

CHAM1567  
Chamberlin House, Inc.

**2023 Client**

**COPY**

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24

93-0721567

CHAMBERLIN HOUSE, INC.

**Net Asset / Fund Balance at Beginning of Year** 7,489,076

**Revenue**

Contributions	665
Program service revenue	6,560,304
Investment income	110,048
Capital gain / loss	0

Fundraising / Gaming:

Gross revenue	_____
Direct expenses	_____
Net income	_____

Other income	12,198
--------------	--------

**Total revenue** 6,683,215

**Expenses**

Program services	5,469,424
Management and general	1,110,679

Fundraising

<b>Total expenses</b>	<u>6,580,103</u>
-----------------------	------------------

**Excess / (deficit)** 103,112

Changes 297,974

**Net Asset / Fund Balance at End of Year** 7,890,162

**Reconciliation of Revenue**

Total revenue per financial statements 6,683,215

Less:

Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____

Plus:

Investment expenses	_____
Other	_____

**Total revenue per return** 6,683,215

**Reconciliation of Expenses**

Total expenses per financial statements 6,580,103

Less:

Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____

Plus:

Investment expenses	_____
Other	_____

**Total expenses per return** 6,580,103

**Balance Sheet**

	Beginning	Ending	Differences
Assets	7,801,537	8,194,277	
Liabilities	312,461	304,115	
Net assets	7,489,076	7,890,162	401,086

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/24  
 Failure to file penalty \_\_\_\_\_

COPY

## **Filing Instructions**

### **Chamberlin House, Inc.**

### **Exempt Organization Tax Return**

### **Taxable Year Ended June 30, 2024**

**Date Due:** November 15, 2024

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/24 shows no balance due.

**Mail To:** Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 Rulon White Blvd.  
Ogden, UT 84201-1000

**Signature:** The return should be signed and dated on Page 1 by an officer representing the organization.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

B Check if applicable: C Name of organization CHAMBERLIN HOUSE, INC. D Employer identification number 93-0721567
E Telephone number 541-967-7729
G Gross receipts \$ 6,690,157
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527
J Website: WWW.CHAMBERLINHOUSE.ORG
K Form of organization: Corporation Trust Association Other
L Year of formation: 1978
M State of legal domicile: OR

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO ENRICH THE LIVES OF ADULTS EXPERIENCING INTELLECTUAL AND DEVELOPMENTAL DISABILITIES...
2 Check this box if the organization discontinued its operations...
3 Number of voting members... 3 10
4 Number of independent voting members... 4 10
5 Total number of individuals employed... 5 173
6 Total number of volunteers... 6 10
7a Total unrelated business revenue... 7a 0
7b Net unrelated business taxable income... 7b 0
8 Contributions and grants... 10,594 665
9 Program service revenue... 6,732,711 6,560,304
10 Investment income... 87,477 110,048
11 Other revenue... 16,575 12,198
12 Total revenue... 6,847,357 6,683,215
13 Grants and similar amounts paid... 0
14 Benefits paid to or for members... 0
15 Salaries, other compensation... 4,814,027 5,515,097
16a Professional fundraising fees... 0
16b Total fundraising expenses... 0
17 Other expenses... 1,093,948 1,065,006
18 Total expenses... 5,907,975 6,580,103
19 Revenue less expenses... 939,382 103,112
20 Total assets... 7,801,537 8,194,277
21 Total liabilities... 312,461 304,115
22 Net assets or fund balances... 7,489,076 7,890,162

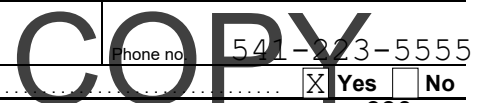
Part II Signature Block

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

Sign Here: Signature of officer JOY HENKLE, CHAIR. Date.
Paid Preparer Use Only: Print/Type preparer's name GLEN O. KEARNS, CPA. Preparer's signature. Date 11/11/24. Check self-employed. PTIN P00129289.
Firm's name ACCUITY, LLC. Firm's EIN 45-4207980.
Firm's address ALBANY, OR 97321-0415. Phone no 541-223-5555

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

Yes No



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENRICH THE LIVES OF ADULTS EXPERIENCING INTELLECTUAL AND DEVELOPMENTAL DISABILITIES BY PROVIDING HOUSING AND OPPORTUNITIES TO LEARN, EXPERIENCE AND ACHIEVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 5,469,424 including grants of\$ ) (Revenue \$ 6,560,304 ) CHAMBERLIN HOUSE INC. PROVIDES HOUSING AND SUPPORT SERVICES FOR INTELLECTUALLY AND DEVELOPMENTALLY DISABLED CITIZENS. CHAMBERLIN HOUSE INC. IS DEDICATED TO ENHANCING THE HUMAN EXPERIENCE OF EVERY PERSON INVOLVED WITH CHAMBERLIN HOUSE INC. BY MAXIMIZING ACHIEVEMENT POTENTIAL.

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

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

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

4e Total program service expenses 5,469,424

COPY

**Part IV Checklist of Required Schedules**

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

**COPY**

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.



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

Yes No

<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	173		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>			X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

COPY



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

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

Section C. Disclosure

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

CARRIE HOWELL 2360 14TH AVE SE ALBANY

COPY OR 97322 541-967-7729

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARRIE HOWELL EXECUTIVE DIRECTOR	40.00 0.00			X				120,235	0	0
(2) NANCY BAISINGER DIRECTOR	1.00 0.00	X						0	0	0
(3) DARLENE CHAMBERS DIRECTOR	1.00 0.00	X						0	0	0
(4) ELAINE CHAPMAN SECRETARY	1.00 0.00	X		X				0	0	0
(5) TERI CLARK DIRECTOR	1.00 0.00	X						0	0	0
(6) BILL HAYS TREASURER	1.00 0.00	X		X				0	0	0
(7) JOY HENKLE CHAIR	1.00 0.00	X		X				0	0	0
(8) AMY PRICE VICE CHAIR	1.00 0.00	X		X				0	0	0
(9) HOLLY SMITH DIRECTOR	1.00 0.00	X						0	0	0
(10) KATHLEEN WALKER DIRECTOR	1.00 0.00	X						0	0	0
(11)										

COPY

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....							120,235			
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							120,235			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

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

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

COPY

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	665			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f		665			
	<b>Program Service Revenue</b>	<b>2a</b> GOVERNMENT CONTRACTS	Business Code	6,187,923	6,187,923	
<b>b</b> TENANT ROOM & BOARD			323,534	323,534		
<b>c</b> CLIENT SERVICES			48,847	48,847		
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			6,560,304			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		110,048		110,048
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		6,942		
		<b>7a</b>		6,942		
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>		6,942	
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11a</b> MISCELLANEOUS REVENUE	Business Code	12,198	12,198		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		12,198			
<b>12 Total revenue.</b> See instructions		6,683,215	6,572,502	0	110,048	

COPY

Form 990 (2023)

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	120,235		120,235	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,175,694	3,704,296	471,398	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	869,509	748,809	120,700	
<b>10</b> Payroll taxes	349,659	296,246	53,413	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	29,442	29,442		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	71,746	25,094	46,652	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	18,979	9,570	9,409	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	218,173	121,876	96,297	
<b>17</b> Travel	19,844	18,748	1,096	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	171,067	140,235	30,832	
<b>23</b> Insurance	97,965	79,985	17,980	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIRS AND MAINTENANCE	137,070	104,846	32,224	
<b>b</b> FOOD EXPENSE	128,824	125,280	3,544	
<b>c</b> HOUSEHOLD	51,611	46,937	4,674	
<b>d</b> DUES AND SUBSCRIPTIONS	43,906	12,224	31,682	
<b>e</b> All other expenses	76,379	5,836	70,543	
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,580,103	5,469,424	1,110,679	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

COPY

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	737,389	<b>1</b>	619,353
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	590,414	<b>4</b>	553,440
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	111,633	<b>9</b>	130,698
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,799,977		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,802,430	2,143,072	<b>10c</b> 2,997,547
	<b>11</b> Investments—publicly traded securities	4,142,512	<b>11</b>	3,873,551
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	76,517	<b>15</b>	19,688
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	7,801,537	<b>16</b>	8,194,277	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	44,637	<b>17</b>	53,510
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	267,824	<b>25</b>	250,605
	<b>26 Total liabilities.</b> Add lines 17 through 25	312,461	<b>26</b>	304,115
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	7,472,894	<b>27</b>	7,873,751
	<b>28</b> Net assets with donor restrictions	16,182	<b>28</b>	16,411
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances	7,489,076	<b>32</b>	7,890,162	
<b>33</b> Total liabilities and net assets/fund balances	7,801,537	<b>33</b>	8,194,277	

COPY

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,683,215
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,580,103
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	103,112
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	7,489,076
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	297,974
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	7,890,162

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

COPY

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

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

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

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

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

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

**COPY**

Schedule A (Form 990) 2023



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	559,815	237,360	352,718	10,594	665	1,161,152
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,516,499	4,651,128	4,833,416	6,749,286	6,683,215	27,433,544
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	5,076,314	4,888,488	5,186,134	6,759,880	6,683,880	28,594,696
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						28,594,696

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6	5,076,314	4,888,488	5,186,134	6,759,880	6,683,880	28,594,696
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	96,165	45,692	99,715	87,477	110,048	439,097
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	96,165	45,692	99,715	87,477	110,048	439,097
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	5,172,479	4,934,180	5,285,849	6,847,357	6,793,928	29,033,793

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	98.49%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	98.21%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	2%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	2%

**19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

COPY  
Schedule A (Form 990) 2023

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

COPY

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

COPY

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

COPY



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, total acreage, number of easements on historic structures, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

COPY



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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds**

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations?
- (ii) Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		563,092		563,092
b Buildings		3,793,932		3,793,932
c Leasehold improvements				
d Equipment		442,953		442,953
e Other			1,802,430	-1,802,430
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,997,547

**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

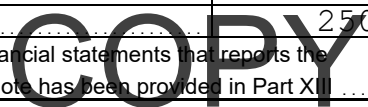
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL & TAXES	250,605
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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



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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,683,215
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,683,215
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,683,215

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

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

1	Total expenses and losses per audited financial statements		1	6,580,103
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,580,103
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,580,103

**Part XIII Supplemental Information**

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

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

CHAMBERLIN HOUSE, INC. IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THIS TAX-EXEMPT STATUS CAN BE REVOKED BY THE INTERNAL REVENUE SERVICE AS A RESULT OF DIRECT VIOLATIONS OF LAWS AND REGULATIONS GOVERNING 501(C)(3) ORGANIZATIONS. THE ORGANIZATION'S OPERATING POLICY REQUIRES STRICT ADHERENCE TO THESE LAWS AND REGULATIONS IN ORDER TO MAINTAIN ITS TAXEXEMPT STATUS. MANAGEMENT'S POLICY IS TO ENGAGE IN ACTIVITIES RELATED TO THEIR EXEMPT PURPOSE. MANAGEMENT EVALUATES TAX POSITIONS ANNUALLY BASED ON THE GUIDANCE IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740. FASB ASC 740 PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING, IN THE FINANCIAL

**COPY**

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

STATEMENTS, TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, INCLUDING POSITIONS THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX BENEFITS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COMPLETE COPY OF FORM 990 AND RELATED SCHEDULES WERE REVIEWED AND

APPROVED BY THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS ENFORCE THE CONFLICTS OF

INTEREST POLICY WHERE DEEMED NECESSARY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE

DIRECTOR'S COMPENSATION PACKAGE ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION PACKAGE

FOR KEY EMPLOYEES ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

CHAMBERLIN HOUSE, INC.'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**COPY**

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

CHAMBERLIN HOUSE, INC.

Identifying number 93-0721567

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I, including fields for maximum amount, total cost, threshold cost, reduction in limitation, and dollar limitation.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II, including fields for special depreciation allowance, property subject to section 168(f)(1) election, and other depreciation.

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

Section A

Table with 2 rows for Section A, including fields for MACRS deductions for assets placed in service in tax years beginning before 2023.

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows (19a-i) for Section B, detailing classification, month/year, basis, recovery period, convention, method, and depreciation deduction.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns and 4 rows (20a-d) for Section C, detailing class life, month/year, basis, recovery period, convention, method, and depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV, including fields for listed property, total amounts, and basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.



# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
6	Land - Sander	4/30/96	27,796				27,796	0	-- Land	0	0
7	House - Sander	4/30/96	76,044				76,044	20	MO S/L	76,044	0
9	Land - Robb	6/25/96	33,884				33,884	0	-- Land	0	0
10	House - Robb	6/25/96	83,544				83,544	20	MO S/L	83,544	0
12	Improvements	8/09/96	22,355				22,355	20	MO S/L	22,355	0
13	Improvements	8/09/96	14,535				14,535	20	MO S/L	14,535	0
17	Improvements	5/01/99	26,251				26,251	20	MO S/L	26,251	0
18	Land - Scheler	8/31/99	45,600				45,600	0	-- Land	0	0
19	House - Scheler	8/31/99	153,115				153,115	20	MO S/L	153,115	0
26	Furnace	12/18/00	6,453				6,453	20	MO S/L	6,453	0
28	Sewer	8/10/01	3,400				3,400	27	MO S/L	2,710	123
29	Land-Lehigh	3/31/04	61,600				61,600	0	-- Land	0	0
30	Lehigh House	3/31/04	137,597				137,597	20	MO S/L	132,437	5,160
33	Bldg Improvements	7/08/04	11,661				11,661	20	MO S/L	11,078	583
47	Sprinkler System	6/01/08	6,128				6,128	27	MO S/L	3,361	223
59	Security Alarm System	12/10/08	8,015				8,015	27	MO S/L	4,250	292
85	Remodel - Mitchell	12/03/09	49,460				49,460	39	MO S/L	17,227	1,268
91	Roof - Robb	2/28/10	9,995				9,995	18	MO S/L	7,404	555
121	New Furnace & A/C	1/18/11	7,922				7,922	15	MO S/L	6,558	528
132	New Office	5/01/11	44,384				44,384	15	MO S/L	36,000	2,959
133	Remodel Kitchen & Bath	5/01/11	20,904				20,904	20	MO S/L	12,717	1,045
134	ADA Bathroom	5/05/11	76,228				76,228	20	MO S/L	46,372	3,811
140	ADA Bathroom	6/09/11	17,967				17,967	20	MO S/L	10,855	898
156	Activity Center	2/17/12	268,927				268,927	15	MO S/L	203,189	17,929
179	Construction - Robb House	2/25/13	15,672				15,672	20	MO S/L	8,097	784
180	Window Replacement	7/09/13	5,000				5,000	15	MO S/L	3,333	334
181	Roof	8/13/13	10,200				10,200	15	MO S/L	6,743	680
183	2006 Scion XB w/Lift	9/16/13	11,000				11,000	5	MO S/L	11,000	0
184	House Remodel - Robb	12/05/13	4,957				4,957	20	MO S/L	2,375	248
186	Fire Control	8/01/13	2,617				2,617	7	MO S/L	2,617	0
187	Phone System	12/16/14	5,646				5,646	5	MO S/L	5,646	0
188	Computer System	3/17/15	33,910				33,910	5	MO S/L	33,910	0
190	Fire Monitoring System	7/15/14	800				800	5	MO S/L	800	0
192	Fire Monitoring System	7/15/14	800				800	5	MO S/L	800	0
194	Sprinkler System	12/16/14	11,283				11,283	10	MO S/L	9,591	1,128
195	Fire Monitoring System	7/15/14	800				800	5	MO S/L	800	0
196	Sprinkler System	1/28/15	13,445				13,445	10	MO S/L	11,316	1,345
197	Fire Monitoring System	7/15/14	2,400				2,400	5	MO S/L	2,400	0
198	Dumpster Building Mitchell	4/05/16	6,245				6,245	15	MO S/L	3,018	417
199	Bathroom Remodel Lehigh	4/19/16	15,784				15,784	15	MO S/L	7,541	1,053
201	Concrete Work Sander	11/17/15	2,365				2,365	15	MO S/L	1,196	157
202	Concrete Work Scheler	11/01/15	4,015				4,015	15	MO S/L	2,052	268
204	2016 Ford Transit Van with Lift	3/22/16	60,305				60,305	7	MO S/L	60,305	0
205	2016 Ford Transit Van with Lift	3/22/16	60,305				60,305	7	MO S/L	60,305	0
206	2014 Dodge Grand Caravan	9/01/15	19,469				19,469	3	MO S/L	19,469	0
207	2014 Dodge Grand Caravan	9/01/15	19,574				19,574	3	MO S/L	19,574	0
208	2013 Dodge Grand Caravan	9/09/15	15,179				15,179	3	MO S/L	15,179	0
209	2014 Dodge Grand Caravan	9/09/15	19,219				19,219	3	MO S/L	19,219	0
210	2014 Dodge Grand Caravan	10/05/15	17,844				17,844	3	MO S/L	17,844	0
211	2014 Dodge Grand Caravan	10/05/15	17,353				17,353	3	MO S/L	17,353	0
214	Speed Queen Washer	3/03/16	1,699				1,699	3	MO S/L	1,699	0
215	Flooring - Nancy	1/18/17	8,597				8,597	15	MO S/L	3,678	573
216	Flooring - Goode	11/14/16	4,750				4,750	15	MO S/L	2,111	317
217	Flooring - Goode	10/13/16	4,750				4,750	15	MO S/L	2,138	316
218	Flooring - Robb	12/21/16	5,122				5,122	15	MO S/L	2,220	341
219	Kitchen Remodel - Lehigh	11/19/16	22,072				22,072	15	MO S/L	9,687	1,472
220	Handrail - Lehigh	11/19/16	4,240				4,240	15	MO S/L	1,861	283
221	Washer / Dryer Speed Queen	9/28/16	2,700				2,700	3	MO S/L	2,700	0
223	Land - Goode	10/03/16	65,290				65,290	0	-- Land	0	0
224	House - Goode	10/03/16	159,848				159,848	20	MO S/L	53,949	7,992
225	Nancy - Land	12/14/16	66,539				66,539	0	-- Land	0	0
226	Nancy - House	12/14/16	179,902				179,902	20	MO S/L	59,218	8,995
227	Laundry/Hall/Bathroom Remodel	8/23/17	5,855				5,855	15	MO S/L	2,277	390
228	Manager Office Enclosure	11/24/17	2,875				2,875	15	MO S/L	1,070	192
229	Kitchen/Staff Area/Bathroom	8/23/17	41,041				41,041	15	MO S/L	15,960	2,736
230	Window w/door	11/24/17	7,648				7,648	15	MO S/L	2,847	510
231	Heat/AC Unit	1/30/18	2,305				2,305	15	MO S/L	833	153
232	Kyocera M3540 Copy System	7/11/17	2,396				2,396	5	MO S/L	2,396	0
233	Heat Pump	5/31/18	3,964				3,964	15	MO S/L	1,243	265
234	Kitchen/Bath Remodel	2/26/18	44,062				44,062	15	MO S/L	15,667	2,937

COPY

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
235	Kitchen Remodel	6/30/18	79,549			79,549	15 MO S/L	26,516	5,304
236	Fence & Handrail	2/26/18	2,685			2,685	15 MO S/L	955	179
237	Land - Salem Ave.	10/25/17	105,398			105,398	0 -- Land	0	0
238	2016 Chrysler Town & Country	10/17/18	19,294			19,294	7 MO S/L	12,863	2,756
239	Water Lines	5/07/19	6,790			6,790	20 MO S/L	1,415	339
240	House Addition/Bathroom Remodel	6/30/19	174,105			174,105	20 MO S/L	34,821	8,705
241	Ductwork & Insulation	6/30/19	4,275			4,275	20 MO S/L	855	214
242	Konica Minolta Bizhub C-224e	4/15/19	3,495			3,495	5 MO S/L	2,971	524
243	Flooring/Remodel-Laundry,staff,manager rc	2/28/20	40,942			40,942	15 MO S/L	9,098	2,730
244	Dar's Place- Full Build w/ landscaping	2/28/20	384,251			384,251	27 MO S/L	46,576	13,973
245	Chapman House- Full build w/ landscaping	2/28/20	357,115			357,115	27 MO S/L	43,287	12,986
246	Ductless System	5/19/20	8,600			8,600	15 MO S/L	1,768	573
247	Powell Remodel	11/16/20	80,548			80,548	15 MO S/L	13,872	5,370
248	Bathroom Remodel	1/18/21	5,950			5,950	15 MO S/L	959	396
250	Half Wall for Staff Area	5/03/21	3,590			3,590	15 MO S/L	519	239
252	Lehigh Remodel	6/30/22	88,758			88,758	15 MO S/L	5,917	5,917
253	Scheler - New Roof	6/07/22	24,310			24,310	15 MO S/L	1,756	1,620
254	Scheler - Interior Remodel	6/30/22	17,818			17,818	15 MO S/L	1,188	1,188
255	Exterior Lighting	3/21/22	2,355			2,355	5 MO S/L	589	471
256	2016 Ford Econoline	7/29/21	22,838			22,838	3 MO S/L	14,591	7,613
257	HVAC	6/30/22	13,500			13,500	10 MO S/L	1,350	1,350
258	New Engine - 2014 Dodge Caravan	10/01/21	7,995			7,995	3 MO S/L	4,664	2,665
259	Aluminum Rail and Decking	1/18/21	6,260			6,260	15 MO S/L	1,009	417
260	Laundry Room Remodel	3/15/23	9,504			9,504	15 MO S/L	211	634
261	Solar Panels	7/28/22	4,650			4,650	20 MO S/L	213	233
262	Solar Panels	9/27/22	4,652			4,652	20 MO S/L	174	233
263	Solar Panels	9/27/22	2,850			2,850	20 MO S/L	107	142
264	Solar Panels - 1925	9/27/22	4,200			4,200	20 MO S/L	158	210
265	Solar Panels - 1927	9/27/22	3,000			3,000	20 MO S/L	113	150
266	Solar Panels - 1931	2/28/23	4,650			4,650	20 MO S/L	78	232
267	Solar Panels	5/25/23	6,051			6,051	20 MO S/L	25	303
268	Ceiling Lift	10/04/22	29,527			29,527	15 MO S/L	1,476	1,969
269	8'x10' storage building	11/21/22	7,980			7,980	15 MO S/L	310	532
270	Speed Queen 27" Laundry Center	2/07/23	4,399			4,399	5 MO S/L	367	879
271	Covered Walkway	6/30/23	2,641			2,641	0 -- Memo	0	0
	Sold/Scrapped: 6/30/24								
272	Flooring 1927B	6/30/23	4,301			4,301	0 -- Memo	0	0
	Sold/Scrapped: 3/13/24								
273	Kitchen Remodel 1929	11/07/23	10,143			10,143	15 MO S/L	0	451
274	Flooring 1925A	11/09/23	5,323			5,323	15 MO S/L	0	237
275	Bathroom Remodel 1925A	11/14/23	5,896			5,896	15 MO S/L	0	262
276	Bathroom Remodel	2/02/24	6,699			6,699	15 MO S/L	0	186
277	Shower Remodel 1927C	3/20/24	5,968			5,968	15 MO S/L	0	99
278	Flooring 1927C	2/16/24	5,323			5,323	15 MO S/L	0	118
279	Flooring 1927B	3/13/24	8,600			8,600	15 MO S/L	0	191
280	Bathroom Remodel 1925C	6/03/24	5,968			5,968	15 MO S/L	0	33
281	Dining area and Managers Office Lighting	6/03/24	4,258			4,258	15 MO S/L	0	24
282	Office Remodel	5/14/24	132,861			132,861	15 MO S/L	0	1,476
283	2019 Dodge Grand Caravan - 610PNW	7/26/23	21,459			21,459	3 MO S/L	0	6,557
284	HVAC system in garage	2/02/24	3,764			3,764	5 MO S/L	0	314
285	Solar panels	3/10/24	8,578			8,578	20 MO S/L	0	143
286	Land - Admin	12/31/23	141,985			141,985	0 -- Land	0	0
287	Building - Admin	12/31/23	533,490			533,490	25 MO S/L	0	10,670
288	Covered Walkway	6/30/24	132,169			132,169	0 -- Memo	0	0
	<b>Total Other Depreciation</b>		<u>4,806,917</u>			<u>4,806,917</u>		<u>1,631,363</u>	<u>171,067</u>
	<b>Total ACRS and Other Depreciation</b>		<u>4,806,917</u>			<u>4,806,917</u>		<u>1,631,363</u>	<u>171,067</u>
	<b>Grand Totals</b>		4,806,917			4,806,917		1,631,363	171,067
	<b>Less: Dispositions and Transfers</b>		6,942			6,942		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>4,799,975</u>			<u>4,799,975</u>		<u>1,631,363</u>	<u>171,067</u>

# COPY



# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

COPY

# Future Depreciation Report    FYE: 6/30/25

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
6	Land - Sander	4/30/96	27,796	0	0
7	House - Sander	4/30/96	76,044	0	0
9	Land - Robb	6/25/96	33,884	0	0
10	House - Robb	6/25/96	83,544	0	0
12	Improvements	8/09/96	22,355	0	0
13	Improvements	8/09/96	14,535	0	0
17	Improvements	5/01/99	26,251	0	0
18	Land - Scheler	8/31/99	45,600	0	0
19	House - Scheler	8/31/99	153,115	0	0
26	Furnace	12/18/00	6,453	0	0
28	Sewer	8/10/01	3,400	124	0
29	Land-Lehigh	3/31/04	61,600	0	0
30	Lehigh House	3/31/04	137,597	0	0
33	Bldg Improvements	7/08/04	11,661	0	0
47	Sprinkler System	6/01/08	6,128	223	0
59	Security Alarm System	12/10/08	8,015	291	0
85	Remodel - Mitchell	12/03/09	49,460	1,268	0
91	Roof - Robb	2/28/10	9,995	555	0
121	New Furnace & A/C	1/18/11	7,922	528	0
132	New Office	5/01/11	44,384	2,959	0
133	Remodel Kitchen & Bath	5/01/11	20,904	1,045	0
134	ADA Bathroom	5/05/11	76,228	3,812	0
140	ADA Bathroom	6/09/11	17,967	899	0
156	Activity Center	2/17/12	268,927	17,928	0
179	Construction - Robb House	2/25/13	15,672	783	0
180	Window Replacement	7/09/13	5,000	333	0
181	Roof	8/13/13	10,200	680	0
183	2006 Scion XB w/Lift	9/16/13	11,000	0	0
184	House Remodel - Robb	12/05/13	4,957	248	0
186	Fire Control	8/01/13	2,617	0	0
187	Phone System	12/16/14	5,646	0	0
188	Computer System	3/17/15	33,910	0	0
190	Fire Monitoring System	7/15/14	800	0	0
192	Fire Monitoring System	7/15/14	800	0	0
194	Sprinkler System	12/16/14	11,283	564	0
195	Fire Monitoring System	7/15/14	800	0	0
196	Sprinkler System	1/28/15	13,445	784	0
197	Fire Monitoring System	7/15/14	2,400	0	0
198	Dumpster Building Mitchell	4/05/16	6,245	416	0
199	Bathroom Remodel Lehigh	4/19/16	15,784	1,052	0
201	Concrete Work Sander	11/17/15	2,365	158	0
202	Concrete Work Scheler	11/01/15	4,015	267	0
204	2016 Ford Transist Van with Lift	3/22/16	60,305	0	0
205	2016 Ford Transit Van with Lift	3/22/16	60,305	0	0
206	2014 Dodge Grand Caravan	9/01/15	19,469	0	0
207	2014 Dodge Grand Caravan	9/01/15	19,574	0	0
208	2013 Dodge Grand Caravan	9/09/15	15,179	0	0
209	2014 Dodge Grand Caravan	9/09/15	19,219	0	0
210	2014 Dodge Grand Caravan	10/05/15	17,844	0	0
211	2014 Dodge Grand Caravan	10/05/15	17,353	0	0
214	Speed Queen Washer	3/03/16	1,699	0	0
215	Flooring - Nancy	1/18/17	8,597	573	0
216	Flooring - Goode	11/14/16	4,750	316	0
217	Flooring - Goode	10/13/16	4,750	317	0
218	Flooring - Robb	12/21/16	5,122	341	0
219	Kitchen Remodel - Lehigh	11/19/16	22,072	1,471	0
220	Handrail - Lehigh	11/19/16	4,240	282	0
221	Washer / Dryer Speed Queen	9/28/16	2,700	0	0
223	Land - Goode	10/03/16	65,290	0	0
224	House - Goode	10/03/16	159,848	7,993	0
225	Nancy - Land	12/14/16	66,539	0	0
226	Nancy - House	12/14/16	179,902	8,995	0
227	Laundry/Hall/Bathroom Remodel	8/23/17	5,855	391	0
228	Manager Office Enclosure	11/24/17	2,875	192	0
229	Kitchen/Staff Area/Bathroom	8/23/17	41,041	2,737	0
230	Window w/door	11/24/17	7,648	510	0
231	Heat/AC Unit	1/30/18	2,305	154	0
232	Kyocera M3540 Copy System	7/11/17	2,396	0	0

# COPY

# Future Depreciation Report

FYE: 6/30/25

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
233	Heat Pump	5/31/18	3,964	264	0
234	Kitchen/Bath Remodel	2/26/18	44,062	2,937	0
235	Kitchen Remodel	6/30/18	79,549	5,303	0
236	Fence & Handrail	2/26/18	2,685	179	0
237	Land - Salem Ave.	10/25/17	105,398	0	0
238	2016 Chrysler Town & Country	10/17/18	19,294	2,756	0
239	Water Lines	5/07/19	6,790	340	0
240	House Addition/Bathroom Remodel	6/30/19	174,105	8,706	0
241	Ductwork & Insulation	6/30/19	4,275	214	0
242	Konica Minolta Bizhub C-224e	4/15/19	3,495	0	0
243	Flooring/Remodel-Laundry,staff,manager rooms	2/28/20	40,942	2,729	0
244	Dar's Place- Full Build w/ landscaping	2/28/20	384,251	13,972	0
245	Chapman House- Full build w/ landscaping	2/28/20	357,115	12,986	0
246	Ductless System	5/19/20	8,600	573	0
247	Powell Remodel	11/16/20	80,548	5,370	0
248	Bathroom Remodel	1/18/21	5,950	397	0
250	Half Wall for Staff Area	5/03/21	3,590	239	0
252	Lehigh Remodel	6/30/22	88,758	5,918	0
253	Scheler - New Roof	6/07/22	24,310	1,621	0
254	Scheler - Interior Remodel	6/30/22	17,818	1,188	0
255	Exterior Lighting	3/21/22	2,355	471	0
256	2016 Ford Econoline	7/29/21	22,838	634	0
257	HVAC	6/30/22	13,500	1,350	0
258	New Engine - 2014 Dodge Caravan	10/01/21	7,995	666	0
259	Aluminum Rail and Decking	1/18/21	6,260	417	0
260	Laundry Room Remodel	3/15/23	9,504	633	0
261	Solar Panels	7/28/22	4,650	232	0
262	Solar Panels	9/27/22	4,652	233	0
263	Solar Panels	9/27/22	2,850	143	0
264	Solar Panels - 1925	9/27/22	4,200	210	0
265	Solar Panels - 1927	9/27/22	3,000	150	0
266	Solar Panels - 1931	2/28/23	4,650	233	0
267	Solar Panels	5/25/23	6,051	302	0
268	Ceiling Lift	10/04/22	29,527	1,968	0
269	8'x10' storage building	11/21/22	7,980	532	0
270	Speed Queen 27" Laundry Center	2/07/23	4,399	880	0
273	Kitchen Remodel 1929	11/07/23	10,143	676	0
274	Flooring 1925A	11/09/23	5,323	354	0
275	Bathroom Remodel 1925A	11/14/23	5,896	393	0
276	Bathroom Remodel	2/02/24	6,699	447	0
277	Shower Remodel 1927C	3/20/24	5,968	398	0
278	Flooring 1927C	2/16/24	5,323	355	0
279	Flooring 1927B	3/13/24	8,600	573	0
280	Bathroom Remodel 1925C	6/03/24	5,968	398	0
281	Dining area and Managers Office Lighting	6/03/24	4,258	284	0
282	Office Remodel	5/14/24	132,861	8,858	0
283	2019 Dodge Grand Caravan - 610PNW	7/26/23	21,459	7,153	0
284	HVAC system in garage	2/02/24	3,764	752	0
285	Solar panels	3/10/24	8,578	429	0
286	Land - Admin	12/31/23	141,985	0	0
287	Building - Admin	12/31/23	533,490	21,339	0
288	Covered Walkway	6/30/24	132,169	0	0
<b>Total Other Depreciation</b>			<b>4,799,975</b>	<b>176,344</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>4,799,975</b>	<b>176,344</b>	<b>0</b>
<b>Grand Totals</b>			<b>4,799,975</b>	<b>176,344</b>	<b>0</b>

# COPY

Form **990****Two Year Comparison Report****2022 & 2023**

For calendar year 2023, or tax year beginning 07/01/23, ending 06/30/24

Name

Taxpayer Identification Number

CHAMBERLIN HOUSE, INC.

93-0721567

		2022	2023	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,700	665	-1,035
	2. Membership dues and assessments			
	3. Government contributions and grants	8,894		-8,894
	4. Program service revenue	6,732,711	6,560,304	-172,407
	5. Investment income	87,477	110,048	22,571
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	16,575	12,198	-4,377
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>6,847,357</b>	<b>6,683,215</b>	<b>-164,142</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	130,781	120,235	-10,546
	16. Salaries, other compensation, and employee benefits	4,683,246	5,394,862	711,616
	17. Professional fundraising fees			
	18. Other professional fees	219,971	101,188	-118,783
	19. Occupancy, rent, utilities, and maintenance	208,734	218,173	9,439
	20. Depreciation and Depletion	162,847	171,067	8,220
	21. Other expenses	502,396	574,578	72,182
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>5,907,975</b>	<b>6,580,103</b>	<b>672,128</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>939,382</b>	<b>103,112</b>	<b>-836,270</b>
<b>Other Information</b>	24. Total exempt revenue	6,847,357	6,683,215	-164,142
	25. Total unrelated revenue			
	26. Total excludable revenue	6,836,763	6,682,550	-154,213
	27. Total assets	7,801,536	8,194,277	392,741
	28. Total liabilities	312,461	304,115	-8,346
	29. Retained earnings	7,489,075	7,890,162	401,087
	30. Number of voting members of governing body	9	10	
	31. Number of independent voting members of governing body	9	10	
	32. Number of employees	92	173	
	33. Number of volunteers	12	10	

**COPY**

Form **990****Tax Return History****2023**

Name

CHAMBERLIN HOUSE, INC.

Employer Identification Number

93-0721567

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	559,815	237,360	352,718	10,594	665	
Membership dues						
Program service revenue	4,500,815	4,636,853	4,820,095	6,732,711	6,560,304	
Capital gain or loss			-2,704			
Investment income	96,165	45,692	99,715	87,477	110,048	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	15,684	14,275	13,321	16,575	12,198	
<b>Total revenue</b>	<b>5,172,479</b>	<b>4,934,180</b>	<b>5,283,145</b>	<b>6,847,357</b>	<b>6,683,215</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	85,455	96,713	128,811	130,781	120,235	
Other compensation	3,593,374	3,473,333	4,080,501	4,683,246	5,394,862	
Professional fees	57,159	73,681	158,531	219,971	101,188	
Occupancy costs	138,829	151,853	199,470	208,734	218,173	
Depreciation and depletion	126,160	141,535	153,429	162,847	171,067	
Other expenses	290,550	314,082	503,943	502,396	574,578	
<b>Total expenses</b>	<b>4,291,527</b>	<b>4,251,197</b>	<b>5,224,685</b>	<b>5,907,975</b>	<b>6,580,103</b>	
<b>Excess or (Deficit)</b>	<b>880,952</b>	<b>682,983</b>	<b>58,460</b>	<b>939,382</b>	<b>103,112</b>	
Total exempt revenue	5,172,479	4,934,180	5,283,145	6,847,357	6,683,215	
Total unrelated revenue						
Total excludable revenue	4,612,664	4,696,820	4,930,427	6,836,763	6,682,550	
Total Assets	6,067,558	7,230,830	6,567,055	7,801,536	8,194,277	
Total Liabilities	307,185	267,104	210,178	312,461	304,115	
Net Fund Balances	5,760,373	6,963,726	6,356,877	7,489,075	7,890,162	

**COPY**

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT EARNINGS	\$ 110,048		14			
TOTAL	\$ <u>110,048</u>					

COPY

## Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES	\$ 71,746	\$ 25,094	\$ 46,652	\$
TOTAL	\$ 71,746	\$ 25,094	\$ 46,652	\$ 0

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
RECRUITING	\$ 32,908	\$	\$ 32,908	\$
TRAINING	23,141	85	23,056	
MISCELLANEOUS	20,124	5,751	14,373	
BOARD EXPENSES	206		206	
TOTAL	\$ 76,379	\$ 5,836	\$ 70,543	\$ 0

COPY

Accuity, LLC  
PO Box 1072  
Albany, OR 97321-0415

Chamberlin House, Inc.  
2360 14th Ave SE  
Albany, OR 97322  
|||||