

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

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

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MORE THAN A PHONE, INC.</b>		<b>D</b> Employer identification number <b>81-4267414</b>
	Doing business as		<b>E</b> Telephone number <b>317-496-4328</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,692,652.</b>
	<b>10300 KINCAID DRIVE SUITE 203</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>FISHERS, IN 46037</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>COURTNEY KIBBLE</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>HTTPS://WWW.MORETHANAPHONE.ORG/</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2016</b>
<b>M</b> State of legal domicile: <b>IN</b>			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDING SURVIVORS OF DOMESTIC VIOLENCE WITH SMARTPHONES AND DATA SERVICE TO STAY CONNECTED.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>1</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,052,768.</b>	<b>Current Year</b> <b>1,473,340.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-46,407.</b>	<b>84,750.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,006,361.</b>	<b>1,558,090.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>612,191.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>39,693.</b>	<b>79,014.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>87,375.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>91,065.</b>	<b>109,955.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>742,949.</b>	<b>903,371.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>263,412.</b>	<b>654,719.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>1,132,126.</b>	<b>End of Year</b> <b>1,781,082.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>26,900.</b>	<b>21,137.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,105,226.</b>	<b>1,759,945.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>COURTNEY KIBBLE, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>CASSE TATE</b>	<b>CASSE TATE</b>	<b>11/13/25</b>		<b>P01271193</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>KSM BUSINESS SERVICES, INC</b> <b>PO BOX 40857</b> <b>INDIANAPOLIS, IN 46240</b>	<b>35-2123203</b>		<b>317.580.2000</b>	

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 [X]

1 Briefly describe the organization's mission: AT MORE THAN A PHONE, WE BELIEVE EVERYONE DESERVES A RELIABLE AND SAFE SMARTPHONE, ESPECIALLY SURVIVORS OF DOMESTIC VIOLENCE. WE MEET THE NEED FOR CONNECTION WHILE EMPOWERING INDEPENDENCE THROUGH OUR DEVICES AND DATA. WE ALSO CULTIVATE COMMUNITY THROUGHOUT THE US, IN CITIES

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 \$ 722,026. including grants of \$ 714,402. ) (Revenue \$ ) MORE THAN A PHONE IS OUR PROGRAM THAT DONATES SMART PHONES AND DATA SERVICE TO SURVIVORS OF DOMESTIC VIOLENCE. OUR GOAL IS TO HELP THOSE IN NEED STAY CONNECTED; AS MOST OF US KNOW OUR WIRELESS DEVICES ARE NEARLY A NECESSITY. WHEN FACED WITH A TRAUMATIC LIFE EVENT, THE REASSURANCE OF BEING CONNECTED CAN HELP REDUCE SOME STRESS.

WE PARTNER WITH DOMESTIC VIOLENCE SHELTERS AND OTHER NONPROFITS THAT SUPPORT SURVIVORS. WE PROVIDE THEM WITH AN ANNUAL BOX THAT CONTAINS 40 PHONES, AND EACH PHONE IS ACTIVATED WHEN NEEDED WITH 4 MONTHS OF DATA SERVICE. THE PHONES ARE THEIRS TO KEEP FOREVER.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) DONATE A PHONE, TURN IN YOUR OLD DEVICE AT PARTICIPATING TCC AND WIRELESS ZONE STORES. THESE PHONES WILL BE PROPERLY RECYCLED, AND DONATIONS WILL SUPPORT THE PROGRAM THROUGH A THIRD-PARTY DONATION.

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

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

4e Total program service expenses 722,026.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No status. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' answers.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a-12b, 13, 14a-14b, 15, 16, 17.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (8), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN, MI, NJ, 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.
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
JENNIFER BURKE - 317-370-0008
10300 KINCAID DRIVE SUITE 203, FISHERS, IN 46037

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRANDI CRAIG PRESIDENT/ FUNDRAISING	1.00	X		X				0.	0.	0.
(2) KRISTI BEHLER TREASURER/FINANCE	1.00	X		X				0.	0.	0.
(3) SAM RYAN SECRETARY/ STRATEGIC DIRECTION	1.00	X		X				0.	0.	0.
(4) ABBY SPEERS FUNDRAISING	1.00	X						0.	0.	0.
(5) JIMMY RAYFORD PAST PRESIDENT/STRATEGIC DIRECTION	1.00	X		X				0.	0.	0.
(6) JULIE MOOREHEAD EXECUTIVE DIRECTOR	20.00			X				0.	0.	0.
(7) JIM AUSTIN FUNDRAISING	1.00	X						0.	0.	0.
(8) STEPHANIE HOLMES-GULLANS PROGRAMMING	1.00	X						0.	0.	0.
(9) BERTARIUS PETERSON STRATEGIC DIRECTION	1.00	X						0.	0.	0.
(10) CARL ROBERTS PROGRAMMING	1.00	X						0.	0.	0.
(11) MICHELLE STRONG FUNDRAISING	1.00	X						0.	0.	0.
(12) EMMA KELLY FUNDRAISING	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	0.	0.	

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

	Yes	No
<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
NONE		

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	200,664.				
	<b>d</b> Related organizations .....	<b>1d</b>	200,000.				
	<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>	1,072,676.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 414,277.				
	<b>h Total.</b> Add lines 1a-1f .....		1,473,340.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ 200,664. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		11,142.				
			75,345.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-64,203.			-64,203.	
<b>9 a</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>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		208,170.				
			59,217.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....			148,953.			148,953.	
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			1,558,090.	0.	0.	84,750.	

**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 ...	714,402.	714,402.		
<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 .....				
<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 .....	73,971.	1,879.	26,918.	45,174.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....	5,043.	128.	1,835.	3,080.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	18,200.		18,200.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	32,709.		32,709.	
<b>12</b> Advertising and promotion .....	32,439.			32,439.
<b>13</b> Office expenses .....	18,425.	5,617.	12,808.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	6,682.			6,682.
<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 .....				
<b>23</b> Insurance .....	1,500.		1,500.	
<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> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	903,371.	722,026.	93,970.	87,375.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,019,313.	<b>1</b>	1,173,263.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	8,000.	<b>3</b>	20,000.
	<b>4</b> Accounts receivable, net .....	29,763.	<b>4</b>	285,750.
	<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 .....	71,748.	<b>8</b>	157,732.
	<b>9</b> Prepaid expenses and deferred charges .....	3,302.	<b>9</b>	144,337.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<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 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,132,126.	<b>16</b>	1,781,082.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	26,900.	<b>17</b>	21,137.
	<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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,900.	<b>26</b>	21,137.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,105,226.	<b>27</b>	1,759,945.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,105,226.	<b>32</b>	1,759,945.
	<b>33</b> Total liabilities and net assets/fund balances .....	1,132,126.	<b>33</b>	1,781,082.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,558,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	903,371.
3	Revenue less expenses. Subtract line 2 from line 1	3	654,719.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,105,226.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,759,945.

**Part XII Financial Statements and Reporting**

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

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	470,395.	468,964.	740,098.	1052768.	1473340.	4205565.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	470,395.	468,964.	740,098.	1052768.	1473340.	4205565.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1941876.
<b>6 Public support.</b> Subtract line 5 from line 4.						2263689.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	470,395.	468,964.	740,098.	1052768.	1473340.	4205565.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	731.					731.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					148,953.	148,953.
<b>11 Total support.</b> Add lines 7 through 10						4355249.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	148,953.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	51.98	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	38.90	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>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>1</b>		
<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>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>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>1</b>		
<b>2</b>		
<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>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>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>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>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<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 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2024

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

Schedule B (Form 990)

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

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

MORE THAN A PHONE, INC.

Employer identification number

81-4267414

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization  <b>MORE THAN A PHONE, INC.</b>	Employer identification number  <b>81-4267414</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 63,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 93,277.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 240,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MORE THAN A PHONE, INC.</b>	Employer identification number <b>81-4267414</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>2</u>	CHARGERS _____ _____ _____	\$ <u>63,500.</u>	_____
<u>4</u>	CELL PHONES _____ _____ _____	\$ <u>93,277.</u>	_____
<u>5</u>	CELL PHONES _____ _____ _____	\$ <u>240,000.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>MORE THAN A PHONE, INC.</b>	Employer identification number  <b>81-4267414</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **MORE THAN A PHONE, INC.** Employer identification number **81-4267414**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

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

LHA 432051 01-02-25

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

**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> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<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)	
(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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,753,801.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	195,711.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	195,711.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	1,558,090.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,558,090.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,099,082.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	195,711.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	195,711.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	903,371.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	903,371.

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023.

THE ORGANIZATION FILES U.S. FEDERAL INFORMATION RETURNS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2021. MANAGEMENT BELIEVES THAT THE ORGANIZATION'S INCOME TAX FILING POSITIONS WILL BE SUSTAINED ON AUDIT AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WILL RESULT IN A MATERIAL CHANGE.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>MORE THAN A TAILGATE</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	211,806.			211,806.
	<b>2</b> Less: Contributions .....	200,664.			200,664.
	<b>3</b> Gross income (line 1 minus line 2) .....	11,142.			11,142.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	4,405.			4,405.
	<b>7</b> Food and beverages .....	39,300.			39,300.
	<b>8</b> Entertainment .....	15,633.			15,633.
	<b>9</b> Other direct expenses .....	16,007.			16,007.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				75,345.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-64,203.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **MORE THAN A PHONE, INC.** Employer identification number **81-4267414**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A NEW LEAF 868 E. UNIVERSITY DRIVE MESA, AZ 85203	86-0256667	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
ALTERNATIVES, INC. 1309 MONTICELLO DRIVE ANDERSON, IN 46011	31-0986769	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
DVSH/PREVENTION - SHELTER HOUSE 10301 DEMOCRACY LANE, SUITE 200 FAIRFAX, VA 22030	52-1217106	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
BOSTON MEDICAL CENTER 771 ALBANY STREET BOSTON, MA 02118	04-3314093	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
BRAYBOY SAFETY AGAINST DOMESTIC VIOLENCE CRISIS - 32 LEE ROAD 407 - MARIANNA, AR 72360	46-1277032	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
CASA SEDALIA (CITIZENS AGAINST SPOUSE ABUSE) - 3785 TRAVIS SR - SEDALIA, MO 65301	43-1295568	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **105.**

3 Enter total number of other organizations listed in the line 1 table ..... **0.**

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

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HOPE & SAFETY 605 CENTER STREET NE SALEM, OR 97301	51-0141214	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
CHEROKEE FAMILY VIOLENCE CENTER PO BOX 489, CANTON, GA 30169 (MAILING: C/O KAREN DIBELLA 242 MOUNTAIN VISTA	58-1650925	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
CIA SIAB, INC. 1825 SUNSET LANE LA CROSSE, WI 54601	81-3606765	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
COBURN PLACE 604 E 38TH ST INDIANAPOLIS, IN 46205	37-1421922	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
COMMUNITY ACTION PARTNERSHIP 229 EAST ORANGE ST. LANCASTER, PA 17602	23-1667311	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
COMMUNITY CRISIS SERVICES 4316 FARRAGUT STREET HYATTSVILLE, MD 20781	52-1634738	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
COMMUNITY HEALTH NETWORK CENTER OF HOPE - 1500 N. RITTER - INDIANAPOLIS, IN 46219	35-0983617	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
COMMUNITY WORKS 2594 E. BARNETT RD., SUITE C MEDFORD, OR 97504	93-0633804	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
COUNCIL ON DOMESTIC ABUSE, INC. 26 SOUTH 17TH STREET TERRE HAUTE, IN 47802	31-1172856	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CRISIS SERVICES 100 RIVER ROCK DRIVE, SUITE 300 BUFFALO, NY 14207	16-0956222	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
CRISIS SERVICES 100 RIVER ROCK DRIVE, SUITE 300 BUFFALO, NY 14207	16-0956222	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
DANE ADVOCACY (DEAF ABUSE NETWORK AND EDUCATION) - 5750 N. 59TH AVE., #133 - GLENDALE, AZ 85301	84-4759589	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
DANE ADVOCACY (DEAF ABUSE NETWORK AND EDUCATION) - 5750 N. 59TH AVE., #133 - GLENDALE, AZ 85301	84-4759589	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
DASH DC 1835 3RD ST. NE WASHINGTON, DC 20002	71-1019574	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
DAY ONE 100 MEDWAY ST. PROVIDENCE, RI 02906	23-0639986	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
DENTON COUNTY FRIENDS OF THE FAMILY - 4845 S. I-35E STE 100 - CORINTH, TX 76210	75-1734175	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
DENTON COUNTY FRIENDS OF THE FAMILY - 4845 S. I-35E STE 100 - CORINTH, TX 76210	75-1734175	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
DOMESTIC VIOLENCE SERVICE CENTER 13 E. SOUTH STREET WILKES-BARRE, PA 18701	23-2070668	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC VIOLENCE SERVICE CENTER 13 E. SOUTH STREET WILKES-BARRE, PA 18701	23-2070668	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
DVSH/PREVENTION - SHELTER HOUSE 10301 DEMOCRACY LANE, SUITE 200 FAIRFAX, VA 22030	52-1217106	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
ENDEAVOR HEALTH PATHWAYS PROGRAM 2740 W. FOSTER AVENUE BASEMENT CHICAGO, IL 60625	20-5055155	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
EVERY WOMAN'S PLACE 1221 W LAKETON AVE. MUSKEGON, MI 49441	38-2072675	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
FAMILY JUSTICE CENTER OF ST. JOSEPH COUNTY - 533 N. NILES AVE., DOOR 1 - SOUTH BEND, IN 46617	02-0736475	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
FAMILY JUSTICE CENTER OF WASHINGTON COUNTY - 735 SW 158TH AVE., SUITE 100 - BEAVERTON, OR 97006	47-4687471	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
FEARLESS! HUDSON VALLEY, INC. 280 BROADWAY, 3RD FLOOR NEWBURGH, NY 12551	14-1679391	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
HANDS OF HOPE 1652 W. THIRD STREET MARION, IN 46952	35-0868083	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARAMBE SOCIAL SERVICES 416 SICKLERVILLE ROAD, 2ND FLOOR SICKLERVILLE, NJ 08081	36-4753370	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
HARBOR HOUSE OF CENTRAL FLORIDA 3600 CLARCONA ROAD, APOPKA, FL 32703; PO BOX 680748 - ORLANDO, FL 32868	59-1712936	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
HARBOR HOUSE/KCCADV 430 W. MERCHANT ST. KANKAKEE, IL 60901	36-3100202	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
HAVEN HOUSE 131 HENRY PARKWAY MCDONOUGH, GA 30253	58-1851426	501(C)3	0.	6,676.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
HAWC-HEALING ABUSE WORKING FOR CHANGE - 27 CONGRESS STREET, SUITE 1204 - SALEM, MA 01970	04-2655367	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
HAWC-HEALING ABUSE WORKING FOR CHANGE - 27 CONGRESS STREET, SUITE 1204 - SALEM, MA 01970	04-2655367	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
HELPING HANDS AGAINST VIOLENCE 1304 WASCO STREET HOOD RIVER, OR 97031	93-0756833	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
HOPE & JUSTICE PROJECT 5 ERSKINE STREET PRESQUE ISLE, ME 04769	01-0364852	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
HOPE & SAFETY ALLIANCE 1577 PEARL ST. EUGENE, OR 97401	93-0692905	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HOPE & JUSTICE PROJECT 5 ERSKINE STREET PRESQUE ISLE, ME 04769	01-0364852	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
ILLINOIS VALLEY SAFE HOUSE ALLIANCE - 103 SOUTH KERBY AVENUE, PO BOX 2490 - CAVE JUNCTION, OR 97523	93-1318416	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
JOURNEY CENTER FOR SAFETY & HEALING - 2806 PAYNE AVE. - CLEVELAND, OH 44144	34-1278377	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
JULIAN CENTER 2011 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1346514	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
LACASA 1920 TOOLEY ROAD HOWELL, MI 48855	38-2370824	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
LAUREL HOUSE 180 WEST GERMANTOWN PIKE, SUITE 2 EAST NORRITON, PA 19401	23-2172743	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
LONOKE COUNTY SAFE HAVEN 200 E. MAIN STREET, #414 CABOT, AR 72023	20-2607084	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
MHH (MARGIE'S HAVEN HOUSE) 1124 W. WALNUT ST. HEBER SPRINGS, AR 72543	71-0674819	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
METRO CENTERS FOR COMMUNITY ADVOCACY - 3929 JEFFERSON HIGHWAY - JEFFERSON, LA 70121	72-1062244	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

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NEW HOPE 311 W. THIRD AVE. MOSES LAKE, WA 98837	91-6001319	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
NEW ORLEANS FAMILY JUSTICE CENTER 701 LOYOLA AVE. SUITE 201 NEW ORLEANS, LA 70150	26-2541029	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
ONE SAFE PLACE 1100 HEMPHILL STREET FORT WORTH, TX 76104	75-2509669	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
ONE SAFE PLACE 1100 HEMPHILL STREET FORT WORTH, TX 76104	75-2509669	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
PARTNERS FOR PEACE 77 ESSEX STREET BANGOR, ME 04401	01-0358090	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE - 3605 VARTAN WAY, SUITE 101 - HARRISBURG, PA 17110	23-2052886	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
PREVAIL 1100 S. 9TH ST. #100 NOBLEVILLE, IN 46060	35-1681864	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
PRIEST RIVER MINISTRIES 6501 HWY 2 PRIEST RIVER, ID 83856	51-0582172	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
PROJECT WOMAN - CLARK 525 E. HOME ROAD SPRINGFIELD, OH 45503	23-7391095	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PROJECT WOMAN - CLARK 525 E. HOME ROAD SPRINGFIELD, OH 45503	23-7391095	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
PROVIDENCE HOUSE - BURLINGTON CO. 595 RANOCAS ROAD WESTAMPTON, NJ 08060	21-0634494	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
PROVIDENCE HOUSE - BURLINGTON CO. 88 SCHOOL HOUSE ROAD WHITING, NJ 08759	21-0634494	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
REMEDIES RENEWING LIVES 220 EASTON PARKWAY ROCKFORD, IL 61108	36-2464898	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SAFE HARBOR - GREENVILLE 224 S. PLEASANTBURG DR., SUITE A-7 GREENVILLE, SC 29607	57-1014137	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SAFE HARBOR - GREENVILLE 224 S. PLEASANTBURG DR., SUITE A-7 GREENVILLE, SC 29607	57-1014137	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SAFE HARBOR - GREENVILLE 224 S. PLEASANTBURG DR., SUITE A-7 GREENVILLE, SC 29607	57-1014137	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SAFE HAVEN MINISTRIES 2627 BIRCHCREST DR., SE GRAND RAPIDS, MI 49506	38-2947328	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SAFE PASSAGE - MA 76 CARLON DRIVE NORTHAMPTON, MA 01060	04-2690131	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SALASIN PROJECT 33 RIDDELL ST., SUITE 1 GREENFIELD, MA 01301	23-7450656	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SALASIN PROJECT 33 RIDDELL ST., SUITE 1 GREENFIELD, MA 01301	23-7450656	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SAVING GRACE 990 NW BROOKS AVE STE 1 BEND, OR 97703	93-0797194	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SHELTERING WINGS 1251 SYCAMORE LN. DANVILLE, IN 46122	35-2077713	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SOJOURNER HOUSE 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SPOKANE REGIONAL DOMESTIC VIOLENCE COALITION - 104 S. FREYA STREET, SUITE 319A, WHITE BLDG. - SPOKANE, WA 99202	84-4167529	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
STEPS TO END DOMESTIC VIOLENCE 66 COLLEGE PARKWAY COLCHESTER, VT 05446	03-0283657	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SURVIVAL ADULT ABUSE CENTER 137 E. CULTON, PO BOX 394 WARRENSBURG, MO 64093	43-1141048	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
SURVIVOR EMPOWERMENT CENTER (THE WOMEN'S CENTER) - 610 S. THOMPSON ST. - CARBONDALE, IL 62901	23-7417709	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

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THE JAMES HOUSE INTERVENTION/PREVENTION SERVICES, INC. - 6610 COMMONS DRIVE, SUITE C - PRINCE GEORGE, VA 23875	54-1774908	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
TULALIP CHILDREN'S ADVOCACY CENTER & LEGACY OF HEALING - 6406 TOTEM BEACH ROAD - TULALIP, WA 98271	26-0807036	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
180 TURNING LIVES AROUND 1 BETHANY ROAD, SUITE 42, BLD. 3 HAZLET, NJ 07730	22-2130220	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
TURNING POINT 2730 CHESTNUT COURT COLUMBUS, IN 47201	31-0993447	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
TURNING POINT MACOMB 76 SOUTH MAIN MOUNT CLEMENS, MI 48043	38-2292020	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
TURNING POINT OF LEHIGH VALLEY 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	23-2100651	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
TURNING POINT OF LEHIGH VALLEY 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	23-2100651	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
VERDE VALLEY SANCTUARY 401 N. 16TH STREET COTTONWOOD, AZ 86326	86-0100882	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
WEST WOMEN'S & CHILDREN'S SHELTER 30 SW 2ND AVE. PORTLAND, OR 97204	94-1156347	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

Schedule I (Form 990)

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WINGS PROGRAM - CITY 5104 TOLLVIEW DRIVE ROLLING MEADOWS, IL 60008	36-3456061	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
WINGS PROGRAM - CITY 5104 TOLLVIEW DRIVE ROLLING MEADOWS, IL 60008	36-3456061	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
WOMEN AWARE 250 LIVINGSTON AVE. NEW BRUNSWICK, NJ 08901	22-2374378	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
WOMEN'S ADVOCATES 588 GRAND AVENUE ST. PAUL, MN 55102	23-7310701	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
WOMEN'S CENTER & SHELTER OF GREATER PITTSBURGH - PO BOX 9024, PITTSBURGH, PA 15224 OR 4760 CENTRE AVE. - PITTSBURGH, PA 15213	25-1264376	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
WOMEN'S CRISIS SUPPORT CENTER 612 NW 5TH STREET GRANTS PASS, OR 97526	93-0763734	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA DAYTON - MONTGOMERY COUNTY 141 W. THIRD STREET DAYTON, OH 45402	31-0537168	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA DAYTON - MONTGOMERY COUNTY 204 NORTH BARRON ST. SUITE C EATON, OH 45320	31-0537168	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA GREENWICH DOMESTIC ABUSE SERVICES - 259 EAST PUTNAM AVENUE - GREENWICH, CT 06830	06-0646992	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA NORTH CENTRAL IN 1102 SOUTH FELLOWS STREET SOUTH BEND, IN 46601	35-0868226	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA OF CENTRAL MA 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA OF PORTLAND 2090 BERRY ST., SE SALEM, OR 97302	93-0386984	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA OF PALM BEACH COUNTY 1016 N. DIXIE HWY. WEST PALM BEACH, FL 33401	59-0751935	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA OF PALM BEACH COUNTY 1016 N. DIXIE HWY. WEST PALM BEACH, FL 33401	59-0751935	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA OF THE NIAGARA FRONTIER 32 COTTAGE STREET LOCKPORT, NY 14094	16-0743245	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA OF YORK 320 E. MARKET ST. YORK, PA 17403	23-1352600	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA SEATTLE 2820 E. CHERRY ST. SEATTLE, WA 98122	91-0482890	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS
YWCA UNION COUNTY 141 MARKET ST., SUITE 2 KENILWORTH, NJ 07033	22-1487399	501(C)3	0.	6,677.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40	GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

WE PARTNER WITH NONPROFIT ORGANIZATIONS AND PROVIDE THEM WITH A BOX OF 42 PHONES, 42 CHARGERS, 2 IPADS AND 4 MONTHS OF DATA SERVICE FOR EACH PHONE. THESE PHONES ARE ACTIVATED THROUGH A CALL CENTER AT TCC ANONOMOUSLY FOR THE SAFETY OF THE DOMESTIC VIOLENCE SURVIVOR. THE PHONES ARE THE SURVIVORS TO KEEP FOREVER. WE CONNECT THE NONPROFIT WITH A TCC STORE IN THEIR AREA THAT CAN HELP WITH ANY TECHNICAL ISSUES OR EDUCATION FOR PHONES. THE CALL CENTER AT TCC PROVIDES US WITH THE PHONES THAT ARE ACTIVATED, FROM THE BUSINESS SIDE (NO SURVIVORS NAMES ARE SHARED).

OUR GOAL IS TO KEEP A PARTNERSHIP WITH THE ORGANIZATION AS LONG AS THEY NEED IT, SO YEAR OVER YEAR WE WILL PROVIDE OUR PROGRAM TO THEM. MANY SHELTERS STAY IN CLOSE CONTACT WITH US AND SHARE TESTAMENT THAT THE PROGRAM IS NEEDED AND VALUED. OUR POINT OF CONTACT AT SHELTERS IS USUALLY SOMEONE WORKING DIRECTLY WITH THE CLIENTS (CASE MANAGERS).

WE DO CONFIRM THAT THE ORGANIZATION IS A NONPROFIT IN GOOD STANDING AND IS SUPPORTING SURVIVORS AND VICTIMS OF DOMESTIC VIOLENCE. THEY CAN USE THE

**Part IV Supplemental Information**

PROGRAM AS THEY SEE FIT, WE DO NOT TELL THEM WHO SHOULD OR SHOULDN'T RECEIVE THE PHONES. WE CHECK IN AFTER A YEAR TO SEE IF THEY NEED A REFILL AND MONITOR THE ACTIVATIONS.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: A NEW LEAF

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: ALTERNATIVES, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DVSH/PREVENTION - SHELTER HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON MEDICAL CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

BRAYBOY SAFETY AGAINST DOMESTIC VIOLENCE CRISIS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

CASA SEDALIA (CITIZENS AGAINST SPOUSE ABUSE)

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR HOPE & SAFETY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CHEROKEE FAMILY VIOLENCE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CIA SIAB, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: COBURN PLACE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION PARTNERSHIP

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CRISIS SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

COMMUNITY HEALTH NETWORK CENTER OF HOPE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY WORKS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL ON DOMESTIC ABUSE, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CRISIS SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CRISIS SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

DANE ADVOCACY (DEAF ABUSE NETWORK AND EDUCATION)

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

DANE ADVOCACY (DEAF ABUSE NETWORK AND EDUCATION)

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DASH DC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DAY ONE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DENTON COUNTY FRIENDS OF THE FAMILY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DENTON COUNTY FRIENDS OF THE FAMILY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DOMESTIC VIOLENCE SERVICE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DOMESTIC VIOLENCE SERVICE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DVSH/PREVENTION - SHELTER HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

**Part IV Supplemental Information**

DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: ELIZABETH FREEMAN CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: ENDEAVOR HEALTH PATHWAYS PROGRAM

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: EVERY WOMAN'S PLACE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY JUSTICE CENTER OF ST. JOSEPH COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY JUSTICE CENTER OF WASHINGTON COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: FEARLESS! HUDSON VALLEY, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HANDS OF HOPE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HARAMBE SOCIAL SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOUSE OF CENTRAL FLORIDA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOUSE/KCCADV

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HAVEN HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HAWC-HEALING ABUSE WORKING FOR CHANGE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HAWC-HEALING ABUSE WORKING FOR CHANGE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS AGAINST VIOLENCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HOPE & JUSTICE PROJECT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HOPE & SAFETY ALLIANCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HOPE & JUSTICE PROJECT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS VALLEY SAFE HOUSE ALLIANCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: JOURNEY CENTER FOR SAFETY & HEALING

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: JULIAN CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: LACASA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: LAUREL HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: LONOKE COUNTY SAFE HAVEN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: MHH (MARGIE'S HAVEN HOUSE)

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: METRO CENTERS FOR COMMUNITY ADVOCACY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: NEW HOPE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: NEW ORLEANS FAMILY JUSTICE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: ONE SAFE PLACE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: ONE SAFE PLACE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERS FOR PEACE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PREVAIL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PRIEST RIVER MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT WOMAN - CLARK

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT WOMAN - CLARK

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PROVIDENCE HOUSE - BURLINGTON CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PROVIDENCE HOUSE - BURLINGTON CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: REMEDIES RENEWING LIVES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HARBOR - GREENVILLE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HARBOR - GREENVILLE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HARBOR - GREENVILLE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HAVEN MINISTRIES
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SAFE PASSAGE - MA
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SALASIN PROJECT
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SALASIN PROJECT
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SAVING GRACE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SHELTERING WINGS
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SOJOURNER HOUSE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE REGIONAL DOMESTIC VIOLENCE COALITION
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: STEPS TO END DOMESTIC VIOLENCE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SURVIVAL ADULT ABUSE CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SURVIVOR EMPOWERMENT CENTER (THE WOMEN'S CENTER)
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: THE JAMES HOUSE INTERVENTION/PREVENTION SERVICES, INC.
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: TULALIP CHILDREN'S ADVOCACY CENTER & LEGACY OF HEALING
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: 180 TURNING LIVES AROUND
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT MACOMB
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT OF LEHIGH VALLEY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT OF LEHIGH VALLEY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: VERDE VALLEY SANCTUARY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: WEST WOMEN'S & CHILDREN'S SHELTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: WINGS PROGRAM - CITY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: WINGS PROGRAM - CITY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN AWARE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S ADVOCATES
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S CENTER & SHELTER OF GREATER PITTSBURGH
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S CRISIS SUPPORT CENTER
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA DAYTON - MONTGOMERY COUNTY
(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR

**Part IV** Supplemental Information

DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA DAYTON - MONTGOMERY COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

YWCA GREENWICH DOMESTIC ABUSE SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA NORTH CENTRAL IN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF CENTRAL MA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF PORTLAND

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF PALM BEACH COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF PALM BEACH COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF THE NIAGARA FRONTIER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF YORK

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA SEATTLE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA UNION COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 40 CHARGERS

Empty lines for additional supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MORE THAN A PHONE, INC.**

Employer identification number

**81-4267414**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>CELL PHONES</u> )	X	320	350,777.	FMV
26 Other ( <u>CELL PHONE ACCE</u> )	X	777	63,500.	FMV
27 Other ( )				
28 Other ( )				

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

**29**

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

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

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**MORE THAN A PHONE, INC.**

Employer identification number

**81-4267414**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
WHERE THE CELLULAR CONNECTION, LLC (TCC) HAS A RETAIL FOOTPRINT,  
THROUGH VOLUNTEERISM AND VICTIM ADVOCACY AS A WAY TO GIVE MORE THAN A  
PHONE.**

**FORM 990, PART VI, SECTION A, LINE 2:  
KRISTI BEHLER, CARL ROBERTS, JULIE MOOREHEAD AND BERTARIUS PETERSON ARE  
EITHER CURRENT EMPLOYEES OF TCC OR WERE EMPLOYEES DURING THE TAX YEAR. ALL  
OTHER BOARD MEMBERS WERE NEITHER CURRENT EMPLOYEES OF TCC NOR EMPLOYEES  
DURING THE TAX YEAR.**

**FORM 990, PART VI, SECTION B, LINE 11B:  
THE RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING AND THEN  
PRESENTED TO THE BOARD.**

**FORM 990, PART VI, SECTION B, LINE 12C:  
TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH  
CHARITABLE PURPOSES WITH REGARDS TO CONFLICTS OF INTEREST AND DOES NOT  
ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC  
REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM,  
INCLUDE THE FOLLOWING SUBJECTS:**

- A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE BASED ON  
COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING.**
- B) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT  
ORGANIZATIONS CONFORM TO THE CORPORATION'S WRITTEN POLICIES, ARE PROPERLY  
RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES,  
FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE  
PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.**

**FORM 990, PART VI, SECTION C, LINE 19:  
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL  
STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.**

**FORM 990, PART XII, LINE 2C.  
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT FROM THE PRIOR YEAR WITHIN  
THE ORGANIZATION.**

**FORM 990, PART V, LINE 2A  
COMPENSATION ARRANGEMENT:  
MORE THAN A PHONE IS AFFILIATED WITH THE CELLULAR CONNECTION, LLC  
(TCC), A FOR-PROFIT S CORPORATION. TCC EMPLOYS ALL WHO WORK FOR MORE  
THAN A PHONE. TCC FILES ALL APPLICABLE PAYROLL FILINGS.**

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **MORE THAN A PHONE, INC.** Employer identification number **81-4267414**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROUND ROOM GIVES - 84-4783133 10300 KINCAID DRIVE SUITE 203 FISHERS, IN 46037	SUPPORTING CHARITABLE CAUSES	INDIANA	501(C)(3)	PF	N/A		<b>X</b>

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ROUND ROOM, LLC - 47-4671902 10300 KINCAID DRIVE SUITE 100 FISHERS, IN 46037	HOLDING COMPANY	IN	N/A	N/A				X	N/A		X	
THE CELLULAR CONNECTION, LLC - 35-1839821, 10300 KINCAID DRIVE SUITE 100, FISHERS, IN 46037	VERIZON WIRELESS RETAILER	IN	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ROUND ROOM HOLDINGS, INC. - 47-4670699 10300 KINCAID DRIVE SUITE 100 FISHERS, IN 46037	HOLDING COMPANY	IN	N/A	S CORP					X

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CELLULAR CONNECTION	C	200,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			



