Prairie Meadows, Mark Hummel, Tim Haight, Carol Bodensteiner.
- **Breakfast at Tiffany's Recap – Sunday, June 22**  
**Revenue:** \$54,215 to date; \$36,800 net (vs. FY24 \$38,500 net). \$5K outstanding.  
**Sponsors:** Sammons Financial Group, Unity Point, Tom's Auto Sales, Green State Credit Union, Skin Iowa PC, Bob Brown Chevrolet.  
**Venue/Date for 2026** – Willow on Grand; April 26, 2026.

Cc: Development Committee: Emily LeMay, Jessica Feeney, Jim Daniel, Loretta Sieman, Kyrie Wong, Mark Holub, Randy McNeal, Kristin Littlejohn

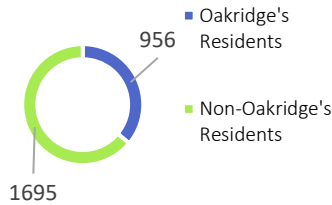




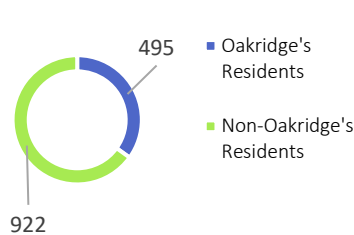
## Family & Workforce Programs | Activity Report

# People served: **2,651** | # Unique people served: **1,417** | Zip codes: **26** | **2025 Semi-Annual Report**

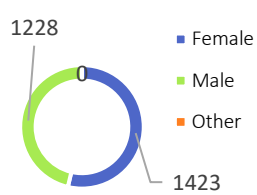
Clients served



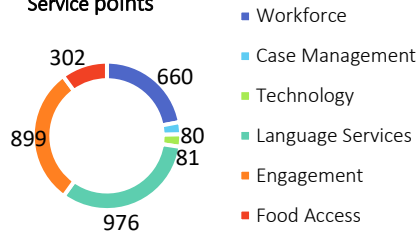
Unique clients served



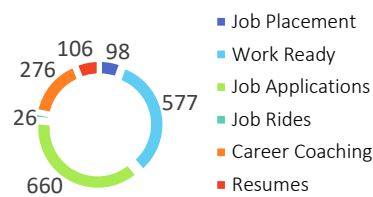
Clients by gender



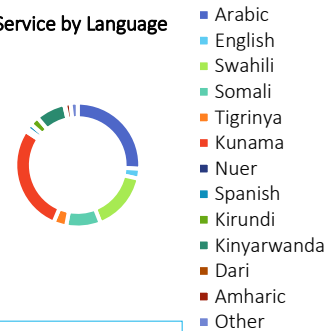
Service points



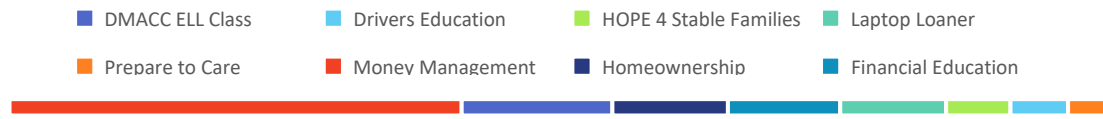
Workforce data



Service by Language



Engagement



### Zip Codes Served:

50309, 50310, 50311, 50313, 50314, 50315, 50316, 50317, 50320, 50321, 50322, 50324, 50327, 50131, 50023, 50009, 50021, 50035, 50208, 50263, 50265, 50266, 51105, 50220, 50366, 50263

**Job Placements:** 99  
Average Hourly Rate: **\$18.00**  
Highest Hourly Rate: **\$23.00**

### Employment Partners:

Capital City Fruits, ABM, Amazon, Anderson Erickson, Tone's Spices, Autism, Dee Zee, Dollar Tree, G2, Heritage B. Maintenance, JBS, TPI, Hy-Vee C., i2tech, Indian Grill, Loffredo, Mercy One, Midwest Linen Services, Orchard Place, McDonalds, SBM, Trident Seafoods, Triumph Foods, UnityPoint, Right at Home, Smithfield, Windsor Windows.

### Community Partners:

IWD, USCRI, EKD, DMACC, EveryStep, IMPACT, DHH, Drake Legal Clinic, Habitat for Humanity, Home Inc., LSI, Iowa Migrant Justice, NFC, Iowa Community Lawyers, City of Des Moines Housing Services.

### Business Partners:

CHASE, Wells Fargo, Green State, John Deere



## Family & Workforce Programs | Activity Report

### Financial Empowerment Outcomes:

#	Outcome	#	Outcome
\$14,366	Total debt eliminated	16	Pts. save \$25.00 or more monthly
26	Participants (Pts.) developed & are using monthly budgets	19	Pts. Improved their credit score
37	Participants established Checking and savings accounts	4	Participants Eliminated Debt
190	Completed sessions focused on money management, budgeting, financial education & coaching		

### Oakridge Transportation Solutions:

- Driver's Education | 18 participants obtained their license | \$6,000 raised
- Wheels of HOPE | 2 car loans
- Job Rides: 26 participants

The number of driver's education classes was doubled from two to four per week. Eighteen individuals have successfully completed the program. [KCCI OAK DE.mp4](#)

### Emerging Trends & Challenges

#### **Growing Community Focus on Economic Security**

An increasing number of individuals are actively seeking support for employment opportunities and transportation.

#### **Ongoing Shortage of Affordable Housing**

Access to affordable housing continues to be a significant and unresolved challenge.

#### **Heightened Demand for Essential Support Services**

Requests for assistance with childcare resources, food, utilities, and rent are on the rise throughout the community.

#### **Increase in Unemployment Claims**

Recent layoffs and business closures have led to a noticeable rise in unemployment benefit applications.

#### **More Competitive Employment Landscape**

Job seekers are encountering greater competition in a tightening labor market.

#### **Rising Need for Financial Education and Homeownership Support**

There is an increasing demand for financial education programs and resources to guide individuals on the path to exploring homeownership.

#### **Skill gap and language proficiency**

Seeing an increased number of job applicants with limited English proficiency, employment history, and awareness of US workplace culture which made it more difficult for these applicants to secure good paying job opportunities.

---

### Ongoing Efforts & Initiatives

#### **Staff Expansion**

Three full-time bilingual case workers were hired to address the increasing demand for services and better support our diverse community.

#### **Paid Work Experience Partnership**

In collaboration with Iowa Workforce Development (IWD), we are offering job training programs in grounds and building maintenance, childcare, and retail. Currently, six participants are enrolled in the grounds and building maintenance program hosted at Oakridge.

#### **Support for In-Home Childcare Businesses**

We continue to provide training, mentorship, and business development support to *Prepare to Care* in-home childcare providers. Twelve providers are actively enrolled and delivering services through the program.





## Family & Workforce Programs | Activity Report

### **Parenting Workshops**

Two parenting workshops were conducted, engaging a total of **35** participants. These sessions emphasized job readiness and soft skill development to support workplace success.

### **Efforts and Initiatives (Continues)**

#### **Financial Coaching Expansion**

Access to financial education and one-on-one coaching was expanded. A total of **190** participants completed sessions focused on money management, budgeting, and financial literacy.

#### **ELL (English Language Learner) Classes**

Ongoing onsite ELL classes continue to support participants in improving language proficiency and enhancing work readiness. **Forty-four** individuals are currently enrolled.

#### **Food & Clothing Closet**

A total of **204** families accessed Oakridge's food pantry and clothing closet to meet basic needs.

#### **Homeownership Pathways**

Thirty-six families are currently enrolled in the Oakridge Homeownership Pathways program, receiving guidance and support toward achieving homeownership.

#### **HOPE Program**

Twenty families are participating in *HOPE*—a multigenerational, intensive case management program designed to promote stability and long-term success.

#### **Laptop Lending Library**

Thirty-one individuals utilized Oakridge's Laptop Lending Library to support work, education, and digital access needs.

#### **Work Readiness & Know Your Rights Workshops**

Two workshops were held, with 115 individuals participating in sessions focused on employment readiness and understanding legal rights in the workplace.

#### **Energy Assistance Enrollment**

Twenty-seven individuals participated in the Energy Assistance sign-up event to receive help with utility costs.

# Oakridge Workforce Housing & Wellness Hub

A Partnership Rooted in Innovation, Community, and Opportunity

## Project Overview

Oakridge Neighborhood and Mainframe Studios share a commitment to building a stronger, more accessible Des Moines. The 1.1-acre Mainframe lot presents a rare opportunity to create 30–50 affordable housing units paired with a wellness hub designed for educators, childcare workers, healthcare staff, creatives, and entrepreneurs.

This project will provide affordable, stable homes integrated with services to strengthen financial health, physical wellness, and career sustainability. It will serve essential workers in need of affordable housing, activate an underused lot into a vibrant anchor for housing and innovation, strengthen the district by housing workers who directly support Mainframe’s ecosystem, and stimulate economic growth through wellness hub tenants, small businesses, and community services.

### Potential Components of the Wellness Hub

- Affordable health and dental care services
- Fitness and movement spaces
- Financial institution
- Beauty, self-care, and personal wellness services

## Mission Alignment

Oakridge Neighborhood has served the Des Moines community for nearly 60 years, providing housing, wraparound services, and pathways to self-sufficiency. This project extends that mission by ensuring essential workers have access to affordable housing integrated with opportunities for growth and wellness.

Mainframe Studios’ mission is to make innovative careers viable in Des Moines. This project supports that goal by offering affordable, proximate housing for artists, childcare workers, and other essential professionals, ensuring that the workforce can live and thrive near their workspaces.

### Shared Values in Action

This development reflects the shared values of Oakridge and Mainframe, bringing access and inclusion by serving underrepresented and economically vulnerable workers. It advances collaboration by uniting innovation, housing, wellness, and economic development in one place. Most importantly, it fuels community growth by transforming underused land into a hub of activity that supports both Mainframe’s district and Oakridge’s neighborhood vision.

## Purchase Options

Option	Structure
Buy in 2 Years	\$10K option fee + \$850K at purchase
Upfront Purchase	One-time payment
Mainframe Payment Plan	5-year seller financing

Project	Timing	Purpose / Focus	Financials / Expenses	Revenue Potential	Notes
<b>Polk County Investment – Oak I &amp; II</b>	Implementation planning underway	Preserve affordable housing stock through \$1.7M Polk County allocation	\$1.7M allocation secured; expenditures must align with HUD compliance guidelines	Long-term preservation of units reduces emergency/maintenance costs; ensures viability of existing revenue streams	Immediate project; compliance is key
<b>Mainframe Lot Development</b>	Q2–Q3 2026	Expand housing & services footprint in urban core	Fundraising gap: \$4.49M beyond LIHTC/HOME; feasibility & concept design in progress	Net Revenue (stabilized year): \$644,235; Net Operating Income: \$251,221	Positioned as long-term, revenue-generating asset through leases, rentals, and service hub connection
<b>Expanded Services – Behavioral Health</b>	Q2–Q3 2026 (Pilot launch)	Embed clinical staff into wraparound model for 55 students initially	Upfront investment for staffing, licensure, and space integration ~\$300k	Pilot Year: ~ <b>\$185K</b> (1,320 sessions @ \$140 avg. Medicaid reimbursement); Long-term potential: <b>\$350K–\$500k annually</b> when scaled to full resident population	Direct response to rising behavioral health incidents; enhances stability & sustainability, covers some existing staff costs.
<b>Wilkie House Partnership</b>	Q1–Q2 2026	Youth programming & Teen Tech Center alignment	Minimal direct expenses (staff, planning, consolidation) during exploration	Potential cost savings via reduced duplication; expanded youth reach	Exploration phase; recommendation pending; focus on preserving legacy and strategic collaboration

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

Go to [www.irs.gov/Form990](http://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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization		<b>D</b> Employer identification number	
	HOMES OF OAKRIDGE HUMAN SERVICES			
	Doing business as OAKRIDGE NEIGHBORHOOD SERVICES		42-1311721	
	Number and street (or P.O. box if mail is not delivered to street address) 1401 CENTER STREET		Room/suite	<b>E</b> Telephone number 515-244-7702
	City or town, state or province, country, and ZIP or foreign postal code DES MOINES IA 50314		<b>G</b> Gross receipts\$ 3,866,643	
	<b>F</b> Name and address of principal officer: ANDREA MCGUIRE SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: OAKRIDGENEIGHBORHOOD.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1993	M State of legal domicile: IA

<b>Part I</b>	<b>Summary</b>
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSIST RESIDENTS WITH EDUCATIONAL, CULTURAL, NUTRITIONAL, & SOCIAL SERVICES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	170
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,722,119	2,855,399
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,043,766	884,423
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,769	27,260
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,413	49,923
		3,823,067	3,817,005
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,202,185	3,024,575
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	237,455	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,080,668	1,058,604
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,282,853	4,083,179
	19 Revenue less expenses. Subtract line 18 from line 12	–459,786	–266,174
		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,634,275	4,371,412
	21 Total liabilities (Part X, line 26)	678,235	669,363
	22 Net assets or fund balances. Subtract line 21 from line 20	3,956,040	3,702,049

## Part II      Signature Block

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

<b>Sign Here</b>	Signature of officer			Date	
	DEIDRE DEJEAR			PRESIDENT & CEO	
Type or print name and title					
<b>Paid Preparer Use Only</b>	Preparer's name		Preparer's signature		Date
	ALEXANDRA KAHER, CPA		ALEXANDRA KAHER, CPA		08/05/25
	Firm's name		Firm's EIN		Check <input type="checkbox"/> if self-employed
MHCS P.C.		42-1104473		PTIN	
Firm's address		1601 W LAKES PKWY STE 300		Phone no.	
WEST DES MOINES, IA 50266		515-288-327			

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

☒ 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 ☐**1** Briefly describe the organization's mission:

WE ENRICH DIVERSE COMMUNITIES THROUGH EXCEPTIONAL HOUSING AND INCLUSIVE SUPPORT SERVICES FOR ADULTS, CHILDREN, AND FAMILIES, PROVIDING PATHWAYS TO PROSPERITY.

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 3,076,915 including grants of\$ ) (Revenue \$ 884,423 )

THE ORGANIZATION PROVIDES 339 UNITS OF HOUSING FOR THE RESIDENTS AND FAMILIES OF THE OAKRIDGE NEIGHBORHOOD WITH A VARIETY OF TRADITIONAL AND NON-TRADITIONAL HUMAN SERVICE PROGRAMS DESIGNED TO BREAK THE CYCLE OF POVERTY BY ADDRESSING THE ISSUES THAT KEEP THE WORKING POOR FROM GETTING AHEAD, INCLUDING BUT NOT LIMITED TO AFFORDABLE HOUSING, AFFORDABLE CHILD CARE, TRANSPORTATION, EMPLOYMENT OPPORTUNITIES AND TRAINING, EDUCATION, AND CASE MANAGEMENT.

**4b** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
N/A**4c** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
N/A**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

**4e** Total program service expenses 3,076,915

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	18	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	170
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>	



**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 ☒

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	23		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	23		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			X
<b>7a</b> 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?	<b>7a</b>			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X	
<b>9</b> 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.	<b>9</b>			X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed NONE

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ 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.

OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER STREET

DES MOINES

IA 50314

515-244-7702

**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 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTIN CLAYTON VP OF FINANCE	40.00 0.00			X				136,424	0	55,164
(2) PATRICIA PALMER COO	40.00 0.00			X				104,423	0	29,660
(3) TERE E CALDWELL-JOHNSON (LEFT MARCH) PAST PRESIDENT & CEO	40.00 0.00			X				47,943	0	6,537
(4) DEIDRE DEJEAR PRESIDENT & CEO	40.00 0.00			X				38,897	0	564
(5) KUUKU SAAH DIRECTOR	0.50 0.00	X						0	0	0
(6) DIANA DUBUISSON DIRECTOR	0.50 0.00	X						0	0	0
(7) NALO JOHNSON DIRECTOR	0.50 0.00	X						0	0	0
(8) RONA BERINOBIS DIRECTOR	0.50 0.00	X						0	0	0
(9) DEIDRE WILLIAMS DIRECTOR	0.50 0.00	X						0	0	0
(10) ALBERT FARR DIRECTOR	0.50 0.00	X						0	0	0
(11) JESSICA FEENEY DIRECTOR	0.50 0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) TIMOTHY V. HAIGHT										
(12) DIRECTOR	0.50 0.00	X						0	0	0
(13) MICHAEL A. HUTNEY										
(13) DIRECTOR	1.00 0.00	X						0	0	0
(14) MARCY BAKER										
(14) DIRECTOR	0.50 0.00	X						0	0	0
(15) KENT A. KRAMER										
(15) DIRECTOR	0.50 0.00	X						0	0	0
(16) JOYCE MCDANEL										
(16) DIRECTOR	1.00 0.00	X						0	0	0
(17) ERIN KUHL										
(17) DIRECTOR	1.00 0.00	X						0	0	0
(18) MARY JOHNSON										
(18) DIRECTOR	0.50 0.00	X						0	0	0
(19) MATT HANEY										
(19) DIRECTOR	1.00 0.00	X						0	0	0
<b>1b Subtotal</b>								327,687		91,925
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								327,687		91,925
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <b>2</b>										

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
JOHN BYAL CLIVE 9543 UNIVERSITY AVE #4 IA 50325 HOME INSPECTION SERVICES		217,180

**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

1

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	912,877			
	b	Membership dues	1b				
	c	Fundraising events	1c	137,836			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	675,633			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,129,053			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,855,399			
	Program Service Revenue	Business Code					
2a		EARLY ENRICHMENT	624410	418,511	418,511		
b		PRESCHOOL SERVICES	624410	243,977	243,977		
c		MANAGEMENT SERVICES	541610	221,935	221,935		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		884,423			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		15,860			15,860
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	76,355			
	b	Less: rental expenses	(ii) Personal				
	c	Rental inc. or (loss)		76,355			
	d	Net rental income or (loss)		76,355	76,355		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	11,400			
	b	Less: cost or other basis and sales exps.	(ii) Other				
	c	Gain or (loss)		11,400			
	d	Net gain or (loss)		11,400			11,400
	8a	Gross income from fundraising events (not including \$ 137,836 of contributions reported on line 1c). See Part IV, line 18		21,850			
	b	Less: direct expenses		49,638			
	c	Net income or (loss) from fundraising events		-27,788			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11a	REFUND OF OVERPAID FEES	900099	1,236			1,236
	b	MISCELLANEOUS INCOME	900099	120			120
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,356			
12	Total revenue. See instructions		3,817,005	960,778	0	28,616	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	419,613	85,659	262,572	71,382
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,170,193	1,957,792	161,287	51,114
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,085	23,519	6,634	1,932
<b>9</b> Other employee benefits	227,394	176,961	46,882	3,551
<b>10</b> Payroll taxes	175,290	132,881	28,173	14,236
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	177,048	23,187	80,706	73,155
<b>b</b> Legal				
<b>c</b> Accounting	34,250		34,250	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	2,243		2,243	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	144,165	125,192	18,898	75
<b>12</b> Advertising and promotion	10,268	1,100	9,168	
<b>13</b> Office expenses	23,484	9,592	11,850	2,042
<b>14</b> Information technology	856	428	428	
<b>15</b> Royalties				
<b>16</b> Occupancy	122,366	111,917	10,179	270
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	17,183		17,183	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	217,840	163,380	54,460	
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> PROGRAM SUPPLIES	213,409	205,587	3,586	4,236
<b>b</b> REPAIRS/MAINTENANCE	41,529	35,914	5,615	
<b>c</b> DUES AND SUBSCRIPTIONS	20,682	417	7,557	12,708
<b>d</b> STAFF DEVELOPMENT	6,334	3,380	1,454	1,500
<b>e</b> All other expenses	26,947	20,009	5,684	1,254
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,083,179	3,076,915	768,809	237,455
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	532,517	<b>1</b>	21,835
	<b>2</b> Savings and temporary cash investments		<b>2</b>	126,468
	<b>3</b> Pledges and grants receivable, net	645,157	<b>3</b>	593,939
	<b>4</b> Accounts receivable, net	22,760	<b>4</b>	23,042
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	23,864	<b>9</b>	28,668
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,975,205		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,790,574	1,117,855	<b>10c</b> 1,184,631
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11	520,815	<b>12</b>	385,704
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	1,771,307	<b>15</b>	2,007,125
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	4,634,275	<b>16</b>	4,371,412	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	413,324	<b>17</b>	262,581
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	53,508	<b>19</b>	40,685
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	211,403	<b>25</b>	366,097
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	678,235	<b>26</b>	669,363
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	3,033,505	<b>27</b>	3,002,665
	<b>28</b> Net assets with donor restrictions	922,535	<b>28</b>	699,384
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b>	3,956,040	<b>32</b>	3,702,049
<b>33</b> <b>Total liabilities and net assets/fund balances</b>	4,634,275	<b>33</b>	4,371,412	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,817,005
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,083,179
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-266,174
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,956,040
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,183
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,702,049

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> 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?		X
<b>b</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		

Form **990** (2024)

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) CAROL BODENSTEINER										
(12) DIRECTOR	0.50 0.00	X						0	0	0
(21) SHARON GADDY-HANNA										
(13) DIRECTOR	0.50 0.00	X						0	0	0
(22) JAMIE BUELT										
(14) DIRECTOR	1.00 0.00	X						0	0	0
(23) PETER NGO (LEFT MAY 2024)										
(15) DIRECTOR	0.50 0.00	X						0	0	0
(24) EMILY LEMAY										
(16) SECRETARY	1.00 0.00	X		X				0	0	0
(25) MARK WILTSE										
(17) TREASURER	2.00 0.00	X		X				0	0	0
(26) SKYLAR MAYBERRY-MAYES										
(18) VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(27) ANDREA MCGUIRE										
(19) PRESIDENT	3.00 0.00	X		X				0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

**Section B. Independent Contractors**

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

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

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



**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) MARTINE OLSON-DANIEL										
(12) 1.00										
IMM. PAST PRESIDENT	0.00	X		X				0	0	0
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

**Section B. Independent Contractors**

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

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

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

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

HOMES OF OAKRIDGE HUMAN SERVICES

Employer identification number

42-1311721

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,039,784	3,076,198	3,353,666	2,722,119	2,855,399	14,047,166
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,039,784	3,076,198	3,353,666	2,722,119	2,855,399	14,047,166
<b>5</b> 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)						221,137
<b>6 Public support.</b> Subtract line 5 from line 4						13,826,029

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	2,039,784	3,076,198	3,353,666	2,722,119	2,855,399	14,047,166
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43,261	8,938	13,764	18,434	15,860	100,257
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1,356	1,356
<b>11 Total support.</b> Add lines 7 through 10						14,148,779
<b>12</b> Gross receipts from related activities, etc. (see instructions)						5,191,596

**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** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	97.72 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	98.19 %
<b>16a 33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2024.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17	<b>18</b>	%

**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 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally 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—provide details in <b>Part VI</b> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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



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.)

PART II, LINE 10 - OTHER INCOME DETAIL		
REFUND OF OVERPAID FEES	\$	1,236
MISCELLANEOUS INCOME	\$	120

DRAFT

Name of the organization

Employer identification number

HOMES OF OAKRIDGE HUMAN SERVICES

42-1311721

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

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

Name of organization

HOMES OF OAKRIDGE HUMAN SERVICES

Employer identification number

42-1311721

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PRINCIPAL FINANCIAL GROUP FOUNDATION 711 HIGH STREET DES MOINES IA 50392-0350	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PRAIRIE MEADOWS ONE PRAIRIE MEADOWS DRIVE ALTOONA IA 50009	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	POLK COUNTY HOUSING TRUST FUND 108 3RD ST, STE 350 DES MOINES IA 50309	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF IOWA 1007 EAST GRAND AVE DES MOINES IA 50319	\$ 675,633	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF CENTRAL IOWA 1111 9TH ST SUITE 100 DES MOINES IA 50314	\$ 912,877	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	VARIETY CLUB 505 5TH AVE SUITE 310 DES MOINES IA 50309	\$ 68,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HOMES OF OAKRIDGE HUMAN SERVICES

Employer identification number

42-1311721

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BEST BUY FOUNDATION 7601 PENN AVE S RICHFIELD MN 55423-8500	\$ 179,884	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

Employer identification number

HOMES OF OAKRIDGE HUMAN SERVICES

42-1311721

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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

**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 d ☐ Loan or exchange program  
b ☐ Scholarly research e ☐ Other  
c ☐ Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
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:

- (i) Unrelated organizations? ☐ Yes ☐ No  
3a(i)  
(ii) Related organizations? ☐ Yes ☐ No  
3a(ii)

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No  
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		86,312		86,312
b Buildings				
c Leasehold improvements		1,537,039	989,237	547,802
d Equipment		1,173,244	683,023	490,221
e Other		178,610	118,314	60,296
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,184,631

**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 BENEFICIAL INTEREST GDMCF	385,704	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))	385,704	

**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)		
<b>Total.</b> (Column (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) INVESTMENT IN SUBSIDIARY	1,580,347
(2) DUE FROM RELATED ORGANIZATIONS	381,800
(3) RIGHT OF USE ASSET - OPERATING	44,978
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,007,125

**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) LINE OF CREDIT	320,000
(3) LEASE LIABILITY - OPERATING	46,097
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	366,097

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,876,583
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	12,183
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-2,243
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	9,940
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	3,866,643
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-49,638
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	-49,638
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,817,005

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,130,574
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	49,638
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	49,638
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	4,080,936
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	2,243
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	2,243
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,083,179

**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 - FIN 48 FOOTNOTE**

HOMES OF OAKRIDGE HUMAN SERVICES, INC. IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3).

MANAGEMENT IS UNAWARE OF ANY UNCERTAIN INCOME TAX POSITIONS AS OF DECEMBER 31, 2024 AND 2023. INTEREST AND PENALTIES ASSOCIATED WITH INCOME TAX MATTERS WOULD BE PRESENTED AS COMPONENTS OF INCOME TAX EXPENSE. THERE WERE NO INTEREST OR PENALTY CHARGES DURING THE YEARS ENDED DECEMBER 31, 2024 OR 2023.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER INVESTMENT FEES \$ -2,243

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER FUNDRAISING EXPENSES \$ -49,638

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER FUNDRAISING EXPENSES \$ 49,638



**Part XIII** Supplemental Information *(continued)*

DRAFT

Name of the organization HOMES OF OAKRIDGE HUMAN SERVICES
Employer identification number 42-1311721

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows 1-10 and Total.

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

**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))
		<u>JAZZ JEWELS JEA</u> (event type)	<u>BREAKFAST AT TI</u> (event type)	<u>NONE</u> (total number)	
Revenue	<b>1</b> Gross receipts .....	116,946	42,740		159,686
	<b>2</b> Less: Contributions ..	105,896	31,940		137,836
	<b>3</b> Gross income (line 1 minus line 2) .....	11,050	10,800		21,850
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	4,712	5,712		10,424
	<b>7</b> Food and beverages ..	10,698	10,736		21,434
	<b>8</b> Entertainment .....	400			400
	<b>9</b> Other direct expenses ..	8,272	2,718		10,990
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				43,248
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-21,398

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses ..				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: .....

- |           |   |                                     |                                    |
|-----------|---|-------------------------------------|------------------------------------|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers? .....  | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <b>12</b> | Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ..... | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

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

Name .....

Address .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c** If "Yes," enter the name and address of the third party: \_\_\_\_\_

Name .....

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided

☐ Director/officer    ☐ Employee    ☒ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

**SCHEDULE J**

**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

HOMES OF OAKRIDGE HUMAN SERVICES

Employer identification number

42-1311721

**Part I Questions Regarding Compensation**

	Yes	No												
<b>1a</b> 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. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)						
<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>b</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 .....	<b>1b</b>													
<b>2</b> 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? .....	<b>2</b>													
<b>3</b> 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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" 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								
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract													
<input type="checkbox"/> Independent compensation consultant	<input checked="" 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													
<b>4</b> 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: <table border="0"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment? .....</td> <td><b>4a</b></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....</td> <td><b>4b</b></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....</td> <td><b>4c</b></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>		<input checked="" type="checkbox"/>	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>		<input checked="" type="checkbox"/>	<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>		<input checked="" type="checkbox"/>		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>		<input checked="" type="checkbox"/>											
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>		<input checked="" type="checkbox"/>											
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>		<input checked="" type="checkbox"/>											
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>														
<b>5</b> 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: <table border="0"> <tr> <td><b>a</b> The organization? .....</td> <td><b>5a</b></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><b>b</b> Any related organization? .....</td> <td><b>5b</b></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table> If "Yes" on line 5a or 5b, describe in Part III.	<b>a</b> The organization? .....	<b>5a</b>		<input checked="" type="checkbox"/>	<b>b</b> Any related organization? .....	<b>5b</b>		<input checked="" type="checkbox"/>						
<b>a</b> The organization? .....	<b>5a</b>		<input checked="" type="checkbox"/>											
<b>b</b> Any related organization? .....	<b>5b</b>		<input checked="" type="checkbox"/>											
<b>6</b> 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: <table border="0"> <tr> <td><b>a</b> The organization? .....</td> <td><b>6a</b></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><b>b</b> Any related organization? .....</td> <td><b>6b</b></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table> If "Yes" on line 6a or 6b, describe in Part III.	<b>a</b> The organization? .....	<b>6a</b>		<input checked="" type="checkbox"/>	<b>b</b> Any related organization? .....	<b>6b</b>		<input checked="" type="checkbox"/>						
<b>a</b> The organization? .....	<b>6a</b>		<input checked="" type="checkbox"/>											
<b>b</b> Any related organization? .....	<b>6b</b>		<input checked="" type="checkbox"/>											
<b>7</b> 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 .....	<b>7</b>		<input checked="" type="checkbox"/>											
<b>8</b> 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 .....	<b>8</b>		<input checked="" type="checkbox"/>											
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>													

**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				
KRISTIN CLAYTON 1 VP OF FINANCE	(i)	136,424	0	0	8,097	47,067	191,588	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

## Part III Supplemental Information

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

DRAFT

SCHEDULE L

(Form 990)

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

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,  
28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

HOMES OF OAKRIDGE HUMAN SERVICES

Employer identification number

42-1311721

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



<b>Part IV</b>	<b>Business Transactions Involving Interested Persons</b>
----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) VERNON JOHNSON	SPOUSE TO CEO	74,542	EMPLOYMENT		X
(2) BALEY CALDWELL-JOHNSON	SON TO CEO	26,441	EMPLOYMENT		X
(3) BAXTYR CALDWELL-JOHNSON	DAUGHTER TO CEO	41,429	EMPLOYMENT		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

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

SCHEDULE L, PART V - ADDITIONAL INFORMATION

INTERESTED PERSON: VERNON JOHNSON

RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: VERNON JOHNSON IS THE SPOUSE OF TERE E CALDWELL-JOHNSON, PAST PRESIDENT & CEO OF ONS.

AMOUNT OF TRANSACTION: \$74,542

DESCRIPTION OF TRANSACTION: VERNON JOHNSON IS EMPLOYED BY ONS AS THE DIRECTOR OF YOUTH PROGRAMS. ALL COMPENSATION RATES ARE VALUED AT FAIR MARKET VALUE.

INTERESTED PERSON: BALEY CALDWELL-JOHNSON

RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BAILEY CALDWELL-JOHNSON IS THE SON OF TEREY CALDWELL-JOHNSON, PAST PRESIDENT & CEO OF ONS.

AMOUNT OF TRANSACTION: \$26,441

DESCRIPTION OF TRANSACTION: BAILEY CALDWELL-JOHNSON IS EMPLOYED BY ONS AS THE YOUTH TUTOR. ALL COMPENSATION RATES ARE VALUED AT FAIR MARKET VALUE.

INTERESTED PERSON: BAXTYR CALDWELL-JOHNSON

RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BAXTYR CALDWELL-JOHNSON IS THE DAUGHTER OF TERE E CALDWELL-JOHNSON, PAST PRESIDENT & CEO OF ONS.

AMOUNT OF TRANSACTION: \$41,429

DESCRIPTION OF TRANSACTION: BAXTYR CALDWELL-JOHNSON IS EMPLOYED BY ONS AS THE YOUTH INSTRUCTOR. ALL COMPENSATION RATES ARE VALUED AT FAIR MARKET VALUE.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization	Employer identification number
HOMES OF OAKRIDGE HUMAN SERVICES	42-1311721

FORM 990, PART VI - ADDITIONAL INFORMATION  
SECTION A, LINE 6

THE ORGANIZATION HAD NO MEMBERS OR STOCKHOLDERS DUE TO HOMES OF OAKRIDGE, INC. BEING DISSOLVED IN 2014.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
A COPY OF FORM 990 WILL BE DISTRIBUTED TO EACH BOARD MEMBER UPON COMPLETION. THE BOARD REVIEWS AND APPROVES FORM 990 BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
THE BOARD CHAIRPERSON AND THE CEO REVIEW THE CONFLICT OF INTEREST DISCLOSURES. INDIVIDUAL BOARD MEMBERS ARE REQUIRED TO ABSTAIN FROM VOTING OR PARTICIPATION IN DISCUSSIONS OF ANY ISSUES THAT COULD GIVE THE APPEARANCE OF A CONFLICT OF INTEREST. IF THERE ARE QUESTIONS AS TO WHETHER AN ISSUE COULD REPRESENT A CONFLICT OF INTEREST OR NOT, IT IS DISCUSSED

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE EXECUTIVE COMMITTEE CONDUCTS A COMPENSATION SURVEY OF AREA NOT-FOR-PROFIT CEO'S COMPENSATION TO DETERMINE THE COMPENSATION FOR THE ORGANIZATION'S CEO. THE EXECUTIVE COMMITTEE SENDS THE SURVEY DOCUMENTS TO THE BOARD. THE BOARD DISCUSSES COMPENSATION AND APPROVES AS APPROPRIATE. THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY AN INDEPENDENT SUBCOMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
THE CEO DETERMINES THE COO SALARY BASED ON BUDGETED AMOUNTS, SALARY RANGE AND ANNUAL REVIEW. THE COO'S SALARY IS REVIEWED AND DOCUMENTED BY AN INDEPENDENT SUBCOMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
COPIES OF THESE DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST AT NO CHARGE. THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF TIME AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 6104(D) FOR OTHER PUBLIC DISCLOSURE DOCUMENTS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

INVESTMENT IN LIMITED PARTNERSHIPS	\$	8
INVESTMENT IN LIMITED PARTNERSHIPS	\$	-8

SCHEDULE R  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Employer identification number

42-1311721

HOMES OF OAKRIDGE HUMAN SERVICES

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)OAKRIDGE NEIGHBORHOOD ASSOCIATES L. 1401 CENTER STREET DES MOINES IA 50314 26-1304619	AFFORDABLE	IA	ONS VENTUR					X	N/A		X	
(2)OAKRIDGE NEIGHBORHOOD ASSOCIATES PH 1401 CENTER STREET DES MOINES IA 50314 26-3578586	AFFORDABLE	IA	ONS VENTUR					X	N/A		X	
(3)SILVER OAKS ASSOCIATES L.P. 1401 CENTER STREET DES MOINES IA 50314 27-5368858	AFFORDABLE	IA	ONS SILVER					X	N/A		X	
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)ONS VENTURES, INC. 1401 CENTER STREET DES MOINES IA 50314 26-1294017	GEN PTR	IA	HOMES OF O	C			100.000000	X	
(2)ONS SILVER OAKS, INC. 1401 CENTER STREET DES MOINES IA 50314 27-5313412	GEN PTR	IA	HOMES OF O	C	-8	219,854	100.000000	X	
(3)									
(4)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OAKRIDGE NEIGHBORHOOD ASSOCIATES LP	L	100,187	ACTUAL AMOUNT PAID
(2) OAKRIDGE NEIGHBORHOOD ASSOCIATES PH	L	101,798	ACTUAL AMOUNT PAID
(3) OAKRIDGE NEIGHBORHOOD ASSOCIATES LP	Q	718,134	ACTUAL AMOUNT PAID
(4) OAKRIDGE NEIGHBORHOOD ASSOCIATES PH	Q	881,206	ACTUAL AMOUNT PAID
(5) SILVER OAKS ASSOCIATES L.P.	Q	173,398	ACTUAL AMOUNT PAID
(6) OAKRIDGE NEIGHBORHOOD ASSOCIATES LP	R	949,733	ACTUAL AMOUNT PAID

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OAKRIDGE NEIGHBORHOOD ASSOCIATES PH	R	950,508	ACTUAL AMOUNT PAID
(2) SILVER OAKS ASSOCIATES L.P.	R	177,681	ACTUAL AMOUNT PAID
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

**Part VII**

**Supplemental Information.**

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

DRAFT



**Depreciation and Amortization**  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**2024**Attachment  
Sequence No. **179**

HOMES OF OAKRIDGE HUMAN SERVICES

Identifying number

42-1311721

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	62,709

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	1,017
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	63,726
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form <b>990</b>		Two Year Comparison Report		2023 & 2024	
Name		For calendar year 2024, or tax year beginning , ending		Taxpayer Identification Number	
HOMES OF OAKRIDGE HUMAN SERVICES				42-1311721	
Revenue			2023	2024	Differences
	1. Contributions, gifts, grants	1.	1,806,338	2,179,766	373,428
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	915,781	675,633	-240,148
	4. Program service revenue	4.	1,043,766	884,423	-159,343
	5. Investment income	5.	18,434	15,860	-2,574
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	2,335	11,400	9,065
	8. Net income or (loss) from fundraising events	8.	-40,349	-27,788	12,561
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	76,762	77,711	949
12. Total revenue. Add lines 1 through 11	12.	3,823,067	3,817,005	-6,062	
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	322,990	419,613	96,623
	16. Salaries, other compensation, and employee benefits	16.	2,879,195	2,604,962	-274,233
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	349,018	357,706	8,688
	19. Occupancy, rent, utilities, and maintenance	19.	123,726	122,366	-1,360
	20. Depreciation and Depletion	20.	162,418	217,840	55,422
	21. Other expenses	21.	445,506	360,692	-84,814
	22. Total expenses. Add lines 13 through 21	22.	4,282,853	4,083,179	-199,674
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-459,786	-266,174	193,612
Other Information	24. Total exempt revenue	24.	3,823,067	3,817,005	-6,062
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	1,141,297	989,394	-151,903
	27. Total assets	27.	4,634,275	4,371,412	-262,863
	28. Total liabilities	28.	678,235	669,363	-8,872
	29. Retained earnings	29.	3,956,040	3,702,049	-253,991
	30. Number of voting members of governing body	30.	24	23	
31. Number of independent voting members of governing body	31.	24	23		
32. Number of employees	32.	170	170		
33. Number of volunteers	33.	30	30		

Form <b>990</b>	<b>Tax Return History</b>	<b>2024</b>
-----------------	---------------------------	-------------

Name HOMES OF OAKRIDGE HUMAN SERVICES	Employer Identification Number 42-1311721
--	--

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	2,039,784	3,076,198	3,353,666	2,722,119	2,855,399	
Membership dues .....						
Program service revenue .....	915,663	941,425	956,499	1,043,766	884,423	
Capital gain or loss .....	4,185	16,332	-953	2,335	11,400	
Investment income .....	43,261	8,938	13,764	18,434	15,860	
Fundraising revenue (income/loss) .....	-20,516	-9,008	-38,185	-40,349	-27,788	
Gaming revenue (income/loss) .....						
Other revenue .....	70,529	70,777	71,033	76,762	77,711	
<b>Total revenue</b> .....	<b>3,052,906</b>	<b>4,104,662</b>	<b>4,355,824</b>	<b>3,823,067</b>	<b>3,817,005</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			59,566	322,990	419,613	
Other compensation .....			456,340	2,879,195	2,604,962	
Professional fees .....	245,289	267,277	292,576	349,018	357,706	
Occupancy costs .....	92,033	93,842	95,979	123,726	122,366	
Depreciation and depletion .....	100,235	115,416	133,947	162,418	217,840	
Other expenses .....	2,400,498	2,940,280	2,949,369	445,506	360,692	
<b>Total expenses</b> .....	<b>2,838,055</b>	<b>3,416,815</b>	<b>3,987,777</b>	<b>4,282,853</b>	<b>4,083,179</b>	
<b>Excess or (Deficit)</b> .....	<b>214,851</b>	<b>687,847</b>	<b>368,047</b>	<b>-459,786</b>	<b>-266,174</b>	
Total exempt revenue .....	3,052,906	4,104,662	4,355,824	3,823,067	3,817,005	
Total unrelated revenue .....						
Total excludable revenue .....	1,033,638	1,037,472	1,040,343	1,141,297	989,394	
Total Assets .....	7,280,008	8,091,762	8,487,865	4,634,275	4,371,412	
Total Liabilities .....	209,774	311,971	407,092	678,235	669,363	
Net Fund Balances .....	7,070,234	7,779,791	8,080,773	3,956,040	3,702,049	

Taxable Interest on Investments

Description		Unrelated	Exclusion	Postal	Acquired after	US
	Amount	Business	Code	Code	6/30/75	Obs (\$ or %)
INTEREST INCOME	\$ 2,270		14			
TOTAL	\$ 2,270					

Taxable Dividends from Securities

Description		Unrelated	Exclusion	Postal	Acquired after	US
	Amount	Business	Code	Code	6/30/75	Obs (\$ or %)
DIVIDEND INCOME	\$ 13,590		14			
TOTAL	\$ 13,590					

DRAFT

## Federal Statements

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTED SERVICES	\$ 103,900	\$ 92,765	\$ 11,060	\$ 75
PAYROLL PROCESSING FEES	13,595	11,822	1,773	
OTHER	26,670	20,605	6,065	
TOTAL	<u>\$ 144,165</u>	<u>\$ 125,192</u>	<u>\$ 18,898</u>	<u>\$ 75</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
PERMITS/LICENSES	\$ 3,350	\$ 3,350	\$	\$
SILVER OAKS PROFIT ALLOCA	8		8	
MISCELLANEOUS	23,589	16,659	5,676	1,254
TOTAL	<u>\$ 26,947</u>	<u>\$ 20,009</u>	<u>\$ 5,684</u>	<u>\$ 1,254</u>

**Schedule A, Part II, Line 1(e)**

Description	Amount
FEDERATED CAMPAIGNS	\$ 912,877
GOVERNMENT GRANTS OR CONTRIBUTIONS	675,633
OTHER CONTRIBUTIONS	1,129,053
JAZZ JEWELS JEANS	
CASH CONTRIBUTION	105,896
BREAKFAST AT TIFFANY'S	
CASH CONTRIBUTION	31,940
TOTAL	<u>\$ 2,855,399</u>

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANDY MCGUIRE	\$ 5,053	\$
ATHENE	5,000	
BANK OF AMERICA	210,000	
BANKERS TRUST	140,000	
CHRIS & PEGGY LITTLEFIELD	8,000	
DES MOINES AREA ASSOC. OF REALTORS	16,000	
EMC INSURANCE COMPANIES	150,000	
GLOBAL ATLANTIC	5,600	
JAMIE AND GARY BUELT	5,700	
JOHN DEERE DES MOINES OPERATIONS	108,050	
KOEHN FOUNDATION	15,000	
LAURIDENSEN FOUNDATION	5,000	
MENDENHALL SPEERS CHARITABLE FUND	10,000	
NATIONWIDE INSURANCE FOUNDATION	148,000	
NORTHWEST AREA FOUNDATION	265,000	
PRINCIPAL FINANCIAL GROUP FOUNDATION	430,500	147,524
PRAIRIE MEADOWS	309,000	26,024
POLK COUNTY HOUSING TRUST FUND	242,000	
POLK COUNTY BOARD OF SUPERVISORS	72,167	
PRINCIPAL CHARITY CLASSIC	131,000	
THE MEYOCKS GROUP INC	5,000	
TIM AND WENDY HAIGHT	7,700	
VERIDIAN CREDIT UNION FUND	5,000	
WELLMARK FOUNDATION	100,000	
WELLS FARGO FOUNDATION	185,000	
WILL & SARABETH ANDERSON FAMILY FUND	8,000	
WT& EDNA DAHL TRUST	75,000	
MUSCO LIGHTING	100,000	
BLUMENTHAL FAMILY FOUNDATION	35,000	
CAROL BODENSTEINER	27,000	
DELTA DENTAL	59,747	
DOLLAR GENERAL	7,000	
FIDELITY & GUARANTY	25,000	
KUM & GO	10,000	
MIDAMERICAN ENERGY	5,000	
MIDLAND NATIONAL	10,000	
NEW YORK LIFE	100,000	
POLK COUNTY BUILDING SUCCESS	50,000	
POLK COUNTY EARLY CHILDHOOD	135,210	
SAMMONS FINANCIAL	10,000	
THE DIRECTORS COUNCIL	6,700	
TIM URBAN	22,000	
VERIZON	7,000	
BEST BUY FOUNDATION	330,565	47,589
EMILY LEMAY	10,000	
GREEN STATE CREDIT UNION	20,000	
KYLE KRAUSE	10,000	
MARK WILTSE	10,000	
MID IOWA HEALTH FOUNDATION	5,000	
WILLIAM AND KATHLEEN FEHRMAN FUND	5,000	
TOTAL	\$ <u>3,666,992</u>	\$ <u>221,137</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 2,270
DIVIDEND INCOME	13,590
TOTAL	\$ 15,860

Schedule A, Part II, Line 12 - Current year

Description	Amount
EARLY ENRICHMENT	\$ 418,511
MANAGEMENT SERVICES	221,935
PRESCHOOL SERVICES	243,977
JAZZ JEWELS JEANS	11,050
BREAKFAST AT TIFFANY'S	10,800
OAK SOCIETY	
RENT 1	76,355
TOTAL	\$ 982,628

Jazz Jewels Jeans

Other Direct Fundraising or Gaming Expenses

Description	Amount
PRINTING	\$ 1,328
MISCELLANEOUS	6,944
TOTAL	\$ 8,272

Breakfast at Tiffany's

Other Direct Fundraising or Gaming Expenses

Description	Amount
PRINTING	\$ 377
MISCELLANEOUS	2,341
TOTAL	\$ 2,718

DRAFT