Form 990

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department o	of the	Treasury
Internal Reve	nue S	ervice

AF	or the	2022 calendar year, or tax year beginning an	d ending		
B c	heck if	c Name of organization		D Employer identifi	cation number
	Addres	ROBERTA'S HOUSE, INC			
	Name			26-05174	15
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 928 E NORTH AVENUE	Room/sui	te E Telephone numbe	
	/return L termin			G Gross receipts \$	3,139,325.
	ated			H(a) Is this a group r	
F	_return _Applic _tion		RIER	for subordinates	
	pendir			H(b) Are all subordinates in	
1 1	ax-exe	empt status: 🚺 501(c)(3) 📃 501(c) () (insert no.) 🗌 4947(a)(1) or 📃 52		list. See instructions
	Vebsit			H(c) Group exemption	on number
		organization: 🔀 Corporation 📄 Trust 🦳 Association 🦳 Other	L Yea	ar of formation: 2007	M State of legal domicile: MD
Pa	art I	Summary			
ė		Briefly describe the organization's mission or most significant activities: ROBI			
Governance		COUNSELING SERVICES AND GRIEF AND LOSS I			
ern		Check this box if the organization discontinued its operations or disp			sets. 12
go		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			12
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			43
Activities &		Total number of volunteers (estimate if necessary)			80
cti∕		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		3,038,220.	2,705,259.
enu		Program service revenue (Part VIII, line 2g)		0.	55,718.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28.	22.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		458,943. 3,497,191.	289,648. 3,050,647.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u> </u>	3,050,047.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,266,706.	1,452,897.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)3, 6	590.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,606,040.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,872,746.	3,328,795.
		Revenue less expenses. Subtract line 18 from line 12		624,445.	-278,148.
S OF				Beginning of Current Year	End of Year
vssets Balanc		Total assets (Part X, line 16)		21,357,986. 19,872,909.	20,879,402. 19,986,130.
let ∕	1	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,485,077.	893,272.
	art II	Signature Block		1,405,077.	0,0,2,2,2,2,
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and state	ments, and to the best of m	y knowledge and belief, it is
true	correc	t, and complete. Declaration of proparer (other than officer) is based on all information of v	which prepar		- /
		Vulcon		11/1	5/2023
Sig		Signature of officer		Date	
Her	е	VICTOR MARCH, SR., TREASURER			
		Type or print name and title		Date Check	PTIN
Daid		Print/Type preparer's name Preparer's signature MONIQUE BOOKER		l if L	
Paid	arer	Firm's name SB & COMPANY, LLC		self-employ	0-2153727
	Only	Firm's address 10200 GRAND CENTRAL AVENUE, SUIT	E 250		
		OWINGS MILLS, MD 21117		Phone no. (4	10) 584-0060
May	/ the IF	S discuss this return with the preparer shown above? See instructions	<u></u>		X Yes No
	01 12-13		ions.		Form 990 (2022)
	S	EE SCHEDULE O FOR ORGANIZATION MISSION S	TATEME	ENT CONTINUAT	ION

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or				Taxpaye	identificatio	n number (TIN)
print	ROBERTA'S HOUSE, INC				26-05	17415
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.					
return. See instructions		oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			0 1
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	D-PF	04	Form 5227			10
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	D-T (trust other than above)	06	Form 8870			12
Form 99	D-T (corporation) VICTOR C MARCH	07				
 If the If this box 1 I return the I 	hone No. ▶ <u>410-435-0500</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizat 	roup, check this sion is for.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less	3a	\$	0.
	y nonrefundable credits. See instructions. his application is for Forms 990.PF, 990.T, 4720, or 6069	enter any	refundable credits and	3d	Ψ	
	timated tax payments made. Include any prior year overpa			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa				- Y	
	ing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	If you are going to make an electronic funds withdrawal					
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)

Form	1990 (2022) ROBERTA'S HOUSE, INC	26-0517415	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: ROBERTA'S HOUSE PROVIDES GRIEF COUNSELING SERVICES AND THEREFORE THE TOP THE COUNSELING SERVICES AND		
	INTERVENTION FOR INDIVIDUALS, SCHOOLS, PUBLIC SERVICE		
	ORGANIZATIONS. THE ORGANIZATION ALSO CONDUCTS GRIEF SU		AND
	EDUCATIONAL TRAINING PROGRAMS FOR ORGANIZATIONS, CHURC	-	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		es 🚺 No
	If "Yes," describe these new services on Schedule O.		V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.		es 🚺 No
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c revenue, if any, for each program service reported.		
4a			,718.)
	THE ORGANIZATION CONDUCTS GRIEF COUNSELING PROGRAMS YE	AR ROUND TO	
	CHILDREN AND		
	FAMILIES SUFFERING FROM THE DEATH OF A LOVED ONE.		
4b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (f	Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses2,599,190.		
		Forn	n 990 (2022)
232002	2 12-13-22		
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 Form 990 (2022)
 ROBERTA'S HOUSE, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	12-13-22	Form	220	(2022)

232003 12-13-22

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Form	990	(2022)
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 Form 990 (2022)
 ROBERTA'S HOUSE, INC

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Notes All Forms 000 files are used to complete Ochodula O	38	х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29		162	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
	(gambling) winnings to prize winners?	1c		(00000)
232004	\$ 12-13-22 F	⊦orm	390	(2022)

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Form	990 (2022) ROBERTA'S HOUSE, INC	26-0517	415	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c	1		
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
					(-SEE)

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Form 990	(2022)
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ROBERTA'S HO	USE,	INC
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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

			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		10			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other		37	
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the		•			v
_				3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's associated by the organization is a second to be a second by the organization of the organization is a second by the organization of the organization is a second by the organization of the organization is a second by the organization of the organization of the organization is a second by the organization of the organization of the organization is a second by the organization of the organization is a second by the organization of the organization of the organization of the organization is a second by the organization of th			5		X
6 7-	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7-		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u>7a</u>		
b				76		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			7b		
	The governing body?	-	0	8a	х	
a b				8b	X	
9	Each committee with authority to act on behalf of the governing body?				- 23	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Codo	5		
		venue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
-		•	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		0			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?	<u></u>		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	of interest policy, and	l financ	cial	
••	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 boo	ks an	a records			
	VICTOR C MARCH SR - 410-435-0500					
	928 E NORTH AVENUE, BALITMORE, MD 21202			Γ	000	(0000)
232006	12-13-22 T			Form	990	(2022)

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Form 990	(2022)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
-	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)	(B)			(Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle: cer ar	heck ss pei	more rson i	than o s both	an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	<u> </u>	Officer		Highest compensated	,	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ANNETTE R. MARCH-GRIER PRESIDENT	40.00	x		x				0.	0.	0.
(2) VICTOR C. MARCH, SR. TREASURER	1.00	x		x				0.	0.	0.
(3) ERICH W. MARCH	1.00									
SECRETARY (4) MILTON A. DUGGER, JR.	1.00	X		X				0.	0.	0.
DIRECTOR (5) DR. STEVEN SHARFSTEIN	1.00	X						0.	0.	0.
DIRECTOR (6) NATHANIEL E. JONES, JR.	1.00	X						0.	0.	0.
DIRECTOR (7) STEPHEN T. BARON	1.00	x						0.	0.	0.
DIRECTOR (8) MICHELLE R. POWELL		x						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) BENJAMIN MORGAIN DIRECTOR	1.00	x						0.	0.	0.
(10) ALMA ROBERTS CHAIRPERSON	1.00	x						0.	0.	0.
(11) OLIVIA FARROW, ESQ DIRECTOR	1.00	x						0.	0.	0.
(12) SUSAN IMMELT DIRECTOR	1.00	x						0.	0.	0.
		ŀ								
							<u> </u>			
232007 12-13-22	1	1	1	I	I		[<u> </u>	Form 990 (2022)

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Form 990 (2022)

	990 (2022) ROBERTA'S	B HOUSE,	I	NC	1 ,					26-0	5174	415	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle:	Posi heck i ss per id a di	ition more rson i	than c s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	ion amoun ed othe		timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate anizatio	e on ed
	Quidadal								0.		0.			0.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	; ;			0
3	Did the organization list any former officer,	-			•	-		Ŭ	• •		[Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	sati	, on fr	rom	any	unre	late	ed organization or individ	dual for services		5		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	monsated ind		ndo		ontre	actor	o th	at received more than 4	100 000 of com		ion fre		
<u> </u>	the organization. Report compensation for t	•								•				
	(A) Name and business IT CONSULTING, LLC, 72		TN		זסג	м			(B) Description of s		С	(C ompei	;) nsatior	า
	CLE, BALTIMORE, MD 212		T 1	- F.					COMPUTER EQU		302,083.			33.
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t	thos 1		ted	above) who received mo	ore than		F	000	
												⊢orm	990 (2	2022)

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14	πν		Check if Schedule O			onse	or note to anv lin	e in this Part VIII			
				001110				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, Grants mounts	1	b	Federated campaigns Membership dues Fundraising events		1b						
Contributions, Gifts, Grants and Other Similar Amounts		d e	Related organizations Government grants (contr All other contributions, gifts,	ibutic grants	1d ons) 1e s, and		421,265.				
ontribund		g	similar amounts not included Noncash contributions included in	lines 1	a-1f 1g	\$	283,994.	2,705,259.			
O a		n	Total. Add lines 1a-1f				Business Code	2,103,239.			
			DDOODAN THOOM					EE 710	EE 710		
Program Service Revenue	2	а	PROGRAM INCOM	E			900099	55,718.	55,718.		
ervi		b									
S		С									
am		d									
ogr B		е									
P		f	All other program service	rever	nue						
			Total. Add lines 2a-2f					55,718.			
	3		Investment income (includ								
			other similar amounts)	•				22.			22.
	4		Income from investment of								
					•		loceeus				
	5		Royalties	·····							
					(i) Rea	11	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a							
		h	Less: cost or other basis								
e		2	and sales expenses	7b							
Revenue		_									
eve			. ,	· · · · ·							
Ä			Net gain or (loss)								
Othe	8	а	Gross income from fundraising								
õ			including \$								
			contributions reported on		-						
			Part IV, line 18				163,297.				
		b	Less: direct expenses			8b	88,678.				
		с	Net income or (loss) from	fundi	raising eve	nts		74,619.			74,619.
	9	а	Gross income from gamin	ig act	tivities. See	•					
			Part IV, line 19								
		h	Less: direct expenses			9b					
			Net income or (loss) from								
	40			-	-	" 					
	10	а	Gross sales of inventory, I			1.0					
		_	and allowances								
			Less: cost of goods sold			-					
		С	Net income or (loss) from	sales	s of invento	ory					
s							Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME				900099	215,029.	215,029.		
ane		b									
scellaneo Revenue		с									
ŝ		d	All other revenue								
Σ			Total. Add lines 11a-11d					215,029.			
	12		Total revenue. See instruction					3,050,647.	270,747.	0.	74,641.
00000				5110				-,,	,	J J •	Form 990 (2022)
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	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	30,000.	26,100.	3,900.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,422,897.	1,231,914.	190,983.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	374,513.	191,844.	180,169.	2,500.
b	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	53,917.	10 101	1 000	624
12	Advertising and promotion	238,195.	<u>48,484</u> . 95,537.	<u>4,809</u> . 142,177.	<u> 624.</u> 481.
13	Office expenses	260,617.	240,209.	20,408.	401.
14	Information technology	200,017.	240,209.	20,400.	
15	Royalties	33,413.	33,413.		
16 17		33,713.	31,817.	1,811.	85.
17	Travel Payments of travel or entertainment expenses	55,715.	51,017.	1,011.	0.5.
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,748.	41,463.	5,285.	
20		10,7100	11,100.	372031	
20	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	511,675.	445,157.	66,518.	
23	Insurance	53,595.	1,593.	52,002.	
24	Other expenses. Itemize expenses not covered		,		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS EXPENSES	197,702.	155,358.	42,344.	
b	PRINTING	23,207.	20,036.	3,171.	
с	DUES AND SUBSCRIPTIONS	10,028.	3,111.	6,917.	
d	SPECIAL EVENTS	5,792.	998.	4,794.	
е	All other expenses	32,783.	32,156.	627.	
25	Total functional expenses. Add lines 1 through 24e	3,328,795.	2,599,190.	725,915.	3,690.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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ROBERTA'S HOUSE, INC

Form 990 (2022) 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

Form 990 (2022)

ROBERTA'S HOUSE, INC 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
	1	Cash - non-interest-bearing	460,853.	1	590,408.
	2	Cash - non-interest-bearing Savings and temporary cash investments	400,000.	2	550,400.
	2		100,000.	3	2,400.
	4	Pledges and grants receivable, net Accounts receivable, net	389,768.	4	398,935.
	5	Accounts receivable, net Loans and other receivables from any current or former officer, director,	505,100.	4	550,555.
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
				5	
	6	Loans and other receivables from other disqualified persons (as defined			
	Ŭ	under costion $4058(f)(1)$ and persons described in section $4058(s)(2)(D)$		6	
	7	Notes and loans receivable, net	4,059,877.	7	3,990,527.
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	7,915.	9	16,899.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,895,696.			
	b	Less: accumulated depreciation 10b 1,027,580.	16,320,468.	10c	15,868,116.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	19,105.	15	12,117.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	21,357,986.	16	20,879,402.
	17	Accounts payable and accrued expenses	167,885.	17	180,940.
	18	Grants payable		18	
	19	Deferred revenue	294,204.	19	220,553.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	1	22	15 600 000
-	23	Secured mortgages and notes payable to unrelated third parties	15,680,000.	23	15,680,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	99,340.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	2 720 020		2 005 207
	~~	of Schedule D	3,730,820. 19,872,909.	25	<u>3,805,297.</u> 19,986,130.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	19,072,909.	26	19,900,130.
ş		-			
ů.	97	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	985,077.	27	893,272.
ala	27 28	Net assets without donor restrictions	500,000.	28	0.
В	20	Organizations that do not follow FASB ASC 958, check here	500,000.	20	
- E		and complete lines 29 through 33.			
ъ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,485,077.	32	893,272.
~	33	Total liabilities and net assets/fund balances	21,357,986.	33	20,879,402.

Form **990** (2022)

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Form	1990 (2022) ROBERTA'S HOUSE, INC	26	-0517415	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,050		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,328		
3	Revenue less expenses. Subtract line 2 from line 1	3	-278		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,485	5,0	<u>77.</u>
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	-313	3,6	
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	893	3,2	72.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:				
_	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

I	nspection	
		-

Nam	e of tl	he organization	5					Employer	identification number
			RTA'S HOUSE						6-0517415
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, ch	neck only o	one box.)			
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ı 990).)				
3		A hospital or a cooperative							
4		A medical research organiza	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
r		city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6				ental unit described in	section 17	70(h)(1)(A)	(v)		
7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
• .		section 170(b)(1)(A)(vi). (Co	-		om a gove			ie general j	
8		A community trust describe		1)(A)(vi). (Complete Part	- IL)				
9		-				ed in coniu	nction with a	land-orant	college
		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
		university:		, , , , , , , , , , , , , , , , , , ,				0	
10		An organization that normal	lly receives (1) more t	han 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	nd (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)						
11		An organization organized a	and operated exclusiv	vely to test for public saf	ety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations described	d in section 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that o	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	inization operated, su	upervised, or controlled I	oy its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization			majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must c	-						
b		Type II. A supporting orga	-				-		•
		control or management of			ime perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus							
С		Type III functionally inte						ly integrate	ed with,
4		its supported organization		-				tod organi-	ration(a)
d		Type III non-functionally						-	
		that is not functionally inter- requirement (see instructi			•			anallenin	/eness
е		Check this box if the orga	-	-					
C	L	functionally integrated, or					турс і, турс	n, rype m	
f	Ente	r the number of supported o			0 0				
g		ide the following information	•						
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total									

	A (Form 990) 2022
Part II	Support Sc

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3068149.	4759921.	60563074.	3028220.	2705259.	74124623.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	3068149.	4759921.	60563074.	3028220.	2705259.	74124623.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6 Public support. Subtract line 5 from line 4. 74124623.										
	Section B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	3068149.	4/59921.	60563074.	3028220.	2705259.	74124623.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,						Б. Б. С.			
	and income from similar sources \dots				28.	22.	50.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						74104672			
	Total support. Add lines 7 through 10		-				74124673.			
12						12				
13	First 5 years. If the Form 990 is for th	-								
500	organization, check this box and stor									
	tion C. Computation of Public			(f)		44	100.00 %			
	Public support percentage for 2022 (I					14	1			
15	Public support percentage from 2021 33 1/3% support test - 2022. If the c						, -			
108							27			
h	stop here. The organization qualifies33 1/3% support test - 2021. If the organization		-		lino 15 is 22 1/204					
N	and stop here. The organization qual									
17-	10% -facts-and-circumstances test		•		13 162 or 16b a					
110	and if the organization meets the fact	-								
	meets the facts-and-circumstances te			-		vi now the organiz				
h	10% -facts-and-circumstances test	0	•		•					
L.	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
18	Private foundation. If the organization									
				,, , 0, 170	,		(Form 990) 2022			
							· ·			

Schedule A (Form 990) 2022 Part III Support Schedule fo	ROBERTA'S		INC
	* Organizationa	Described	in Section E00(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	1	1		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	lization,
check this box and stop here						
Section C. Computation of Publ		•				
15 Public support percentage for 2022 (-	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-09-22			, <u>.</u> , show t			ule A (Form 990) 2022
		16	;			· · · · · · · · · · · · · · · · · · ·

RH001__1

1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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17

Dart IV	Supporting Orga	nizations (continued)
Failly	Supporting Orga	inzations (continued

OBERTA'S HOUSE, INC

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

supervised or controlled the supporting organization

				ig olganization.	
Section C	. Type I	I Suppo	rting Org	anizations	

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

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

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18 2022.05000 ROBERTA'S HOUSE, INC

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Yes No

17341115	138138	RH001

232026 12-09-22

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tiply line 5 by 0.035.	6		
overies of prior-year distributions	7		
imum Asset Amount (add line 7 to line 6)	8		
- Distributable Amount			Current Year
usted net income for prior year (from Section A, line 8, column A)	1		
er 0.85 of line 1.	2		
imum asset amount for prior year (from Section B, line 8, column A)	3		
er greater of line 2 or line 3.	4		
ome tax imposed in prior year	5		
tributable Amount. Subtract line 5 from line 4, unless subject to			
ergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orgar	nization (see
instructions).	-		
		S	chedule A (Form 990) 2022

Schedule A	(Form 990)	2022	ROBERTA ' S	HOUSE,	INC	
Part V	Type III	Non-Fu	inctionally Integrated	d 509(a)(3)	Supporting	J 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	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	t short-term capital gain	1		
2 Rec	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
4 Add	d lines 1 through 3.	4		
5 Dep	preciation and depletion	5		
6 Por	tion of operating expenses paid or incurred for production or			
coll	lection of gross income or for management, conservation, or			
mai	intenance of property held for production of income (see instructions)	6		
7 Oth	ner expenses (see instructions)	7		
8 Adj	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section E	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	gregate fair market value of all non-exempt-use assets (see			
inst	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
c Fair	r market value of other non-exempt-use assets	1c		
d Tot	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	count claimed for blockage or other factors			
(exp	olain in detail in Part VI):			
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	otract line 2 from line 1d.	3		
4 Cas	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Net	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	Itiply line 5 by 0.035.	6		
7 Rec	coveries of prior-year distributions	7		
8 Mir	nimum Asset Amount (add line 7 to line 6)	8		
Section (C - Distributable Amount			Current Year
1 Adj	usted net income for prior year (from Section A, line 8, column A)	1		
2 Ent	er 0.85 of line 1.	2		
3 Min	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ent	er greater of line 2 or line 3.	4		
5 Inco	ome tax imposed in prior year	5		
6 Dis	tributable Amount. Subtract line 5 from line 4, unless subject to			
eme	ergency temporary reduction (see instructions).	6		
	¬	ally integrate		

ROBERTA'S HOUSE, INC

Schee	lule A (Form 990) 2022 ROBERTA'S HOU	SE, INC		26-0517415 Page 7
Par	V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6	;
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.	8	•	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	bn E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	ROBERTA'S	S HOUSE,	INC		26-0517415 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 90 IV, Section E, lii	c, 11a, 11b, and nes 1c, 2a, 2b, 3	rt II, line 10; Part II, line 17a 11c; Part IV, Section B, lines a, and 3b; Part V, line 1; Par nplete this part for any addit	: V, Section B, line 1e; Part V,
	(
232028 12-09-2	2			21		Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

26-0517415

	ROBERTA
Organization type (ch	ieck 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

INC

S HOUSE

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 for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

26-0517415

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 KAISER PERMANANTE X Person Payroll 75 N. FAIR OAKS AVENUE 4TH FLOOR 140,000. Noncash \$ (Complete Part II for PASADENA, CA 91030 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 BEHAVIORIAL HEALTH SYSTEMS X Person Payroll 1 NORTH CHARLES ST, SUITE 1600 87,895. Noncash (Complete Part II for BALTIMORE, MD 21201 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 DHCD X Person Payroll 417 E. FAYETTE STREET 151,728. Noncash \$ (Complete Part II for BALTIMORE, MD 21202 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 CAREFIRST X Person Payroll 1501 S CLINTON ST. 55,721. Noncash \$ (Complete Part II for BALTIMORE, MD 21224 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 FAMILY LEAGUE X Person Payroll 2305 N. CHARLES STREET 269,794. Noncash (Complete Part II for BALTIMORE, MD 21218 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 HARRY AND JEANETTE WEINBERG X Person Payroll 250,000. 7 PARK CENTER CT Noncash \$ (Complete Part II for OWINGS MILLS, MD 21117 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 23

17341115 138138 RH001

2022.05000 ROBERTA'S HOUSE,

RH001__1

INC

Part I

ROBERTA'S HOUSE, INC

Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

ROBERTA'S HOUSE, INC

26-0517415

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GOCCP 100 COMMUNITY PT. CROWNSVILLE, MD 21032	\$1,007,789.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE ABELL FOUNDATION 111 S. CALVERT STREET BALTIMORE, MD 21202	\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
220402 11-10	24		Conedule D (1 0111 330) (2022)

Name of organization

Page 3
Employer identification number

26-0517415

ROBERTA'S HOUSE, INC

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
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

17341115 138138 RH001

2022.05000 ROBERTA'S HOUSE, INC

25

Name of o	organization			Employer identification number
ROBER	TA'S HOUSE, INC			26-0517415
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following charitable, etc., contributions of \$1,	line entry. For or	I(c)(7), (8), or (10) that total more than \$1,000 for the year ganizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	r of gift	
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	't	(d) Description of how gift is held
		(e) Transfer	r of gift	
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t 	(d) Description of how gift is held
		(e) Transfer	r of gift	
	Transferee's name, address,			elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	ït	(d) Description of how gift is held
		(e) Transfer	r of gift	
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to transferee
223454 11-15	J 5-22			Schedule B (Form 990) (2022

17341115 138138 RH001

26 2022.05000 ROBERTA'S HOUSE, INC

RH001__1

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	m 990)	Complete if the orga	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022
	tment of the Treasury al Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organization			Emp	ployer identification number $26 - 0517415$
Pa	rt I Organizat		d Funds or Other Similar Funds or Ac	coun	
		answered "Yes" on Form 990, Part IV, lin			
	3			(b) Fun	ds and other accounts
1	Total number at end	l of year			
2		contributions to (during year)			
3	Aggregate value of	grants from (during year)			
4	Aggregate value at e	end of year			
5	Did the organization	inform all donors and donor advisors in v	writing that the assets held in donor advised fund	ds	
	are the organization	's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly	
	for charitable purpo	ses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing	
De	impermissible privat				
			ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		rvation easements held by the organization	11 57		
		of land for public use (for example, recrea			
		natural habitat	Preservation of a certi	ified his	storic structure
-	Preservation of				
2		nrough 2d if the organization held a qualif	ied conservation contribution in the form of a co	nserva	
	day of the tax year.				Held at the End of the Tax Year
a				2a	
b	-		and any templated to (a)	2b	
C			ucture included in (a)	2c	
a		ation easements included in (c) acquired a			
2			accord outing lighted or terminated by the organi	2d	during the toy
3		ation easements modified, transferred, re-	eased, extinguished, or terminated by the organi	zation	during the tax
4	year	 here property subject to conservation eas	sement is located		
5		on have a written policy regarding the per			
•	-	rcement of the conservation easements it			Yes No
6	,		handling of violations, and enforcing conservation		
		5, 1 5,	5		5
7	Amount of expenses	— s incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sement	ts during the year
	·				0 ,
8	Does each conserva	ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h)(4	4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		Yes 📃 No
9			on easements in its revenue and expense statem		
	balance sheet, and	include, if applicable, the text of the footn	note to the organization's financial statements the	at desc	ribes the
	organization's accou	unting for conservation easements.			_
Pa		-	Art, Historical Treasures, or Other S	imila	r Assets.
	Complete if t	he organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization e	lected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sh	neet works
	of art, historical trea	sures, or other similar assets held for pub	blic exhibition, education, or research in furtherar	nce of p	public
	· •		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
		· · ·	exhibition, education, or research in furtherance	e of put	olic service,
	•	g amounts relating to these items:			^
					\$`
-					\$
2	•		asures, or other similar assets for financial gain,	provide	9
	-	Its required to be reported under FASB A	-		^
a ⊾					\$
			for Form 990		₽ Sebedule D (Eerm 000) 0000
	1 09-01-22	duction Act Notice, see the Instructions			Schedule D (Form 990) 2022

1	7	3	41	11	5	138138	RH001
-	'	5		**		T 20 T 20	TULOOT

27				
2022.05000	ROBERTA'S	HOUSE,	INC	

Sche		'S HOUSE,]				2	6-05	1741	5 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical T	reasures, o	r Other	Similar <i>I</i>	Assets	s (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of th	e following that	t make sig	gnificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🔄 Loan or e	exchange progra	am					
b	Scholarly research	е	• Dther							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furthe	r the organizatio	on's exem	npt purpose	in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical tr	easures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered '	"Yes" on	Form 990, I	Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									1
	Did the organization include an amount on F					ty?	∟	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete					<u></u>				
		(a) Current year	(b) Prior year			(d) Three yea	irs back	(e) Four	vears	hack
19	Beginning of year balance	(u) ourront your			io suon	(u) 11100 you	aro buon	(0) i oui	youro	buon
0	Contributions Net investment earnings, gains, and losses									
о А	Grants or scholarships									
	Other expenditures for facilities									
C	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a. column	(a)) held as:				•		
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_/*							
c		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion that are held	and administer	ed for the	е				
	organization by:	C C]	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.							
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	. See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investm	. ,	ost or other sis (other)	• • •	ccumulated preciation		(d) Boo	k value	Ð
1 a	Land		,	65,959.				16	5,9	59.
	Buildings			326,764.	1,0	03,07	2. 1	5,32		
	Leasehold improvements			02,973.	·	24,50			8,40	
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. column (R) line	e 10c.)			1	5,86	8,11	16.
								D /Carm		0000

Schedule D (Form 990) 2022

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Part VII	Investments -	Other Securities.	-	
Schedule D	(Form 990) 2022	ROBERTA ' S	HOUSE,	INC

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	· · ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
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) DUE TO ROBERTA'S HOUSE SUB	PPORT		
(3) CORP			3,725,564.
			79,733.
			• • • • • • •
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			3 905 207
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>25.)</u>		3,805,297.

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 ROBERTA'S HOUSE, INC			26-	0517415 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,149,067.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	9,742.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	88,677.		
е	Add lines 2a through 2d			2e	<u>98,419.</u> 3,050,648.
3	Subtract line 2e from line 1			3	3,050,648.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,050,648.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,427,214.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	9,742.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	88,677.		
е	Add lines 2a through 2d			2e	98,419.
3	Subtract line 2e from line 1			3	3,328,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,328,795.
Pa	t 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 XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities		DMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and t	ne latest information		vor ide	Inspection entification number
Name of the organization		'S HOUSE, INC				26-0	-	
	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 17. Form	990-EZ	filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	ed funds through any of the followir e Solicita f Solicita g X Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of ition of I fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iiii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount to (or retain fundrais listed in co	ed by) er	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total		L						
		n is registered or licensed to solicit		utions	or has been notified	it is exempt	from re	gistration

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

Schedule G (Form 990) 2022

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 Schedule G (Form 990) 2022
 ROBERTA'S HOUSE, INC
 26-0517415
 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990. Part IV. line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2 ELIJAH	(c) Other events	(d) Total events
l			CRAB FEST	CUMMINGS	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	42,783.	119,116.	1,398.	163,297
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	42,783.	119,116.	1,398.	163,297
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,998.	8,875.		14,873
	7	Food and beverages	18,750.	29,058.		47,808
	8	Entertainment	400.	2,800.		3,200 22,797
	9	Other direct expenses	2,016.	14,268.	6,513.	
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				88,678 74,619
	-	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
		Rent/facility costs Other direct expenses				
	5		└────────────────────────────────────	☐ Yes% ☐ No	Yes % No	
	<u>5</u> 6	Other direct expenses	Yes%		No	
	<u>5</u> 6	Other direct expenses	Yes% No h 5 in column (d)	□ No	<u>No</u>	
	5 6 7 8	Other direct expenses	Yes% No 5 in column (d) 7 from line 1, column (d)	No No	No	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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Schedule G (Form 990) 2022

Schedule G (Form 990) 2022	ROBERTA'S	HOUSE,	INC	26-0517415 Page 3
11 Does the organization conduct g	jaming activities with ne	onmembers?		Yes No
			ember of a partnership or other entity formed	
to administer charitable gaming?	,			YesNo
13 Indicate the percentage of gamir	ng activity conducted ir	1:		
a The organization's facility				<u>13a</u> %
14 Enter the name and address of the	he person who prepare	s the organiz	ation's gaming/special events books and re-	cords:
Name				
Address				
15a Does the organization have a co	ntract with a third party	from whom	the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gar				amount
of gaming revenue retained by th				
c If "Yes," enter name and address	s of the third party.			
Name				
Address				
, ida 656				
16 Gaming manager information:				
5 5				
Name				
Gaming manager compensation	\$			
Description of services provided				
	<u> </u>			
Director/officer	Employee		Independent contractor	
47 Mandatan distributiona				
17 Mandatory distributions:	or state law to make ch	aritabla distri	butions from the gaming proceeds to	
retain the state gaming license?			butions from the gaming proceeds to	Yes No
			ributed to other exempt organizations or spe	
organization's own exempt activ	•			
			s required by Part I, line 2b, columns (iii) and	l (v); and Part III, lines 9, 9b, 10b,
			ional information. See instructions.	
		•		
232083 10-27-22				Schedule G (Form 990) 2022
			33	

Supplemental mornation (continued)	
	Schedule G (Form 990)
232084 04-01-22	

SCHE	DULE	0
(Form	990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



26-0517415

OMB No. 1545-0047

ROBERTA'S HOUSE, INC

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

SCHOOLS, PUBLIC SERVICE PROVIDERS AND ORGANIZATIONS. THE ORGANIZATION

ALSO CONDUCTS GRIEF SUPPORT GROUPS AND EDUCATIONAL TRAINING PROGRAMS

FOR ORGANIZATIONS, CHURCHES, AND HEALTHCARE PROVIDERS.

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

HEALTHCARE PROVIDERS.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY AND BUSINESS RELATIONSHIP.

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

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMEBERS FOR REVIEW

BEFORE FILING THE RETURN. ANY COMMENTS OR ISSUES ARE RESOLVED BEFORE THE

RETURN IS FINALIZED.

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

EMPLOYEES OF THE ORGANIZATION SIGN A PERSONNEL POLICY AND PROCEDURE GUIDE,

35

WHICH INCLUDES A CONFLICT OF INTEREST POLICY.

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

NO DOCUMENTS ARE AVILABLE TO THE PUBLIC.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

232161 09-14-22 LHA

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

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.

SCHEDULE R

Department of the Treasury Internal Revenue Service

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

Name of the organization

ROBERTA'S HOUSE, INC

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

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 Part II 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	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
ROBERTA'S HOUSE SUPPORT CORPARATION -							
83-1416325, 928 E. NORTH AVENUE, BALTIMORE,	FACILITATE CREATION OF			TYPE 1	ROBERTA'S HOUSE,		
MD 21202	FACILITY	MARYLAND		SUPPORT ORG	INC.		Х
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Schedule R (Form 990) 2022

OMB No. 1545-0047

22 **Open to Public** Inspection

Employer identification number

26-0517415

Schedule R (Form 990) 2022 ROBERTA'S HOUSE, INC

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.

		-	6.5		(2)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io
											_ _

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2022 ROBERTA'S HOUSE, INC

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s
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?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)			
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)		X	_
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)		x	
Other transfer of cash or property from related organization(s)		X	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROBERTA'S HOUSE SUPPORT CORPORATION	Е	0.	ACCRUED
(2) ROBERTA'S HOUSE SUPPORT CORPORATION	R	0.	ACCRUED
(3) ROBERTA'S HOUSE SUPPORT CORPORATION	S	0.	ACCRUED
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 ROBERTA'S HOUSE, INC

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22