

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

A For the **2023** calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **RICHMOND FRIENDS OF THE HOMELESS, LTD**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **4600 JAYDEE DRIVE**
 City or town, state or province, country and ZIP or foreign postal code: **MOSELEY VA 23120**

D Employer identification number: **54-1601100**
E Telephone number: **804-608-0971**
G Gross receipts: \$ **1,602,546**

F Name and address of principal officer:
SHAWNEE HANSEN
4600 JAYDEE DRIVE
MOSELEY VA 23120

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. See instructions.

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

J Website: **WWW.RICHMONDFRIENDSOFTHEHOMELESS.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1991** **M** State of legal domicile: **VA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 26% of its net assets		
	3 Number of voting members of the governing body (Part VI line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI line 1b)	4	12
	5 Total number of individuals employed in calendar year 2023 (Part V line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total unrelated business revenue from Part VIII column (C) line 12	7a	0
b Net unrelated business taxable income from Form 990-T Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII line 1h)	Prior Year 1,685,666	Current Year 1,533,835
	9 Program service revenue (Part VIII line 2g)		0
	10 Investment income (Part VIII column (A) lines 3, 4, and 7d)	16,206	0
	11 Other revenue (Part VIII column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)	74,250	62,378
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,776,122	1,596,213
Expenses	13 Grants and similar amounts paid (Part IX column (A) lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A) line 4)		0
	15 Salaries other compensation employee benefits (Part IX column (A) lines 5-10)	229,911	224,950
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D) line 25)	37,982	
	17 Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e)	1,457,390	1,407,633
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,687,301	1,632,583	
19 Revenue less expenses Subtract line 18 from line 12	88,821	-36,370	
Net Assets or Fund Balances	20 Total assets (Part X line 18)	Beginning of Current Year 414,329	End of Year 405,859
	21 Total liabilities (Part X line 26)	0	0
	22 Net assets or fund balances Subtract line 21 from line 20	414,329	405,859

Part II Signature Block

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

Sign Here Signature of officer: **RICHARD D CHANDLER** Date: _____
 Title: **TREASURER**
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **DAVID C ACREE, CPA** Preparer's signature: _____ Date: _____
 Check if PTIN self-employed: **P00485825**
 Firm's name: **MEADOWS URQUHART ACREE & COOK, LLP** Firm's EIN: **20-1485301**
 Firm's address: **1802 BAYBERRY CT # 102**
RICHMOND, VA 23226-3773 Phone no: **804-249-5786**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 No

If "Yes" describe these new services on Schedule O

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

If "Yes" describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,060,780 including grants of \$) (Revenue \$)
SEE SCHEDULE O

4b (Code) (Expenses \$ 378,028 including grants of \$) (Revenue \$)
OUR SECOND LARGEST PROGRAM PROVIDES CLOTHING, BLANKETS, SHOES, AND OTHER COMPARABLE ITEMS. THERE ARE COAT AND CLOTHING DRIVES AT SPECIFIC TIMES OF THE YEAR. ADDITIONALLY, ITEMS (ESPECIALLY CLOTHING) COME IN REGULARLY AND ARE DISTRIBUTED ON A DAILY BASIS. THE GROUPS BRINGING FOOD ON THEIR SCHEDULED DAY WILL OFTEN DO MORE THAN FOOD BY BRINGING CLOTHING AND OTHER NEEDED ITEMS. THESE INCLUDE WARM WINTER ITEMS, CLOTHING, SHOES, SLEEPING BAGS, TOILETRIES, AND OTHER ITEMS WHICH BRING COMFORT TO OUR GUESTS.

4c (Code) (Expenses \$ 95,240 including grants of \$) (Revenue \$)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses 1,534,048

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes" complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes" complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes" complete Schedule C, Part III		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? If "Yes" complete Schedule D, Part 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? If "Yes" complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes" complete Schedule D, Part III		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? If "Yes" complete Schedule D, Part IV		X
10 Did the organization directly or through a related organization hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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 18? If "Yes" complete Schedule D, Part VII		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 18? If "Yes" complete Schedule D, Part VIII		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 18? If "Yes" complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes" complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes" complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes" and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes" complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes" complete Schedule G, Part 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? If "Yes" complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes" complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II, ...		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 27? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d 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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations: Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1099. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8866-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c)		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds directly or indirectly to pay premiums on a personal benefit contract?	7e	X
f	Did the organization during the year pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts included on Form 990, Part VIII, line 12 for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X
17	Section 501(c)(21) organizations. Did the trust any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 8089	17	

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. 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.		
1a	13		
b	Enter the number of voting members included on line 1a above who are independent.		
1b	12		
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?		
10b			
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
12c			
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?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed. NONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. ROBERT W HANSEN CPA PC 4813 STEVEN HILL DRIVE VA 23234 804-743-9087 N CHESTERFIELD

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2 1099-MISC 1099-NEC)	(E) Reportable compensation from related organizations (W-2 1099-MISC 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual trustee	Other	Key employee	Highest compensated employee	Former			
(1) SHAWNEE HANSEN PRESIDENT, FOUNDER	44 00 0 00			X				98,000	0	24,500
(2) ROD BENSON BOARD MEMBER	3 00 0 00	X						0	0	0
(3) CANDY CECIL SECRETARY	5 00 0 00	X		X				0	0	0
(4) RICHARD D CHANDLER TREASURER	5 00 0 00	X		X				0	0	0
(5) CHARLTON B HADDEN VICE CHAIRMAN	5 00 0 00	X		X				0	0	0
(6) KATHY HOSTETLER BOARD MEMBER	3 00 0 00	X						0	0	0
(7) SARAH KEEBLE BOARD MEMBER	3 00 0 00	X						0	0	0
(8) ANDY LITTLE CHAIRMAN	6 00 0 00	X		X				0	0	0
(9) HUNTER MARSHAL BOARD MEMBER	3 00 0 00	X						0	0	0
(10) KYLE RATLIFF BOARD MEMBER	3 00 0 00	X						0	0	0
(11) BERNARD ROBINSON BOARD MEMBER	3 00 0 00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) FRED WILLIAMS	5 00									
(12) VICE PRESIDENT	0 00	X		X			0	0	0	
(13) JOHN YOUNG	3 00									
(13) BOARD MEMBER	0 00	X					0	0	0	
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							98,000		24,500	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							98,000		24,500	

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: 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.		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? If "Yes," complete Schedule J for such individual.		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? If "Yes," complete Schedule J for such person.		X

Section B Independent Contractors

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

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

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) Total revenue	(B) Related or exempt foundation revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 39,200				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,494,635				
	g Noncash contributions included in lines 1a-1f	1g \$ 1,303,286				
	h Total Add lines 1a-1f		1,533,835			
			Business Code			
Program Service Revenue	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
			6b			
			6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
			7b			
			7c			
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 39,200 of contributions reported on line 1c) See Part IV line 10	8a	68,711			
	b Less direct expenses	8b	6,333			
	c Net income or (loss) from fundraising events		62,378			62,378
	9a Gross income from gaming activities See Part IV line 19	9a				
b Less direct expenses	9b					
c Net income or (loss) from gaming activities						
10a 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						
		Business Code				
Miscellaneous Revenue	11a					
	b					
	c					
	d All other revenue					
	e Total Add lines 11a-11d					
12 Total revenue See instructions		1,596,213	0	0	62,378	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b-7b	(A) Total expenses	(B) Program, service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV line 21				
2 Grants and other assistance to domestic individuals See Part IV line 22				
3 Grants and other assistance to foreign organizations foreign governments, and foreign individuals See Part IV lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers directors trustees and key employees	160,500	113,955	20,865	25,680
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				
8 Pension plan accruals and contributions (include section 401(a) and 408(a) employer contributions)	40,125	28,489	5,216	6,420
9 Other employee benefits	12,048	8,554	1,566	1,928
10 Payroll taxes	12,277	8,717	1,596	1,964
11 Fees for services (nonemployees)				
a Management				
b Legal				
c Accounting	20,125		20,125	
d Lobbying				
e Professional fundraising services. See Part IV line 17				
f Investment management fees				
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, see line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	5,650		5,650	
14 Information technology				
15 Royalties				
16 Occupancy	13,200	13,200		
17 Travel				
18 Payments of travel or entertainment expenses for any federal state or local public officials				
19 Conferences conventions and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,351	24,948	2,935	1,468
23 Insurance	1,554		1,554	
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 FOOD FOR PROGRAMS	834,557	834,557		
b CLOTHING, BLANKETS, SHOES	321,821	321,821		
c FAMILY SERVICES	81,080	81,080		
d FOOD BASKETS	68,502	68,502		
e All other expenses	31,793	30,225	1,046	522
25 Total functional expenses. Add lines 1 through 24e	1,632,583	1,534,048	60,553	37,982
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 89-2 (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	230,402	1	251,283
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable net	100,000	3	100,000
	4 Accounts receivable, net		4	
	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 4959(c)(3)(B)		6	
	7 Notes and loans receivable net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,500	9	3,500
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 120,025		
	b Less accumulated depreciation	10b 68,949	10c 80,427	51,076
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV line 11		12	
	13 Investments—program-related. See Part IV line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		414,329	16	405,859
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0	26
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	414,329	27	405,859
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 31			
	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	414,329	32	405,859
33 Total liabilities and net assets/fund balances	414,329	33	405,859	

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	1,596,213
2	Total expenses (must equal Part IX column (A) line 25)	2	1,632,583
3	Revenue less expenses Subtract line 2 from line 1	3	-36,370
4	Net assets or fund balances at beginning of year (must equal Part X line 32 column (A))	4	414,329
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	27,900
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	405,859

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 checked="" 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 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?		
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		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ

Open to Public
Inspection

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

Name of the organization: **RICHMOND FRIENDS OF THE HOMELESS, LTD** Employer identification number: **54-1601100**

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

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

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

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

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

Schedule A (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.")	1,770,681	1,912,480	1,895,183	1,685,666	1,533,835	8,797,845
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	1,770,681	1,912,480	1,895,183	1,685,666	1,533,835	8,797,845
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)						250,990
6 Public support. Subtract line 5 from line 4						8,546,855

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	1,770,681	1,912,480	1,895,183	1,685,666	1,533,835	8,797,845
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				2,706		2,706
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.)				81,222	68,711	149,933
11 Total support. Add lines 7 through 10						8,950,484
12 Gross receipts from related activities, etc. (see instructions)					12	317,791

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

Section C Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	95.49%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.18%

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.

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.

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.

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.

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.

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

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

Section A All Supporting Organizations

	Yes	No
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.	1	
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).	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.	3a	
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.	3b	
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.	3c	
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.	4a	
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.	4b	
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.	4c	
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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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.	6	
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).	7	
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).	8	
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.	9a	
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.	9b	
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.	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations) and all Type III non-functionally integrated supporting organizations? If "Yes," answer line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C (Form 4720) to determine whether the organization had excess business holdings.)	10b	

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?	11a	
b A family member of a person described on line 11a above?	11b	
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	11c	

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	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated supervised or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	

Section C Type II Supporting Organizations

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

Section D All Type III Supporting Organizations

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

Section E Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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		Yes	No
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.	2a		
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	2b		
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	3a		
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	3b		

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 2022 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 2018			
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)

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISING (NOT CONTRIBUTIONS)	\$	149,933
---------------------------------	----	---------

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

OMB No 1545-0047

2023

Name of the organization RICHMOND FRIENDS OF THE HOMELESS, LTD	Employer identification number 54-1601100
--	---

Organization type (check one)

- | Filers of | Section |
|--------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) that checked Schedule A (Form 990), Part II line 13, 16a, or 16b and that received from any one contributor during the year total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990 Part VIII line 1h or (ii) Form 990-EZ line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7) (B) or (10) filing Form 990 or 990-EZ that received from any one contributor during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address) II and III.
- For an organization described in section 501(c)(7) (B) or (10) filing Form 990 or 990-EZ that received from any one contributor during the year, contributions *exclusively* for religious, charitable, etc. purposes but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc. contributions totaling \$5,000 or more during the year.

\$

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

**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

RICHMOND FRIENDS OF THE HOMELESS, LTD

Employer identification number

54-1601100

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006 and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - 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 on 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?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		120,025	68,949	51,076
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).)				51,076

Part VII Investments – Other Securities

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(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	
2	Amounts included on line 1 but not on Form 990 Part VIII line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990 Part VIII line 12 but not on line 1			
a	Investment expenses not included on Form 990 Part VIII line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990 Part I, line 12.)		5	

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

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION

THE ORGANIZATION HAS CONCLUDED IT DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE ACCOUNTED FOR IN THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2023

Part XIII Supplemental Information *(continued)*

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

**RICHMOND FRIENDS OF THE
HOMELESS, LTD**

Employer identification number

54-1601100

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990 Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>EVENING PARTY</u> <small>(event type)</small>	<u>GOLF TOURNAMENT</u> <small>(event type)</small>	<u>NONE</u> <small>(total number)</small>	<small>(add col (a) through col (c))</small>
Revenue	1	Gross receipts	82,636	25,275	107,911
	2	Less: Contributions	33,000	6,200	39,200
	3	Gross income (line 1 minus line 2)	49,636	19,075	68,711
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,620	713	6,333
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary: Add lines 4 through 9 in column (d)			
11	Net income summary: Subtract line 10 from line 3, column (c)				62,378

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

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

9 Enter the state(s) in which the organization conducts gaming activities.
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If No, explain

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

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

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$ _____

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

SCHEDULE G, PAGE 3, PART IV - ADDITIONAL INFORMATION
 THE FUND RAISERS ARE PUT ON COMPLETELY WITH VOLUNTEER LABOR - MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND INTERESTED SUPPORTERS THE FUND RAISERS ALSO FURTHER THE GOALS OF THE PROGRAM BY SPREADING AWARENESS OF THE NEEDS OF THE COMMUNITY AND THE WORK BEING DONE BY THE ORGANIZATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open To Public
Inspection**

Complete if the organization 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

HOMELESS, LTD

Employer identification number

54-1601100

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		321,821	THRIFT STORE VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MEALS)	X		791,650	COST OF FOOD ONLY
26 Other (BSKT/BAG LONCH)	X		113,715	COST OF FOOD ONLY
27 Other (FAM SERV/SUPLS)	X		60,600	LOW RETAIL
28 Other (OFFICE/PRO EXPN)	X		15,500	STANDARD COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283 Part V Consent Acknowledgment

29

30a During the year did the organization receive by contribution any property reported in Part I, lines 1 through 28 that it must hold for at least 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process or sell noncash contributions?

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

Yes No

30a

X

31

X

32a

X

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 - SUPPLEMENTAL INFORMATION

OUR ORGANIZATION RELIES PRINCIPALLY ON DONATED MEALS, BLANKETS, CLOTHING, AND SERVICES PROVIDED BY NUMEROUS CHURCHES, SYNAGOGUES, CIVIC GROUPS, BUSINESSES, AND INDIVIDUALS. EACH WEEKDAY HUNDREDS OF MEALS ARE SERVED AT TWO CHURCH LOCATIONS. BOXED LUNCHESES ARE SERVED ON WEEKENDS AT A SEPARATE LOCATION. EACH DAY A DIFFERENT VOLUNTEER GROUP PREPARES AND SERVES THESE MEALS. A GROUP OFTEN BRINGS CLOTHING AND OTHER USEFUL ITEMS THAT ARE DISTRIBUTED THAT DAY. BLANKETS AND COAT AND GLOVE DRIVES BRING IN ADDITIONAL ITEMS FOR DISTRIBUTION. BACK PACKS AND SCHOOL SUPPLIES ARE DONATED BEFORE SCHOOL BEGINS IN AUGUST. ADDITIONALLY, VARIOUS ACTIVITIES AND ASSISTANCE ARE PROVIDED TO AT RISK CHILDREN.

LINE 25, MEALS. THE NUMBER OF CONTRIBUTORS IS LARGE AS OVER 1,000 VOLUNTEERS PREPARE AND SERVE MEALS. THIS IS A LARGE NUMBER OF SMALL DONORS. MEALS ARE VALUED AT THE COST OF FOOD ONLY. THE DOLLAR VALUE USED WAS 4.00 PER MEAL.

LINE 26, FOOD BASKET/BAG LUNCHESES. TWO DIFFERENT ITEMS ARE INCLUDED HERE. FOOD BASKETS ARE GIVEN TO FAMILIES IN EMERGENCY NEED AND ARE VALUED AT LOW RETAIL (WHAT WE WOULD PAY AT THE STORE). ALSO, THERE ARE BAG LUNCHESES PROVIDED ON WEEKENDS. THESE BAG LUNCHESES ARE VALUED AT 3.00 PER BAG.

LINE 27, FAMILY SERVICES/SUPPLIES. SUPPLIES CONSIST OF EXPENDABLE PAPER PRODUCTS, UTENSILS, CONDIMENTS, AND CLEANING SUPPLIES. FAMILY SERVICES CONCENTRATE ON ASSISTANCE FOR CHILDREN. THESE INCLUDE SCHOOL SUPPLIES, BACK PACKS, AND GIFT ASSISTANCE AT HOLIDAY TIMES. THERE IS ALSO A NEW FOCUS ON HELPING OLDER CHILDREN WITH THEIR HIGH SCHOOL GRADUATION COSTS. ANOTHER

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.

IMPORTANT COMPONENT IS EMERGENCY HELP TO FAMILIES IN NEED ITEMS IN THESE CATEGORIES ARE VALUED AT BELOW RETAIL

LINE 28, OFFICE SUPPLIES/PROFESSIONAL SERVICES PAPER, PRINTER INK, AND OTHER OFFICE SUPPLIES ARE GENERALLY DONATED AND ARE VALUED AT ESTIMATED COST OR LOW RETAIL THE CPA FIRM DOES THE ANNUAL REVIEW AT A DISCOUNT AND A DIFFERENT CPA FIRM PREPARES MONTHLY REPORTS AND YEAR END WORK THESE SERVICES ARE VALUED AT NORMAL RATES

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization	RICHMOND FRIENDS OF THE HOMELESS, LTD	Employer identification number	54-1601100
--------------------------	--	--------------------------------	------------

FORM 990 - ORGANIZATION'S MISSION

TO SERVE THE HOMELESS AND UNDERPRIVILEGED UTILIZING THE SERVICES OF 1,000+ VOLUNTEERS MEALS ARE SERVED FIVE DAYS A WEEK AT TWO SEPARATE LOCATIONS BOXED LUNCHES ARE SERVED ON WEEKENDS AT A THIRD LOCATION OTHER SERVICES INCLUDE COLLECTING AND DISTRIBUTING CLOTHING, BLANKETS, SHOES, PERSONAL HYGIENCE AND OTHER ITEMS THERE ARE SPECIAL PROGRAMS FOR FAMILIES WITH EMERGENCY NEEDS AN EMPHASIS IS PLACED ON SERVING CHILDREN

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

OUR LARGEST PROGRAM IS TO PROVIDE FOOD MEALS ARE SERVED SEVEN DAYS A WEEK IN SPITE OF COVID, NUTRITIOUS MEALS ARE SERVED MONDAY THROUGH FRIDAY AT TWO LOCATIONS BOXED LUNCHES ARE SERVED ON WEEKENDS AT A THIRD SEPARATE AND DIFFERENT LOCATION OVER 3,000 MEALS ARE SERVED EACH WEEK WHILE OUR PRIMARY PURPOSE IS THE ALLEVIATION OF HUNGER, THERE IS ALSO A BENEFIT FROM INVOLVING SUCH A LARGE NUMBER OF VOLUNTEERS FROM CHURCES, SYNAGOGUES, BUSINESSES, AND NEIGHBORHOOD AND OTHER GROUPS EACH OF THESE GROUPS PREPARE AND SERVE MEALS TYPICALLY, A GROUP WILL BE RESPONSIBLE FOR A SPECIFIC DAY (EG THE FIRST MONDAY OF EVERY MONTH) BESIDES SERVING DAILY MEALS TO LARGE GROUPS, THE PROGRAM PROVIDES FOOD BASKETS TO FAMILIES IN TEMPORARY CRISIS SITUATIONS WE CONTINUED TO SERVE AND ARE SERVING THROUGHOUT THE COVID CRISIS

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

WHILE OUR FAMILY AND CHILDREN'S PROGRAM IS OUR THIRD LARGEST PROGRAM AS MEASURED BY EXPENDITURES, WE FEEL IN MANY WAYS THAT IT IS OUR MOST

Name of the organization

Employer identification number

RICHMOND FRIENDS OF THE

54-1601100

IMPORTANT SERVICES INCLUDE MENTORING, PROVIDING SCHOOL SUPPLIES AND BOOK BAGS (BOTH AT BACK TO SCHOOL TIME AND AS NEEDED), FUNDS FOR FIELD TRIPS AND GRADUATION ACTIVITIES, AND ASSOCIATED EXPENSES FOR AT RISK CHILDREN WE MONITOR PROGRESS IN SCHOOL AND TRY TO REWARD GOOD GRADES AND PROGRESS WITH A TRIP TO MCDONALD'S OR SOMETHING SIMILAR IF WE FIND A CHILD WITH ATTENDANCE ISSUES IT MAY BE AS SIMPLE AS THEY AREN'T GETTING UP IN THE MORNING AND WE DO SOMETHING EQUALLY AS SIMPLE - PROVIDING AN ALARM CLOCK AT TIMES THIS HAS HELPED FOOD IS ALSO PROVIDED THROUGH FAMILY SHOPPING TRIPS AND CLASSES ON NUTRITION ARE HELD SPECIAL ATTENTION IS PAID TO GRADUATING HIGH SCHOOL SENIORS - ASSISTING THEM WITH FEES FOR CAP AND GOWN, PICTURES, PROM AND SENIOR TRIPS WE ADDRESS THEIR NEEDS AS THEY ENTER COLLEGE OR TRADE SCHOOL

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

SHAWNEE HANSEN

CAMILIE HANSEN

PRESIDENT

AST DIRECTOR

MOTHER/DAUGHTER

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE PRESIDENT AND TREASURER ASSIST IN THE PREPARATION OF THE 990 UPON COMPLETION THEY REVIEW IT THE COMPLETED 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE TREASURER RECOMMENDS AND THE BOARD APPROVES ALL SALARY ADJUSTMENTS GENERALLY, INCREASES ARE IN THE RANGE OF THREE TO SIX PERCENT BUT THEY HAVE BEEN SIGNIFICANTLY LESS FOR THE PAST SEVERAL YEARS APPROXIMATELY EVERY

Name of the organization

Employer identification number

RICHMOND FRIENDS OF THE

54-1601100

THREE YEARS THE TREASURER OR A COMMITTEE OBTAINS AND REVIEWS SALARIES OF EXECUTIVE DIRECTORS OF OTHER NON PROFITS TO MAKE SURE OUR SALARIES ARE IN LINE WITH THE MARKET

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE TREASURER RECOMMENDS AND THE BOARD APPROVES ALL SALARY ADJUSTMENTS GENERALLY, INCREASES ARE IN THE RANGE OF THREE TO SIX PERCENT BUT THEY HAVE BEEN SIGNIFICANTLY LESS RECENTLY APPROXIMATELY EVERY THREE YEARS THE TREASURER OR A COMMITTEE OBTAINS AND REVIEWS SALARIES OF EXECUTIVE DIRECTORS OF OTHER NON PROFITS TO MAKE SURE OUR SALARIES ARE IN LINE WITH THE MARKET

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, THE WHISTLE BLOWER POLICY, AND FINANCIAL INFORMATION HAVE ALWAYS BEEN MADE AVAILABLE UPON REQUEST COPIES OF THE 990 AND OTHER INFORMATION IS ALWAYS REQUESTED BY AND GIVEN TO GRANT DONORS 990'S ARE POSTED AND ARE AVAILABLE AT THE IRS WEBSITE OR BY ACCESSING GUIDESTAR AT WWW GUIDESTAR ORG

FORM 990, PART VII - ADDITIONAL INFORMATION
THERE ARE TWO FULL TIME EMPLOYEES THERE ARE NO RELATED ORGANIZATIONS AND ALL OF THE TWO INDIVIDUALS' TIME IS DEVOTED EXCLUSIVELY TO THE ORGANIZATION BOARD MEMBERS ARE ASKED AND THERE ARE NO ORGANIZATIONS RELATED TO RICHMOND FRIENDS OF THE HOMELESS SO NONE IS APPROPRIATE