

Return of Organization Exempt From Income Tax

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization details: Name (GRACE SMITH HOUSE, INC.), EIN (14-1626657), Address (PO BOX 5205, POUGHKEEPSIE, NY 12602), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown.

Part II Signature Block

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

Signature block containing officer signature (JULIE FRANCESCHINI, TREASURER), preparer information (JOSEPH CONNOLLY), and firm details (PKF O'CONNOR DAVIES ADVISORY, LLC).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 859,697. including grants of \$ 36,071.) (Revenue \$ 0.) MARY LOU HEISSEN BUTTEL RESIDENCE

THE MARY LOU HEISSEN BUTTEL RESIDENCE (MLHR) IS A 25 BED EMERGENCY DOMESTIC VIOLENCE SHELTER FOR INDIVIDUALS AND THEIR MINOR CHILDREN WHO NEED SAFETY FROM ABUSE. DOMESTIC VIOLENCE IS A PATTERN OF MULTIPLE COERCIVE BEHAVIORS USED BY ONE PERSON TO GAIN POWER AND CONTROL OVER ANOTHER IN AN INTIMATE RELATIONSHIP. THESE REPEATED ACTS MAY BE PHYSICAL, EMOTIONAL, VERBAL, SEXUAL, OR FINANCIAL IN NATURE. THE CRISIS HOTLINE IS ANSWERED BY A TRAINED ADVOCATE 24/7/365 AND FOR FY2023 WE HANDLED 2,538 CALLS FOR HELP, WHICH IS AN INCREASE OF 35% FROM THE PREVIOUS YEAR. WE PROVIDED SHELTER TO 79 ADULTS AND 84 CHILDREN AND TURNED AWAY 692 REQUESTS FOR SHELTER BECAUSE WE WERE AT CAPACITY AND

4b (Code:) (Expenses \$ 439,533. including grants of \$ 18,442.) (Revenue \$ 0.) OUTREACH PROGRAM

GRACE SMITH HOUSE HAS AN EXTENSIVE OUTREACH AND COMMUNITY EDUCATION PROGRAM. THROUGH OUR OUTREACH EFFORTS WE COLLABORATE WITH COMMUNITY PARTNERS ON PROJECTS DESIGNED TO INCREASE VICTIM SAFETY, ENHANCE FAMILY WELFARE AND MAXIMIZE OFFENDER ACCOUNTABILITY. DURING THE 2023 YEAR, OUR OUTREACH PROGRAMS AND ACTIVITIES INCLUDED THE FOLLOWING:

FAMILY COURT ADVOCACY PROJECT - GRACE SMITH HOUSE COORDINATES WITH DUTCHESS COUNTY FAMILY COURT TO HAVE TWO ADVOCATES PROVIDE ADVOCACY SERVICES TO WALK-IN CUSTOMERS WHO SEEK ASSISTANCE FROM FAMILY COURT. ADVOCATES MEET WITH INDIVIDUALS TO ASSESS FOR THE PRESENCE OF DOMESTIC

4c (Code:) (Expenses \$ 329,415. including grants of \$ 13,821.) (Revenue \$ 217,614.) BROOKHAVEN TRANSITIONAL HOUSING

BROOKHAVEN TRANSITIONAL HOUSING COMPRISES OF 14 APARTMENTS, RANGING IN SIZE FROM STUDIO APARTMENTS TO THREE BEDROOMS. RESIDENTS MAY STAY IN THE HOUSING PROGRAM FOR UP TO TWO YEARS (24 MONTHS). ELIGIBILITY FOR THIS SECOND STAGE HOUSING PROGRAM IS DETERMINED BY SEVERAL FACTORS INCLUDING BEING A VICTIM OF DOMESTIC VIOLENCE AND CURRENTLY FLEEING AN ABUSIVE RELATIONSHIP. THIS PROGRAM IS OFFERED TO FAMILIES WHO WANT AND NEED A LONGER AMOUNT OF TIME TO WORK ON SAFETY, HEALING AND THE ACHIEVEMENT OF SPECIFIC GOALS. WHILE MANY BROOKHAVEN RESIDENTS ARE REFERRED BY OUR DOMESTIC VIOLENCE SHELTER CASE MANAGERS AT THE CONCLUSION OF THEIR SHELTER STAYS, OTHERS ARE REFERRED THROUGH OUR

4d Other program services (Describe on Schedule O.) (Expenses \$ 328,485. including grants of \$ 13,782.) (Revenue \$ 0.)

4e Total program service expenses 1,957,130.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	13
1b	0

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and organizational activities.

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
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18 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	Enter the number of voting members included on line 1a, above, who are independent 1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 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
MAUREEN ARCHER - 845-452-7155
PO BOX 5205, POUGHKEEPSIE, NY 12602

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRANKA BRYAN EXECUTIVE DIRECTOR	55.00			X				106,394.	0.	42,011.
(2) MAUREEN ARCHER DIRECTOR OF FINANCE	55.00			X				105,541.	0.	25,408.
(3) HEATHER FINCK CHAIR	1.00	X		X				0.	0.	0.
(4) ELIZABETH QUINN VICE CHAIR	1.00	X		X				0.	0.	0.
(5) CHRISTINA KEARNEY TREASURER	1.00	X		X				0.	0.	0.
(6) ELLEN HENNEBERRY SECRETARY	1.00	X		X				0.	0.	0.
(7) DONNA BETTS BOARD MEMBER	1.00	X						0.	0.	0.
(8) PAUL CURRAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) BENJAMIN DAY BOARD MEMBER	1.00	X						0.	0.	0.
(10) CATHERINE FORBES BOARD MEMBER	1.00	X						0.	0.	0.
(11) JULIE FRANCESCHINI BOARD MEMBER	1.00	X						0.	0.	0.
(12) ALYSSA GATES BOARD MEMBER (THRU APR 2023)	1.00	X						0.	0.	0.
(13) THERESA GILL BOARD MEMBER	1.00	X						0.	0.	0.
(14) JESSICA GLASS BOARD MEMBER	1.00	X						0.	0.	0.
(15) PATRICIA HOGAN BOARD MEMBER	1.00	X						0.	0.	0.
(16) MICHELE MCALEER BOARD MEMBER (THRU JAN 2023)	1.00	X						0.	0.	0.
(17) JESSICA NOWLIN BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TONI SAYCHEK BOARD MEMBER	1.00	X						0.	0.	0.
(19) MARJORIE SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(20) MAUREEN TALVI BOARD MEMBER	1.00	X						0.	0.	0.
(21) SHARON WHITELEY BOARD MEMBER	1.00	X						0.	0.	0.
(22) THOMAS ZURHELLEN BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								211,935.	0.	67,419.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								211,935.	0.	67,419.

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 2

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 13,585.				
	b Membership dues	1b				
	c Fundraising events	1c 12,599.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,938,404.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 915,030.				
	g Noncash contributions included in lines 1a-1f	1g \$ 69,177.				
	h Total. Add lines 1a-1f		2,879,618.			
Program Service Revenue	2 a TRANSITIONAL HOUSING	Business Code 531110	217,614.	217,614.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		217,614.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		128,255.		128,255.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a (i) Real (ii) Personal				
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a (i) Securities (ii) Other	492,940.			
		b Less: cost or other basis and sales expenses	7b 516,936.			
		c Gain or (loss)	7c -23,996.			
	d Net gain or (loss)		-23,996.		-23,996.	
	8 a Gross income from fundraising events (not including \$ 12,599. of contributions reported on line 1c). See Part IV, line 18	8a	0.			
		b Less: direct expenses	8b 2,077.			
		c Net income or (loss) from fundraising events		-2,077.		-2,077.
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a BAD DEBT RECOVERY	Business Code 900099	13,947.		13,947.	
	b CREDIT CARD REWARDS	900099	1,501.		1,501.	
	c MISC. INCOME	900099	93.		93.	
	d All other revenue					
	e Total. Add lines 11a-11d		15,541.			
12 Total revenue. See instructions		3,214,955.	217,614.	0.	117,723.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	82,116.	82,116.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	279,353.	34,675.	241,947.	2,731.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,218,629.	1,043,631.	92,813.	82,185.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,253.	54,890.	17,040.	4,323.
9 Other employee benefits	177,721.	127,937.	39,712.	10,072.
10 Payroll taxes	147,615.	106,259.	32,988.	8,368.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,915.	2,768.	5,076.	1,071.
c Accounting	29,775.	29,775.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,620.		20,620.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	115,228.	90,588.	9,090.	15,550.
12 Advertising and promotion	4,586.	1,723.		2,863.
13 Office expenses	42,179.	39,089.	1,194.	1,896.
14 Information technology	53,109.	53,109.		
15 Royalties				
16 Occupancy	60,720.	59,411.	1,081.	228.
17 Travel	7,175.	7,154.		21.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,530.	2,289.	180.	61.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,634.	122,071.	15,328.	3,235.
23 Insurance	43,093.	37,405.	4,697.	991.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	23,785.	23,664.	100.	21.
b FOOD	17,104.	17,104.		
c PROGRAM ACTIVITIES	11,352.	10,705.	482.	165.
d BAD DEBTS	3,637.	3,637.		
e All other expenses	7,794.	7,130.	492.	172.
25 Total functional expenses. Add lines 1 through 24e	2,573,923.	1,957,130.	482,840.	133,953.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	76,344.	1	75,449.
	2 Savings and temporary cash investments	947,495.	2	697,774.
	3 Pledges and grants receivable, net	253,132.	3	621,821.
	4 Accounts receivable, net	174,139.	4	91,055.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,713.	9	8,015.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,349,746.		
	b Less: accumulated depreciation	10b 2,754,766.	1,839,187.	10c 1,594,980.
	11 Investments - publicly traded securities	3,798,853.	11	4,830,015.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,400.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,097,263.	16	7,919,109.	
Liabilities	17 Accounts payable and accrued expenses	158,222.	17	188,288.
	18 Grants payable		18	
	19 Deferred revenue	47,738.	19	42,062.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	22,594.	21	23,266.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	228,554.	26	253,616.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,749,609.	27	5,238,879.
	28 Net assets with donor restrictions	2,119,100.	28	2,426,614.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,868,709.	32	7,665,493.
33 Total liabilities and net assets/fund balances	7,097,263.	33	7,919,109.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,214,955.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,573,923.
3	Revenue less expenses. Subtract line 2 from line 1	3	641,032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,868,709.
5	Net unrealized gains (losses) on investments	5	360,210.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-204,458.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,665,493.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	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 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2510824.	2670683.	2755176.	2518389.	2879618.	13334690.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2510824.	2670683.	2755176.	2518389.	2879618.	13334690.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						284,645.
6 Public support. Subtract line 5 from line 4.						13050045.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2510824.	2670683.	2755176.	2518389.	2879618.	13334690.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,984.	58,292.	62,678.	80,957.	128,255.	402,166.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,114.	12,336.	46,199.	12,679.	15,541.	90,869.
11 Total support. Add lines 7 through 10						13827725.
12 Gross receipts from related activities, etc. (see instructions)					12	989,750.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	94.38 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	95.38 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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 Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

BAD DEBT RECOVERY

2020 AMOUNT: \$ 4,032.

2021 AMOUNT: \$ 20,934.

2023 AMOUNT: \$ 13,947.

CREDIT CARD REWARDS

2019 AMOUNT: \$ 1,920.

2020 AMOUNT: \$ 1,395.

2021 AMOUNT: \$ 1,294.

2022 AMOUNT: \$ 942.

2023 AMOUNT: \$ 1,501.

INSURANCE PROCEEDS

2021 AMOUNT: \$ 19,678.

2022 AMOUNT: \$ 11,594.

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 2,194.

2020 AMOUNT: \$ 6,909.

2021 AMOUNT: \$ 4,293.

2022 AMOUNT: \$ 143.

2023 AMOUNT: \$ 93.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization GRACE SMITH HOUSE, INC. Employer identification number 14-1626657

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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. 1b 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. 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:

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

Schedule D (Form 990) 2023

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		204,478.		204,478.
b Buildings		3,668,020.	2,426,131.	1,241,889.
c Leasehold improvements				
d Equipment		477,248.	328,635.	148,613.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,594,980.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,565,622.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 360,210.		
b	Donated services and use of facilities	2b 9,000.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 2,077.		
e	Add lines 2a through 2d		2e	371,287.
3	Subtract line 2e from line 1		3	3,194,335.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 20,620.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	20,620.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,214,955.

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

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

1	Total expenses and losses per audited financial statements		1	2,768,838.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 9,000.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 206,535.		
e	Add lines 2a through 2d		2e	215,535.
3	Subtract line 2e from line 1		3	2,553,303.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 20,620.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	20,620.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,573,923.

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 IV, LINE 2B:

THE ORGANIZATION HOLDS FUNDS ON BEHALF OF THE LOCAL DEPARTMENT OF SOCIAL SERVICE OFFICE. THE AMOUNTS WILL BE RETURNED WHEN THE TENANT MOVES OUT AND THE ORGANIZATION DOES NOT CLAIM ANY UNPAID RENT OR APARTMENT DAMAGES.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2020.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII: 2,077.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSET REPORTED ON PART XI, LINE 9 1,326.

SPECIAL EVENT EXPENSES REPORTED ON PART VIII: 2,077.

LOSS ON IMPAIRMENT OF CONSTRUCTION IN PROGRESS 203,132.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 206,535.

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

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

Attach to Form 990.

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

Name of the organization

GRACE SMITH HOUSE, INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance

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

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

GRACE SMITH HOUSE, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)
IN 2023 WE DISTRIBUTED \$22,289 IN ASSISTANCE. THIS GRANT FUNDING ASSISTED 79 UNDUPLICATED INDIVIDUALS, ADULTS AND CHILDREN COMBINED. THE REQUESTS FOR ASSISTANCE ENCOMPASSED SAFETY AND	79	22,289.	0.	
DONATED FOOD AND MERCHANDISE THE SOURCE OF THESE ITEMS IS OUR MANY DONORS. THESE ITEMS ALSO BENEFITTED APPROXIMATELY 563 PEOPLE. NON-CASH ASSISTANCE \$59,827.	563	0.	59,827.	COST

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

PART I, LINE 2:

GRACE SMITH HOUSE RECEIVES GRANT FUNDS THAT ARE FOR THE PURPOSE OF PROVIDING DIRECT FINANCIAL ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE SERVED BY OUR PROGRAMS. THESE GRANT FUNDS PROVIDE FOR CRITICAL, UNMET NEEDS FOR VICTIMS OF DOMESTIC VIOLENCE IN OUR RESIDENTIAL, HOUSING AND NON-RESIDENTIAL PROGRAMS. THESE FUNDS ARE USED WHEN OTHER SOURCES HAVE BEEN SOUGHT AND COULD NOT BE SECURED OR WHEN ALTERNATE SOURCES CAN NOT BE IDENTIFIED. WHEN ADVOCATES WORKING WITH VICTIMS IDENTIFY A FINANCIAL CRISIS THAT CAN BE HELPED VIA THE GRANT FUNDS, THEY COMPLETE AN APPLICATION

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

Part IV Supplemental Information

PACKET WITH THE VICTIM. THIS APPLICATION IS SUBMITTED TO THE SUPERVISOR FOR APPROVAL. REQUESTS OVER \$100 REQUIRE THE APPROVAL OF THE EXECUTIVE DIRECTOR. THE FINANCE DEPARTMENT ISSUES PAYMENT TO THE THIRD PARTY AND MAINTAINS RECORDS DOCUMENTING DISBURSEMENTS AS WELL AS SUBMITTING FISCAL REPORTS AS PER FUNDER REQUIREMENTS. REGULAR REPORTS ON THE NUMBER OF REQUESTS, CATEGORY, TOTAL NUMBER OF PERSONS WHO BENEFIT FROM THE REQUEST, AND AMOUNT DISBURSED PER PERSON ARE SUBMITTED TO FUNDERS AND YEARLY SITE VISITS TO AUDIT THE GRANT FUNDING IS CONDUCTED BY FUNDERS.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: IN 2023 WE DISTRIBUTED \$22,289 IN ASSISTANCE. THIS GRANT FUNDING ASSISTED 79 UNDUPLICATED INDIVIDUALS, ADULTS AND CHILDREN COMBINED. THE REQUESTS FOR ASSISTANCE ENCOMPASSED SAFETY AND SURVIVAL NEEDS INCLUDING UTILITIES; RENTAL AND HOUSING ASSISTANCE; COURT AND DOCUMENTATION NEEDS; MEDICATION; TRANSPORTATION; CLOTHING; EMPLOYMENT, (LICENSE, TRAINING, EQUIPMENT) FOOD AND FURNITURE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **GRACE SMITH HOUSE, INC.** Employer identification number **14-1626657**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2023

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 organization: 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).

(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
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
	(i)				
	(ii)				
	(i)				
	(ii)				
	(i)				
	(ii)				
	(i)				
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	(ii)				
	(i)				
	(ii)				
	(i)				
	(ii)				
	(i)				
	(ii)				
	(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 p

PART I, LINE 7:

THE ORGANIZATION PAID BOARD APPROVED PERFORMANCE-BASED BONUSES IN 2023.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **GRACE SMITH HOUSE, INC.** Employer identification number **14-1626657**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		48,457.	COST
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	56	11,141.	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>EQUIPMENT</u>)	X	1	8,100.	COST
26	Other (<u>PRINTED MATERIA</u>)	X	1	1,479.	COST
27	Other (_____)				
28	Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN (B).

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GRACE SMITH HOUSE, INC.

Employer identification number
14-1626657

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF GRACE SMITH HOUSE, INC. IS TO EMPOWER INDIVIDUALS AND
FAMILIES TO LIVE FREE FROM DOMESTIC VIOLENCE BY:

1. PROVIDING SHELTER AND APARTMENTS, ADVOCACY, COUNSELING AND
EDUCATION

2. RAISING THE CONSCIOUSNESS OF THE COMMUNITY REGARDING THE EXTENT,
TYPE AND SERIOUSNESS OF DOMESTIC VIOLENCE

3. INITIATING AND TAKING POSITIONS ON PUBLIC POLICIES IN ORDER TO
PROVIDE OPTIONS WHICH EMPOWER VICTIMS OF DOMESTIC VIOLENCE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COULD NOT ACCOMMODATE THE SIZE OF THE FAMILY. THE AVERAGE SHELTER
LENGTH OF STAY DURING THE YEAR WAS 70 DAYS. OUR SHELTER PROGRAM
PROVIDES THREE MEALS DAILY INCLUDING SNACKS AVAILABLE ANYTIME. DURING A
SHELTER STAY, ALL BASIC NECESSITIES SUCH AS TOILETRIES, HYGIENE
PRODUCTS, DIAPERS, WIPES, EMERGENCY CLOTHING, SCHOOL SUPPLIES, CHILD
STROLLERS AND CAR SEATS ARE PROVIDED FOR BY OUR PROGRAM. ADULTS ARE
ASSIGNED A CASE MANAGER WHO HELPS FAMILIES CREATE A SAFETY PLAN, ASSESS
RISK FOR LETHALITY, DETERMINE IMMEDIATE AND SHORT TERM NEEDS AND TO
ASSIST IN NAVIGATING BOTH FAMILY AND CRIMINAL COURT, SOCIAL SERVICES,
LAW ENFORCEMENT, ACCESS TO LEGAL ASSISTANCE, MEDICAL SERVICES,
TRANSPORTATION, EMPLOYMENT AND HOUSING. TRANSPORTATION IS PROVIDED FOR
VICTIMS USING AGENCY VEHICLES AND CHILDCARE IS OFTEN MADE AVAILABLE. WE
PROVIDE DOMESTIC VIOLENCE COUNSELING ON AN INDIVIDUAL BASIS AS WELL AS
WEEKLY SUPPORT GROUPS THROUGHOUT THE YEAR. SERVICES ARE PROVIDED TO

CHILDREN AND PARENTS BY A YOUTH ADVOCATE, AND IN ADDITION TO CHILDCARE,

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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SERVICES INCLUDE PARENTING SUPPORT, SCHOOL ADVOCACY, PLAY GROUPS AND SOCIAL ACTIVITY FOR CHILDREN DURING THEIR SHELTER STAY. ALL SERVICES ARE FREE AND CONFIDENTIAL. THE LOCATION OF THE SHELTER IS CONFIDENTIAL AS WELL. THE LENGTH OF A SHELTER PROGRAM IS 90 DAYS WITH THE POSSIBILITY OF TWO 45 DAY EXTENSIONS DEPENDING ON FAMILY NEEDS. THE MAXIMUM ALLOWED STAY IS 180 DAYS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

VIOLENCE, PROVIDE RISK ASSESSMENT, ENGAGE IN SAFETY PLANNING, EDUCATE THE INDIVIDUAL ABOUT VICTIM RIGHTS AND OPTIONS AS WELL AS EXPLAIN HOW THE CIVIL COURT PROCESS WORKS. ADVOCATES ASSIST AND SUPPORT PETITIONERS IN COMPLETING PAPERWORK AND FILING FOR EMERGENCY ORDERS OF PROTECTION. DURING THE YEAR, THIS PROGRAM ASSISTED 856 PETITIONERS TO FILE FOR EMERGENCY PROTECTIVE ORDERS. GRACE SMITH HOUSE ALSO HAS A SEPARATE COURT ADVOCATE WHO IS RESPONSIBLE FOR ACCOMPANYING VICTIMS TO COURT, HELPING THEM UNDERSTAND THE COURT PROCEEDINGS, CONNECTING THEM TO LEGAL SERVICES, AND PROVIDING ADVOCACY AS NEEDED. THIS ADVOCATE WAS ABLE TO PROVIDE EXTENSIVE COURT ADVOCACY SERVICES TO 130 VICTIMS BY PROVIDING ADVOCACY AND/OR ACCOMPANIMENT TO COURT. THIS IS A 35% INCREASE IN THE NUMBER OF VICTIMS SERVED COMPARED TO THE PREVIOUS YEAR.

CHILD PROTECTIVE SERVICES DOMESTIC VIOLENCE LIASON PROGRAM - GRACE SMITH HOUSE HAS TWO DOMESTIC VIOLENCE LIAISONS EMBEDDED IN THE CHILD PROTECTIVE SERVICES UNIT AT OUR LOCAL DISTRICT OF SOCIAL SERVICES. THESE LIAISONS SERVE AS A KNOWLEDGEABLE RESOURCE TO CHILD PROTECTIVE SERVICES CASEWORKERS REGARDING ISSUES RELATED TO DOMESTIC VIOLENCE. THEY ALSO PROVIDE DOMESTIC VIOLENCE SERVICES TO THOSE FAMILIES REFERRED FROM THE CHILD PROTECTIVE SERVICES UNIT. THESE LIAISONS SERVED 161

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FAMILIES AND PROVIDED 150 CONSULTATIONS TO CHILD PROTECTIVE SERVICES CASEWORKERS. DURING THE YEAR, 12 SEPARATE TRAINING SESSIONS WERE PROVIDED TO CHILD PROTECTIVE SERVICES CASEWORKERS ON RELEVANT ISSUES REGARDING DOMESTIC VIOLENCE.

PREVENTION AND EDUCATION - GRACE SMITH HOUSE IS DEDICATED TO RAISING THE CONSCIOUSNESS OF THE COMMUNITY REGARDING THE EXTENT, TYPE, AND SERIOUSNESS OF INTIMATE PARTNER VIOLENCE. OUR PREVENTION AND EDUCATION PROGRAM FOCUSES ON GIVING YOUNG PEOPLE THE TOOLS THEY NEED TO HAVE HEALTHY RELATIONSHIPS AND RECOGNIZE ABUSIVE BEHAVIORS. GRACE SMITH HOUSE EDUCATORS VISIT MIDDLE AND HIGH SCHOOLS, TRYING TO REACH ALL DISTRICTS IN DUTCHESS COUNTY, WITH PRESENTATIONS. IN MIDDLE SCHOOLS, EDUCATION FOCUSES ON BULLYING PREVENTION, WHILE IN HIGH SCHOOLS THE FOCUS IS TEEN DATING VIOLENCE PREVENTION WITH TOPICS SUCH AS HEALTHY RELATIONSHIPS, DATING VIOLENCE, SAFETY PLANNING, AND SOCIAL MEDIA SAFETY. DURING THE YEAR THIS PROGRAM EDUCATED 6,917 MIDDLE AND HIGH SCHOOL, AND ELEMENTARY SCHOOL YOUTH. GRACE SMITH HOUSE ALSO EDUCATES THE GENERAL COMMUNITY, HEALTHCARE PROVIDERS AND OTHER COMMUNITY PROVIDERS ON HOW TO IDENTIFY, ASSESS AND SAFELY SCREEN FOR THE PRESENCE OF DOMESTIC VIOLENCE. DURING THE YEAR, WE PROVIDED 58 PRESENTATIONS AND SUCCESSFULLY EDUCATED 1,347 ADULTS ON HOW TO IDENTIFY AND RESPOND TO DOMESTIC VIOLENCE AND HELP THOSE IMPACTED TO GET CONNECTED TO OUR SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: NON-RESIDENTIAL PROGRAM OR BY OUR COMMUNITY PARTNERS. WHILE IN THE BROOKHAVEN HOUSING PROGRAM, RESIDENTS ARE PROVIDED WITH CASE MANAGEMENT, INDIVIDUAL AND/OR GROUP COUNSELING, CHILDREN'S SERVICES,

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LEGAL ADVOCACY, RECREATIONAL OPPORTUNITIES AND ALL OTHER AVAILABLE AGENCY SERVICES AS NEEDED. THE BROOKHAVEN PROGRAM IS A SUPPORTIVE COMMUNITY THAT PROMOTES SAFETY, HEALING FROM TRAUMA, RESILIENCY FOR THE FUTURE, AND GOOD HEALTH. DURING THE YEAR, 20 FAMILIES AND 29 OF THEIR CHILDREN RESIDED IN OUR TRANSITIONAL HOUSING PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FOLLOW UP PROGRAM

THE GRACE SMITH HOUSE NON-RESIDENTIAL FOLLOW UP PROGRAM PROVIDES A WIDE VARIETY OF SERVICES TO FAMILIES RESIDING IN THE COMMUNITY WHO ARE EXPERIENCING DOMESTIC VIOLENCE. ORIGINALLY DEVELOPED AS A FOLLOW-UP PROGRAM TO ASSIST RESIDENTS WHO WERE TRANSITIONING OUT OF OUR EMERGENCY SHELTER, THIS PROGRAM HAS EXPANDED TO PROVIDE A BROAD SPECTRUM OF ADVOCACY, COUNSELING AND SUPPORT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE. SERVICES INCLUDE INDIVIDUAL COUNSELING, SUPPORT GROUP, SAFETY PLANNING, COURT AND LEGAL ADVOCACY, ACCOMPANIMENT TO COURT, SOCIAL SERVICES ADVOCACY, RISK ASSESSMENT, IMMIGRATION ADVOCACY, HOUSING AND EMPLOYMENT ASSISTANCE, TRANSPORTATION, AND REFERRAL TO OTHER SERVICES. WE ALSO PROVIDE A FOOD PANTRY STOCKED WITH DRY GOODS, TOILETRIES, DIAPERS, BABY ITEMS, CLEANING PRODUCTS, AND HOUSEHOLD GOODS. THIS PANTRY IS AVAILABLE FOR NON-RESIDENTIAL PARTICIPANTS FREE OF CHARGE (AVAILABILITY OF ITEMS DEPENDS UPON DONATIONS). LIMITED AMOUNTS OF CLOTHING, LINENS, AND HOUSEHOLD GOODS/FURNITURE ARE ALSO AVAILABLE (DEPENDING ON DONATIONS AND STORAGE CONSIDERATIONS). A TOTAL OF 131 CLIENTS RECEIVED SERVICES; ADVOCACY WAS PROVIDED A TOTAL OF 7,368 TIMES; 69 SUPPORT GROUP SESSIONS WERE PROVIDED; AND 48 INDIVIDUALS RECEIVED THERAPEUTIC COUNSELING SESSIONS. IN ADDITION, 103 CHILDREN

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OBTAINED SUPPORT SERVICES AND OUR CHILDREN'S SUPPORT GROUP MET 66
TIMES. OUR YOUTH ADVOCATE PROVIDED CHILDCARE 189 TIMES DURING THE YEAR.

LATINA FAMILY ADVOCATE/OUTREACH PROGRAM - OUR LATINA FAMILY
ADVOCATE/OUTREACH PROGRAM WAS PIONEERED BY GRACE SMITH HOUSE OVER 28
YEARS AGO. THE GOAL OF THIS PROGRAM IS TO EDUCATE THE LATINA COMMUNITY
ABOUT DOMESTIC VIOLENCE SERVICES AVAILABLE AND TO OFFER LATINA VICTIMS
CULTURALLY COMPETENT ADVOCACY AND COUNSELING IN THEIR NATIVE LANGUAGE.
IN ADDITION, THIS POSITION HAS, THROUGH EXTENSIVE OUTREACH AND
CONNECTION TO THE COMMUNITY, CREATED A NETWORK OF SERVICE PROVIDERS WHO
ARE EXPERT IN PROVIDING SERVICES TO LATINA VICTIMS. DURING THE YEAR THE
LATINA FAMILY ADVOCATE WORKED WITH 49 FAMILIES PROVIDING CASE
MANAGEMENT, ADVOCACY, SUPPORT, INFORMATION AND REFERRALS. THIS PROGRAM
ALSO PROVIDED 17 OUTREACH PRESENTATIONS TO THE COMMUNITY. SUPPORT GROUP
IN SPANISH IS OFFERED WEEKLY AND 40 SUPPORT GROUP SESSIONS WERE
CONDUCTED DURING THE YEAR.
EXPENSES \$ 328,485. INCLUDING GRANTS OF \$ 13,782. REVENUE \$ 0.

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

GRACE SMITH HOUSE, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING
FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE
INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN
PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL
REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE
ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED
AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND
ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

THE CONFLICT OF INTEREST POLICY IS APPLICABLE TO ALL BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION. AFTER DISCLOSURE OF THE CONFLICT OF INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE BOARD SHALL DISCUSS THE POTENTIAL CONFLICT OF INTEREST AND VOTE UPON WHETHER TO PROCEED WITH THE TRANSACTION OR AGREEMENT. AN INTERESTED PERSON SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S DISCUSSION ON THE POTENTIAL CONFLICT OF INTEREST. AN INTERESTED PERSON SHALL NOT VOTE ON THE ISSUE OR ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER. AN INTERESTED PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE BOARD MEETING.

ANNUALLY ALL BOARD MEMBERS AND OFFICERS SHALL SIGN A STATEMENT AFFIRMING THAT THEY HAVE READ AND UNDERSTOOD THE ORGANIZATION'S CONFLICT OF INTEREST, AND THAT ANY ACTUAL OR POTENTIAL CONFLICTS HAVE BEEN DISCLOSED.

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

EACH JOB IN THE AGENCY IS ASSIGNED TO A SALARY LEVEL. WITHIN EACH LEVEL THERE IS A MINIMUM SALARY AND A MAXIMUM SALARY. ONCE AN EMPLOYEE REACHES THE MAXIMUM SALARY, THE EMPLOYEE IS NO LONGER ELIGIBLE TO RECEIVE A SALARY INCREASE. EXCEPTIONS FOR AN EMPLOYEE WHO IS PAID OUTSIDE THE RANGE MUST BE APPROVED BY THE HUMAN RESOURCE COMMITTEE.

THE EXECUTIVE DIRECTOR AND CFO'S SALARIES ARE DETERMINED BY THE EXECUTIVE COMMITTEE AND THE CHAIR OF HUMAN RESOURCE COMMITTEE. THE SALARY IS BASED ON A REVIEW OF COMPARABLE SALARIES IN OTHER AGENCIES IN THE REGION.

THE BOARD APPROVES THE SALARY OF THE EXECUTIVE DIRECTOR AND THE CFO AT THE

Name of the organization GRACE SMITH HOUSE, INC.	Employer identification number 14-1626657
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SAME TIME AS THE APPROVAL OF THE OPERATING BUDGET, AND SUCH APPROVAL IS DOCUMENTED IN THE BOARD MINUTES. THIS APPROVAL OF SALARIES WAS LAST DONE IN 2023 AS AN INTEGRATED COMPONENT OF THE ANNUAL AGENCY BUDGET APPROVAL PROCESS.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON THE ORGANIZATION'S WEBSITE. IN ADDITION, THE FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, FORM 990, FORM 1023, CONFLICT OF INTEREST POLICY, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DISPOSAL	-204,458.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Part I - Identification

File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. GRACE SMITH HOUSE, INC.	Taxpayer identification number (TIN) 14-1626657
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 5205	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. POUGHKEEPSIE, NY 12602	

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

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

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

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

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

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

The books are in the care of **MAUREEN ARCHER**
PO BOX 5205 - POUGHKEEPSIE, NY 12602

Telephone No. **845-452-7155** Fax No. _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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