Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
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Return of Organization Exempt From Income Tax

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

Inspection

X Yes

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

and ending A For the 2024 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change MICAH ECUMENICAL MINISTRIES INC Name change 20-4044884 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 1013 PRINCESS ANNE ST 540-479-4116 termin-ated 4,155,811. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended FREDERICKSBURG, VA 22401 H(a) Is this a group return Applica-F Name and address of principal officer: MEGHANN COTTER Yes X No for subordinates? pending 1013 PRINCESS ANNE ST, FREDERICKSBURG, VA **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) ((insert no.) __ 4947(a)(1) or L If "No," attach a list. See instructions WWW.MICAHFREDERICKSBURG.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association L Year of formation: 2005 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: MICAH ECUMENICAL MINISTRIES IS Activities & Governance CULTIVATING A CONTINUUM OF COMPASSION WITH UNHOUSED NEIGHBORS. MICAH oxdet if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) <u>12</u> Number of independent voting members of the governing body (Part VI, line 1b) <u>49</u> 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 600 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 3,377,112. 3,980,894. Contributions and grants (Part VIII, line 1h) Revenue 104,754 145,070. Program service revenue (Part VIII, line 2g) 23,135. 29,847. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,505,001. 4,155,811. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 912,951. 755,479. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,425,357. 1,716,835. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 676,435. 734,985. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,014,743. 3,207,299. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 490,258. 948,512. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4.962,677. 3,906,322. 20 Total assets (Part X, line 16) 109,002. 215,691. 21 Total liabilities (Part X, line 26) 3,797,320. 4,746,986. Net assets or fund balances. Subtract line 21 from line 20 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 anv knowledge. Date Signature of officer Sign REGIS KEDDIE, TREASURER Here Type or print name and title Date PTIN Preparer's signature Preparer's name if self-employed HARRY D DICKINSON HARRY D DICKINSON 10/24/25 P00517873 Paid Firm's EIN 54-1435778 BISHOP, FARMER & CO., LLP Preparer Firm's name Firm's address 1207 CHARLES STREET Use Only Phone no. (540) 373-8973 FREDERICKSBURG, VA 22401

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

Bright describe the organization's mission: MICAH 15 CULTIVATING A CONTINUUM OF COMPASSION WITH UNHOUSED MEIGHBORS.	Pa	t III Statement of Program Service Accomplishments
MICAH IS CULTIVATING A CONTINUUM OF COMPASSION WITH UNHOUSED NEIGHBORS. Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980 c?? Yes X No If Yes, Garce program service on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Garce program service on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)3) and 501(6)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 expended. Goate Numbers 1,805,074. Including grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. HOUSING AND SHELTER PROGRAM MICAH'S HOUSING AND SHELTER AND PERMANENT HOUSING NEEDS OF PROPILE EXPERIENCING HOMELESSNESS. THIS DEPARTMENT HOUSING NEEDS OF PROPILE EXPERIENCING HOMELESSNESS. THIS DEPARTMENT OFFERS TWO OVERNIGHT WINTER SHELTER LOCATIONS (A 37-BED PACILITY AND A 20-BED FACILITY) AND A 14-ROOM TRANSITIONAL HOTEL-SHELTER. THESE TEMPORARY SHELTER SPACES ARE IN ADDITION TO COORDINATING EFFOR'S TO MOVE THE CHRONICALLY HOMELESS OFF THE STREET AND INTO PERMANENT HOUSING UNITS. PROGRAM GOALS INCLUDE SHORTENING THE LENGTH OF SHELTER STAYS, DECREASING THE NUMBER OF PEOPLE WHO ARE CHRONICALLY HOMELESS AND REDUCING RETURNS TO HOMELESSNESS. 45 (Soate) (Repeaces 451,524. Including grains of 4,587.) (Revenue) RESPITE - MICAH PROVIDES AN ELIGHT-BED GROUP HOME WHERE PEOPLE WHO LEAVE RESPITE - MICAH PROVIDES AND LARGE PROVIDER CASE MANAGEMENT PROVIDED AT THE RESPITE HOUSE INCLUDES MEDICAL STABILIZATION COORDINATION OF POST-HOSPITALIZATION. ADMISSION INTO THE RESPITE HOUSE REQUIRES A REFERRAL FROM A MEDICAL CARE PROVIDER. CASE MANAGEMENT PROVIDED AT THE RESPITE HOUSE INCLUDES MEDICAL STABILIZATIO		Check if Schedule O contains a response or note to any line in this Part III
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_ ^^^	<u>4e</u>	Total program service expenses 2, /32, 801.

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	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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	6		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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

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Form 990 (2024) MICAH ECUMENICAL MINISTRIES INC
Part IV | Checklist of Required Schedules (continued)

			V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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	23		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			. v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		Х
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			l
	Schedule L, Part I	25b		Х
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%	00		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		- 22
21	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	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	36		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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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MICAH ECUMENICAL MINISTRIES INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a feet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 166 of the tocaledardy year ending with or within the year covered by this return 2 bit If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b Did the organization have unefacted business prosis snoome of \$1,000 or more during the year? 3a Did the organization have unefacted business posses snoome of \$1,000 or more during the year? 3a A AT any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account; a foreign country. 5a Part of the CENT of the CENT of the CENT Form \$1.4\$, Report of Evelopin Bank and Financial account; \$2.5 bit of "Yes," in the first organization and the report of the country. 5a If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or any time during the tax year? 5b Did any tixable party notify the organization that it was or is a party to a prohibited tax shelter transaction or any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form \$888.T7. 5c If "Yes," to line 5a or 5b, did the organization file Form \$888.T7. 5c If "Yes," to line 5a or 5b, did the organization file Form \$888.T7. 5c If "Yes," to line the organization has an incube with every solicitation an experse statement that such contributions or gifts were not tax deductible? 5c Organization shall may receive deductible contributions under section \$170(c). 5c If "Yes," indicate the number of Forms \$228 filed during the year 5d Did the organization movely a pyrimin in access distribution and partly for goods and services provided to the page. The page of the page o					Yes	No		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3r 3r 3r 3r 3r 3r 3r 3r 3r 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has it fied a Form 8007 for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3ch If Yes, 'en the 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)? 4d 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 accounts (FBAR). 5a If Yes' in the the name of the trogin country 5a Was the organization for profit profi		filed for the calendar year ending with or within the year covered by this return	2a 49					
b If Yes, "has it filled a Form 990-T for this year? If No' to line 3b, provide an explanation on Schedule O 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 accountry? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 5b IV as "to line 5a or 5b, did the organization file Form 8888 17? 6c If Yes' to line 5a or 5b, did the organization file Form 8888 17? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization that may receive deductible contributions under section 170(c). 6d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided 7 or Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b If Yes, "did the organization ordity the domor of the value of the goods or services provided 7 or Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X diff Yes, "indicate the number of Forms 8282 filed during the year 6 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088 C? 7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r X X 9 If the organization service with year approximation, directly or indirectly, to pa	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X			
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (ouch as a bank account, securities account, or other financial accounts (**Park**). b If "Yes," enter the name of the foreign country 5a Was the organization appraise for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5b Was the organization in the organization file foreign Bank and Financial Accounts (FBAF). 5c Use of If "Yes" to line 5a or 5b, did the organization file Form 888-17. 6d 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 deductibles. 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when tot tax deductibles. 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of forms 8882 filed during the year organization solicit any contribution or of the value of the goods or services provided? 7 To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To Did the organization received a contribution of undertoty, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of undertoty, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of undertoty, to pay premiums on a personal benefit contract? 7 Did the organization received any funds, directly or indirectly,	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X		
francial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax shelter transaction? 5b Did any tuxabile party notify the organization file form 888677 6 If Yes' to line 5a of 5b, did the organization file Form 888677 6 Does the organization share 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? 5 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "did the organization notify the donor of the value of the goods or services provided? 7 The section 170(c) and the transaction receive a payment in excess \$15^{\circ}\$ made party as a contribution and party for goods and services provided? 7 The section 170(c) and 170(c) an	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b				
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? 5b Was the organization to the organization the FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization to the organization the form 88867 or is a party to a prohibited tax shelter transaction? 5c 16 Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when to tax deductibles of scharitable contributions? 5c 17 Dose the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a Id the organization receive a payment in excess of \$75 make aparty as a combibution and party for goods and services provided to the payor? 7 Dose 11 Press, "indicate the number of Forms 8282 filed during the year 10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 If Yes, "indicate the number of Forms 8282 filed during the year 12 If I the organization received a contribution of quarked, to pay premiums on a personal benefit contract? 13 If the organization received a contribution of undirectly, to pay premiums on a personal benefit contract? 14 If the organization received a contribution of undirectly, to pay premiums on a personal benefit contract? 15 If the organization received a contribution of undirectly, to pay premiums on a personal benefit contract? 16 If the organization received a contribution of undirectly, to pay premiums on a personal benefit contract? 17 If I was a section \$100 (100 (100 (100 (100 (100 (1	4a							
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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 Sa or Sb, did the organization file Form 8886 1? 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization nective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 If Yes, indicate the number of Forms 8282 filed during the year 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 C X 7 If If Yes, indicate the number of Forms 8282 filed during the year 8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 T X 7 If Yes, indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 If the organization received an contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8899 as required? 10 If the organization received an contribution of area, boats, aiplanes, or other vehicles, did the organization file Form 8890 as payones or granization make a distribution of under section 4966? 10 Section 501(c)(2) organizations should any taxable distributions under section 4966? 10 Section 501(c)(2) organizations should any taxable distributions under section 4966? 11 Section 501(c)(2) organizations should be a	b	· · · · · · · · · · · · · · · · · · ·						
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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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17			I I	12a				
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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 the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17								
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17								
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities					
				17				
		If "Yes," complete Form 6069.						

432005 12-10-24

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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.			
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?	2		Х
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion 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?	10a		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?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	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			
	BOOKKEEPER - 540-479-4116 1013 PRINCESS ANNE STREET, FREDERICKSBURG, VA 22401			
	1013 PRINCESS ANNE STREET, FREDERICKSBURG, VA 22401			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MEGHANN COTTER	50.00	1						01 000	_	
EXECUTIVE SERVANT LEADER	1 00			Х				81,282.	0.	0.
(2) JAN ERKERT	1.00	Į.,							_	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(3) AARON DOBYNES	1.00	x						0.	0.	0.
BOARD MEMBER (4) MARY JANE O'NEILL	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(5) JOE HENSLEY	1.00	122						•	0.	0.
BOARD MEMBER	1100	x						0.	0.	0.
(6) STAN BUCH	1.00	 						•	•	
BOARD MEMBER		x						0.	0.	0.
(7) ROBERT HARRIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) FRED RANKIN	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) ANNE JONES-MARTIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) REGIS KEDDIE	2.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(11) CLAY MURRAY	2.00								_	
CHAIR		Х		Х				0.	0.	0.
(12) CORY GUDOWICZ	2.00	ļ								
SECRETARY	1 00	Х		Х				0.	0.	0.
(13) THERESA CARSON	1.00	١,,								0
BOARD MEMBER		Х						0.	0.	0.
		4								
						-				
		1								
		1								
		1								
	•	•	_	_	_	_	_	•		

rar	t VII Section A. Officers, Directors, Trus		plo <u>y</u>	/ees			ighe	st C					(F)	
	(A)	(B)		(C) Position		(D)	(E)		_	(F)	لد			
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			timate nount (-
		week					or/trus		from	from related			other	.
		(list any hours for	rector						the	organization			pensa	
		related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MI) 1099-NEC			om the anizati	
		organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 1120	'	_	d relate	
		below	vidual	itution	cer	Key employee	hest co	Former				orga	anizatio	ons
		line)	je je	lust	Officer	Key	Hig em	윤						
			ł											
						-	\vdash							
			1											
							-							
			-											
			1											
			-	_		-	\vdash							
			1											
1b	Subtotal			<u> </u>					81,282.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								81,282.		0.			0.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	0,000 of reportab	le			^
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	director trust	6	kov (amn	love	A 01	r hic	nhest compensated emr	Novee on	[163	140
·	line 1a? If "Yes," complete Schedule J for s	•		•		•	-	_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mple	ete S	Sch	edule	e J t	for such individual			4		Х
5	Did any person listed on line 1a receive or	-				-			-	idual for services	3			77
800	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e J i	for s	uch	pers	son .					5		X
1	Complete this table for your five highest co	mnensated in	den	ande	nt c	ont	racto	ore t	that received more than	\$100,000 of cor	nnane	ation 1	rom	
•	the organization. Report compensation for										прспо	ation	10111	
	(A)	-							(B)			(0	;)	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	า
								_						
								\dashv						
								_						
	Total number of independent contractors (ncluding but s	ot I	mita	d +~	the	ec II	etoo	d above) who received ~	nore than				
2	\$100,000 of compensation from the organi		iUL II	ııııce	u iO		se II: 0	31 C C	a above, who received fi	IOIE IIIdII				
	+ · · · · · · · · · · · · · · · · · · ·											Form	990 (2	2024)

432008 12-10-24

			MICAH ECUMENI	CAL MINI	STRIES INC		20-4044	884 Page 9
Pai	⁺ \	/	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lir		(B)	(C)	
					(A) Total revenue	Related or exempt function revenue	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
ıts Its	1	а	Federated campaigns 1a					
ar our			Membership dues 1b					
S, G		С	Fundraising events 1c					
ar,			Related organizations 1d					
ini,		е	Government grants (contributions) 1e 1,	575,605.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and					
ള			similar amounts not included above \dots 1f 2,	405,289.				
g		g	Noncash contributions included in lines 1a-1f	5,559.				
<u>ā č</u>		h	Total. Add lines 1a-1f		3,980,894.			
				Business Code	145 070	145 070		
ice	2	а	RENTAL TO CLIENTS	531110	145,070.	145,070.		
ie Š		b						
m S		С.						
Program Service Revenue		d						
Pro		e f	All other program service revenue					
			Total. Add lines 2a-2f		145,070.			
\neg	3		Investment income (including dividends, intere					
	other similar amounts)				29,847.			29,847.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		` ' 	(ii) Other				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		L	assets other than inventory Less: cost or other basis					
<u>a</u>		D	and sales expenses 7b					
venue		c	Gain or (loss) 7c					
Re			Net gain or (loss)					
Other Re	8		Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
	_		` '					
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			N					
	10		Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sn				Business Code				
Miscellaneous Revenue	11							
ella		b						
Res		d	All other revenue					
>			· · · · · · · · · · · · · · · · · · ·					

4,155,811.

e Total. Add lines 11a-11d

Total revenue. See instructions

145,070.

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	755 470	755 470		
	individuals. See Part IV, line 22	755,479.	755,479.		
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,	81,282.	48,770.	16,256.	16,256
	trustees, and key employees	01,202.	40,770.	10,230.	10,230
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		1,321,299.	1,093,513.	126,908.	100,878
7 8	Other salaries and wages Pension plan accruals and contributions (include	±,52±,255•	±,000,0±0•	120,500	100,070
o	section 401(k) and 403(b) employer contributions)	100,253.	73,312.	14,818.	12,123
9	Other employee benefits		, 5 , 5 ± 2 •		
10	Payroll taxes	214,001.	172,253.	22,962.	18,786
11	Fees for services (nonemployees):	,	,	,	
''					
b					
c		29,851.	21,085.	8,766.	
	Lobbying			7,	
e	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g					
Ŭ	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	19,017.	9,608.	9,409.	
14	Information technology				
15	Royalties				
16	Occupancy	218,656.	218,656.		
17	Travel	22,395.	18,134.	4,261.	
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	54,371.	54,371.	25 25	
23	Insurance	35,970.		35,970.	
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 0.)	124 640	00 540	45 100	
а	OTHER EXPENSES	134,649.	89,543.	45,106.	
b	HUMAN RESOURCE PARTNERS	89,642.	81,119.	8,523.	
С	REPAIRS AND MAINTENANCE	51,020.	51,020.	10 502	16 400
d	DEVELOPMENT EXPENSE	39,985.	12,902.	10,593.	16,490.
	All other expenses	39,429.	33,036.	6,393.	16/ 522
25	Total functional expenses. Add lines 1 through 24e	3,207,299.	2,732,801.	309,965.	164,533.
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 following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2024

Part X	\	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			1,174,293.	1	967,438
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net			285,501.	3	1,177,859
4		Accounts receivable, net			265,664.	4	392,483
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
6	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sed	ction 4958(c)(3)(B)		6	
ទ្ឋ 7	7	Notes and loans receivable, net				7	
Assets 4 8 6 8 8	3	Inventories for sale or use				8	
⁴ 9	•	Prepaid expenses and deferred charges				9	
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,583,641.			
					2,035,946.	10c	2,050,166
11		Investments - publicly traded securities			4.4.	11	254 524
12		Investments - other securities. See Part IV, line			144,918.	12	374,731
13	3	Investments - program-related. See Part IV, lin	e 11			13	
14		Intangible assets				14	
15	5	Other assets. See Part IV, line 11		<u> </u>		15	4 060 688
16		Total assets. Add lines 1 through 15 (must ed			3,906,322.	16	4,962,677
17		Accounts payable and accrued expenses	40,074.	17	13,770		
18		Grants payable		18			
19		Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
<u>g</u> 22		Loans and other payables to any current or fo					
Ĭ		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				22	
23		Secured mortgages and notes payable to unre				23	82,125
24		Unsecured notes and loans payable to unrelate				24	02,123
25	•	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 17-24). Complete Part X	68,928.	25	119,796
00		of Schedule D			109,002.		215,691
26	<u> </u>	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			109,002.	26	213,091
es		and complete lines 27, 28, 32, and 33.	ieck iiei	e 11			
	,				3,306,819.	27	3 146 140
28		Net assets with donor restrictions Net assets with donor restrictions			490,501.	28	3,146,140 1,600,846
		Organizations that do not follow FASB ASC			13073011	20	1/000/010
Ī		and complete lines 29 through 33.	930, CIII	eck liefe			
5 0 29	.	Capital stock or trust principal, or current fund	le			29	
Sets 30		Paid-in or capital surplus, or land, building, or				30	
g 30 ₹ 31		Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances 25 8 29 30 1 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35		Total net assets or fund balances			3,797,320.	32	4,746,986
z 32 33		Total liabilities and net assets/fund balances			3,906,322.	33	4,962,677
33	_	Total habilities and het assets/fund balances			3,300,322.	J	Form 990 (202

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				Ш				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,15						
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,20						
3	Revenue less expenses. Subtract line 2 from line 1	3		8,5					
4									
5	Net unrealized gains (losses) on investments	5		1,1	54.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,74	6,9	86.				
Pa	rt 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: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	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								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl								
За	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?		3a	х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х					
	, , , , , , , , , , , , , , , , , , , ,			990 (2024)				

432012 12-10-24

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MICAH ECUMENICAL MINISTRIES INC

Employer identification number

20-4044884 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,322,591.	3,784,956.	3,063,599.	3,382,112.	3,980,894.	16,534,152.
2	Tax revenues levied for the organ-						
	ization'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	2,322,591.	3,784,956.	3,063,599.	3,382,112.	3,980,894.	16,534,152.
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)						875,439.
6							15,658,713.
	ction B. Total Support						, , , ,
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	2,322,591.	3,784,956.	3,063,599.	3,382,112.	3,980,894.	16,534,152.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
·	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	110.040.	114,464.	111.026.	133.149.	174,917.	643,596.
9	Net income from unrelated business						0 20 7 0 0 0
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						17,177,748.
		oto (soo instruction	no)			12	17,177,710.
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth toy	war as a sastion F		
13	organization, check this box and stor						
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2024 (column (f))		14	91.16 %
15	Public support percentage from 2023					15	94.59 %
	33 1/3% support test - 2024. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2023. If the o						
	and stop here. The organization qual	0		,		•	
172	10% -facts-and-circumstances tes						
176	and if the organization meets the fact						
	_					_	
L	meets the facts-and-circumstances to	-				17a, and line 15 is:	
i.	10% -facts-and-circumstances tes						1070 UI
	more, and if the organization meets the		•		•		
10	organization meets the facts-and-circ						
ΙŎ	Private foundation. If the organization	ni did fiot check a	DUX UITIIITIE T3, T6	a, 100, 17a, 0f 17t	o, check this box a		Form 990) 2024

Schedule A (Form 990) 2024

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.)

Sec	etion A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and			` '	, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			<u> </u>			
٠	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4	ization'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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				•		•
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	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						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's '	I first second third	fourth or fifth tax	vear as a section	. 501(c)(3) organizat	ion
•	check this box and stop here	J		•	•	()()	
Sec	tion C. Computation of Publ						
	Public support percentage for 2024 (I			column (f))		15	9
	Public support percentage from 2023					16	9
	tion D. Computation of Investigation					1101	,
	Investment income percentage for 20		<u>~</u> _			17	Ç
	Investment income percentage from 2					18	
	33 1/3% support tests - 2024. If the						
138		-					17 13 1101
L	more than 33 1/3%, check this box a						<u> </u>
10	33 1/3% support tests - 2023. If the	•			·	•	
20	line 18 is not more than 33 1/3%, che						
Z U	Private foundation. If the organization	i i dia not check a	A DOX OH IME 14, IS	a. OF 19D. CHECK T	ins dux and see i	กรเกนตเบกรี	🗀

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	5C		
	6		
	7		
	8		
	9a		
	6:		
	9b		
	9c		
	10a		
	10b		
dula		~ 000	

Pa	rt IV Supporting Organizations (continued)			J
	, is a second of the second of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11.5		
	provide detail in Part VI.	11c		
Sec	tion 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		103	140
•	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	•		
2	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		
<u>Sac</u>	stion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		V	Na
_	Ways a majority of the approximation's discrete or two states designed the tay year also a majority of the discrete or		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			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		
<u> </u>	tion b. All Type in 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		
Sec	tion 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)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	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
а	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	<u>.</u> .		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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		

Sche	dule A (Form 990) 2024 MICAH ECUMENICAL MINISTF	RIES	INC	20-4044884 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		

	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-fur	nctionally integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990) 2024

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5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

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

Schedule A (Form 990) 2024

Part VI	Cumplemental Information Date III II I
Tart 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.
	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.)
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Schedule B (Form 990)

(Rev. December 2024) 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

Name of the organization

Employer identification number

MICAH ECUMENICAL MINISTRIES INC 20-4044884

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer '	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).						

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

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

MICAH ECUMENICAL MINISTRIES INC

20-4044884

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,077,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$130,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 314,010.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 1,042,549.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MICAH ECUMENICAL MINISTRIES INC

20 - 4044884

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

20-4044884 MICAH ECUMENICAL MINISTRIES INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MICAH ECUMENICAL MINISTRIES INC

Employer identification number 20-4044884

1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (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 inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all 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 imperiments per value benefit of the donor or donor advisor, or for any other purpose conferring imperiments per value benefit of the donor or donor advisor, or for any other purpose conferring imperiments per value to the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation Easements held by the organization (helds all that apply). 1 Purpose(s) of conservation assements held by the organization of education) preservation of a historically important land area preservation of popen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assement and advisor to the tax year. a Total number of conservation easements on a certified historic structure included on line 2a 2 2 by 1 and 1 a	Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		milar Funds or	Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and 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 is properly, subject to the organization's exclusive legal control? 5 Did the organization inform all granteses, 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 imperimestible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimestible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentation provides the properties of		organization answered Tes Off Offices, Fartiv, in		funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization informal offorms and donor advisors in writing that the assets held in donor advised funds are the organization informal grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informal 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 advisors of or any other purpose conferring impermissible provate banefit? Pert II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 a through 2 off the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2	1	Total number at end of year			. ,
4 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 in property, subject to the organization's exclusive legal control? Ves	_				
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 inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor or any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete inse 2 a through 2 of if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements included on line 22 acquired affer July 25, 2006, and not on a historic structure listed in the National Register 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 8 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 in the holds? 8 Does each conservation easement reported on line 24 above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, educ	_				
5 Did the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?					
are the organization's property, subject to the organization's exclusive legal control?	5	•	writing that the assets held	d in donor advised fu	ınds
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 impermissable private benefit? Part III Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7.					
Imparmissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	6				
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1		for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose conf	erring
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of 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 Held at the End of the Tax Year b Total acreage restricted by conservation easements 2b D D c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 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? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements is holds? Yes No 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements to holds? Yes No 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)) Yes 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 fortoriote to the organization's financial statements that describes the organization's accounting for conservation easements. Part IIII Organizations Malinatining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered Yes' o		impermissible private benefit?			Yes No
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Dresservation 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 Drotal acreage restricted by conservation easements Drotal acreage restricted by conservation easements Drotal acreage restricted by conservation easements included on line 2a Drotal acreage restricted by conservation easements included on line 2a Drotal acreage restricted by conservation easements included on line 2b, and not on a historic structure listed in the National Register 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 easements is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) Per No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include	Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part I	V, line 7.
Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements on a certified historic structure included on line 2a 7 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part V, line 8 10 If the organization elected	1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
Preservation of open space 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 b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? 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. 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 the following amounts relating to these items. 1b If		Preservation of land for public use (for example, recrea	ation or education)	Preservation of a his	torically important land area
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. Total number of conservation easements Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Paramount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year language of the property of the conservation easements of section 170(h)(4)(B)(ii) Para 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 VI, line 8. If the organization elected, as permitted under FASB ASC 958, to report in its r				Preservation of a cer	rtified historic structure
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a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located boes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Pose 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) Prart 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. 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. If the organization elected, as permitted under FASB ASC 958, not to report in i	2		fied conservation contribut	tion in the form of a	
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and section 170(h)(4)(B)(ii)?	•	, and an expenses insured in monitoring, inspecting, have	aming of violations, and office	oromig contact validity	sacomonic daming the year
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D. ASSES DEDUCED DE FORD MADE PARTA					

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

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

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts(continu	ued)	.90
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at make si	gnificant	use of its	1		
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	ion's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			L	Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the	organizatior	n answered '	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia								_		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amount		
С	Beginning balance						. 1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance						. 1f		_		
	Did the organization include an amount on Fo						ty?	L	Yes	Ш	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	T V Endowment Funds Complete if							aara baali	L (-) Four	rooro h	haalt
		(a) Current year	(a)	rior year	(c) Two year	IS DACK (a) Tillee y	ears Dack	(e) Four	years t	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	-	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c show	•									
за	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are neld a	ind administe	erea for th	ie		Г	Yes	No
	organization by:									165	NO
	(i) Unrelated organizations?								3a(i)	-+	
	(ii) Related organizations?									\rightarrow	
D 4	Describe in Part XIII the intended uses of the								. 3b		
Pai	t VI Land, Buildings, and Equipm		wment	iurius.							
· u	Complete if the organization answered) Part I\	/ line 11a 9	See Form 99	n Part X	line 10				
	Description of property	(a) Cost or o			or other		cumulate	<u>a </u>	(d) Book	valuo	
	Description of property	basis (investr			(other)		reciation	٠	(a) Dook	value	
12	Land	`	,		66,100.	339			586	.10	00.
	Buildings				0,541.	5	16,47	75.	1,464		
C	Leasehold improvements			_,,,	.,		,		_,	, , ,	
d	Equipment			1	7,000.		17,00	00.1			0.
	Other				,		, , ,	-			
	I. Add lines 1a through 1e. (Column (d) must ed	_	X. line 1	Oc. column	n (B))				2,050	,16	66.
	J 1 1 11 11 11 11 11 11 11 11 11 11 11 1	,	,	,	. ,,						

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

Schedule D (Form 990) (Rev. 12-2024) MICAH ECUME	ENICAL MINISTR	RIES INC	20-4044884 Page 3
Part VII Investments - Other Securities	Farm COO Deat IV line 4	dla Car Faura 000 Bart V II	40
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value		
(A) E' 111111	(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) AGENCY FUND	374,731.	END-OF-YEAR	MARKET VALUE
(B)	374,731.	DIAD OF THAIR	MARKET VALOE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	374,731.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, li	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	5 000 D 1 11 / 11 /	4 L O . E	
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, I	
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u> (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" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa	art X, line 25.
1. (a) Description of liability		·	(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL AND PTO			119,796.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		119,796.

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... X

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

Pai	t XI Reconciliation of Revenue per Audited Financial State		Revenue per R	Return	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total revenue, gains, and other support per audited financial statements			1	4,325,171.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	4 4 5 4		
а	Net unrealized gains (losses) on investments		1,154. 168,206.	_	
b	Donated services and use of facilities		168,206.	-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)				160 260
е	Add lines 2a through 2d			2e	169,360.
3	Subtract line 2e from line 1			3	4,155,811.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				0
_C	Add lines 4a and 4b			4c	0. 4,155,811.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State			Dotu	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		ii Expenses per	netu	111
_				1	3,375,505.
1	Total expenses and losses per audited financial statements			-	3,373,303.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا	168,206.		
a	Donated services and use of facilities		100,200.	-	
D	Prior year adjustments			-	
ر. د	Other losses			-	
u	Other (Describe in Part XIII.)			2e	168,206.
е 3	Add lines 2a through 2d Subtract line 2e from line 1			3	3,207,299.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				3/20//2330
٦,	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a h	Other (Describe in Part XIII.)			-	
	A LUC A LAD			4c	0.
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).			5	3,207,299.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV. lines 1b	and 2b: Part V. line	4: Part	X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			.,	, , =, . c,
	RT X, LINE 2:				
	ORGANIZATION FOLLOWS FASB ASC 740 IN MI	EASUREME	ENT AND DIS	CLO	SURE OF
UN	CERATIN TAX POSITIONS. THE ORGANIZATION H	BELIEVES	THAT IT H	AS Z	APPROPRIATE
SUI	PPORT FOR ANY TAX POSITIONS TAKEN, AND AS	S SUCH,	DOES NOT H	AVE	ANY
UNG	CERTAIN TAX POSITIONS THAT ARE MATERIAL T	TO THE F	INANCIAL S	TAT	EMENTS. THE
ORG	GANIZATION FILES IRS FORM 990, RETURN OF	ORGANIZ	ATION EXEM	PT :	FROM INCOME
TAZ	K ANNUALLY.				

SCHEDULE I (Form 990)

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

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

MICAH ECU	JMENICAL M	INISTRIES	INC				20-4044884
Part I General Information on Grants	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr 	istance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		1 table					<u> </u>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT PAID ON BEHALF OF INDIVIDUALS	98	492,047.	0.		
BASIC NEEDS PAID FOR ON BEHALF OF INDIVIDUALS	445	38,638.	0.		FOOD AND HOUSEHOLD GOODS
TRANSPORTATION ASSISTANCE PAID FOR ON BEHALF OF					
INDIVIDUALS	686	18,070.	0.		
IDENTIFICATION ASSISTANCE PAID FOR ON BEHALF OF	297	6,873.	0.		
		•,•,•	<u>. </u>		
PRESCRIPTION ASSISTANCE PAID FOR ON BEHALF OF					
INDIVIDUALS	87	2,018.			
Part IV Supplemental Information. Provide the information red SCHEDULE I, PART 1, LINE 2	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
THE ORGANIZATION KEEPS RECORDS TO	CIIBCTANT	ΤΔΦΕ ΦΗΕ Δ	MOTINT OF C	PANTS OF	
ASSISTANCE. THERE IS ONE PERSON IN				KANIB OK	
ORGANIZATION'S VOLUNTEERS AND STAF					
IDENTIFYING THE NEEDS FOR WHICH FU			THE EXECU	•	
DIRECTOR REVIEWS ALL REQUESTS AND					
BUDGET.					

nestic Individuals	Schedule I (Form 99	90), Part III.)		
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
165.	109,204.	0.		
58.	31,524.	0.		
102.	37,834.	0.		
5.	11,748.	0.		
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant 165. 109,204. 58. 31,524.	testic Individuals (Schedule I (Form 990), Part III.) (b) Number of recipients (c) Amount of cash grant 165. 109,204. 0. 58. 31,524. 0.	testic Individuals (Schedule I (Form 990), Part III.) (b) Number of recipients (c) Amount of cash assistance (d) Amount of non-cash assistance valuation (book, FMV, appraisal, other) 165. 109,204. 0. 58. 31,524. 0.

SCHEDULE O (Form 990)

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MICAH ECUMENICAL MINISTRIES INC

Employer identification number 20-4044884

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENVISIONS LIVING AS A COMMUNITY WHERE ALL NEIGHBORS HAVE A HOME. ITS
CORE VALUES ARE TO DO JUSTICE BY BEING A CONSCIENCE IN ITS COMMUNITY,
TO LOVE KINDNESS BY FOSTERING RELATIONSHIPS OF TRUST, RESPECT, AND
MUTUAL SUPPORT, AND TO WALK HUMBLY WITH GOD ALONGSIDE NEIGHBORS IN
NEED. MICAH'S PHILOSOPHY IS TO REBUILD RELATIONSHIPS OF SUPPORT IN THE
LIVES OF THOSE WHO ARE EXPERIENCING, OR HAVE EXPERIENCED, HOMELESSNESS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THE NEIGHBOR CARE CENTER. THE NEIGHBOR CARE CENTER ALSO PROVIDES
OUTREACH AND SUPPORT TO INDIVIDUALS IN THE COMMUNITY WHO ARE LITERALLY
HOMELESS BUT ARE UNABLE TO ACCESS SERVICES DOWNTOWN.

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

OTHER SUPPORTIVE SERVICES:

MICAH OFFERS MANY OTHER SERVICES TO NEIGHBORS EXPERIENCING HOMELESSNESS, ALL AIMED AT PROVIDING WRAP-AROUND SUPPORT TO HELP NEIGHBORS OVERCOME HOMELESSNESS. THESE INCLUDE IN-HOUSE MINISTRIES AS WELL AS KEY COMMUNITY PARTNERSHIPS. AN INCOME DEVELOPMENT MINISTRY HELPS NEIGHBORS FIND EMPLOYMENT, APPLY FOR GOVERNMENT BENEFITS, AND/OR CREATES CUSTOMIZED EMPLOYMENT OPPORTUNITIES FOR NEIGHBORS. A HEALTH CONNECTIONS MINISTRY HELPS NEIGHBORS ACCESS PRIMARY CARE APPOINTMENTS OR SPECIALTY CARE APPOINTMENTS WITH MEDICAL PROFESSIONALS. A STREET CHURCH WORSHIPPING COMMUNITY, LED BY A CHAPLAIN, HELPS NEIGHBORS CONNECT TO SOCIAL AND SPIRITUAL SUPPORT NETWORKS. COMMUNITY PARTNERSHIPS INCLUDE: AN OUTREACH WORKER THROUGH THE RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD WHO CONNECTS INDIVIDUALS TO MENTAL HEALTH SERVICES; THE VETERANS ADMINISTRATION VISITS MICAH OFFICES TO PROVIDE DIRECT SUPPORT TO VETERANS EXPERIENCING HOMELESSNESS; VA DMV VISITS MICAH OFFICES ON A SCHEDULED BASIS TO PROVIDE EASE IN ACCESS TO DMV SERVICES, PARTICULARLY IDENTIFICATION DOCUMENTS. EXPENSES \$ 188,399. INCLUDING GRANTS OF \$ 16,670. REVENUE

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

THE FINANCE COMMITTEE REVIEWS THE TAX RETURN AND FORWARDS THE FORM 990 TO THE BOARD.

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

BOARD MEMBERS ARE ASKED TO MAKE DISCLOSURES AT THE BEGINNING OF EACH YEAR. POTENTIAL CONFLICTS ARE MADE AVAILABLE TO ALL BOARD MEMBERS. THE EXECUTIVE DIRECTOR KEEPS THESE ON FILE AND MONITORS CONFLICTS OF INTEREST. IN THE EVENT OF A CONFLICT, THE PERSON WITH THE CONFLICT RECUSES HIMSELF OR HERSELF FROM ANY DISCUSSION AND VOTING.

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

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION POLICY THAT REQUIRES COLLECTION OF LOCAL AND REGIONAL DATA FOR COMPARABLE POSITIONS. THE INDEPENDENT PERSONNEL COMMITTEE OVERSEES THIS PROCESS. THEY REVIEW COMPARABLE SALARIES AND MAKE RECOMMENDATIONS TO THE BOARD. THE BOARD MUST APPROVE THE COMPENSATION. THE BOARD MUST OBTAIN COMPARABLE DATA, WHICH MAY BE BASED ON INDUSTRY SURVEYS, COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, EXPERT COMPENSATION STUDIES, OR OTHER

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

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

LHA 432211 01-15-25

SCHEDULE R (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-4044884

MICAH ECUMENIC	CAL MINISTRIES INC					20-40448	384	
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes" o	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	(e) me End-of-year	assets	ets Direct contr		9
JOURNEY SUPPORTIVE HOUSING, LLC - 80-0864073	ACQUIRE, HOLD, INVEST, SELL							
1013 PRINCESS ANNE ST	OR OTHERWISE DISPOSE OF					MICAH ECUMEN	NICAL	
FREDERICKSBURG, VA 22401	REAL ESTATE FOR PROGRAMS	VIRGINIA				MINISTRIES 1	INC	
RESIDENTIAL RECOVERY PROGRAM, LLC -	ACQUIRE, HOLD, INVEST, SELL							
80-0860262, 1013 PRINCESS ANNE ST,	OR OTHERWISE DISPOSE OF					MICAH ECUMEN	NICAL	
FREDERICKSBURG, VA 22401	REAL ESTATE FOR PROGRAMS	VIRGINIA				MINISTRIES 1	INC	
PARTLOW, LLC - 81-2727728	ACQUIRE, HOLD, INVEST, SELL							
1013 PRINCESS ANNE ST	OR OTHERWISE DISPOSE OF					MICAH ECUMEN	NICAL	
FREDERICKSBURG, VA 22401	REAL ESTATE FOR PROGRAMS	VIRGINIA				MINISTRIES 1	INC	
Part II Identification of Related Tax-Exempt Organizations during the tax year.			1		or more			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	(g) Section 512(b)(13 controlled entity?	
				501(c)(3))			Yes	No

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop alloca			Genera	l or Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	tion b)(13) rolled tity?
		country)		,				Yes	No
									<u> </u>

Page 3

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions w	with one or more re	elated organizations listed in	Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	j Lease of facilities, equipment, or other assets to related organization(s)								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
Τ	Performance of services or membership or fundraising solicitations for related organizations				11		X		
m	Performance of services or membership or fundraising solicitations by related organiz				1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х			
					10		X		
р	Reimbursement paid to related organization(s) for expenses				1p		X		
	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	nis line, including covered rel	ationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	lved				

Name of related organization

(a)

Name of related organization

(b)

Transaction
type (a·s)

(c)

Amount involved

Method of determining amount involved

(1) JOURNEY SUPPORTIVE HOUSING, LLC

N

0. DEPRECIATED VALUE

(2) RESIDENTIAL RECOVERY, LLC

N

0. DEPRECIATED VALUE

(3) PARTLOW, LLC

N

0. DEPRECIATED VALUE

(4)

(5)

(6)

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	c. Share of	Share of	Dispri	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownership
		country)	Sections 5 (2-5 (4)	Yes No) Income	assets	Yes	No	(FORM 1065)	Yes N	0
							-			\vdash	
			l	1 1	1		1		1	1	

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-004	7

For calendar year 2024, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Rovenuo Service **EIN or SSN** Name of filer 20-4044884 MICAH ECUMENICAL MINISTRIES INC REGIS KEDDIE Name and title of officer or person subject to tax TREASURER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return, Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter ·0·). But, if you entered ·0· on the return, then enter ·0· on the applicable line below. Do not complete more Form 990 check here 1a b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 4,155,811. Form 990-EZ check here ... 2a b Total revenue, if any (Form 990-EZ, line 9) _____ 2b Form 1120-POL check here 3a b Total tax (Form 1120-POL, line 22) ______ 3b Form 990-PF check here ... 4a Form 8868 check here b Balance due (Form 8868, line 3c) ______ 5b 5a b Total tax (Form 990-T, Part III, line 4) ________6b Form 990-T check here 6a Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) ______9b Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize BISHOP, FARMER & CO., LLP to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter ply PIN on the return's disclosure consent screen. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electron chiling identification number (EFIN) followed by your five-digit self-selected PIN. 54146121687 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

any! Verkinson

Date 10/17/

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2024)

LHA 402521 12-26-24

ERO's signature