

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2024

Open to Public Inspection

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THORNWELL</b>		<b>D</b> Employer identification number <b>57-0314418</b>
	Doing business as		<b>E</b> Telephone number <b>864-938-2722</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>302 S. BROAD STREET</b>		<b>G</b> Gross receipts \$ <b>18,388,618.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CLINTON, SC 29325</b>		
<b>F</b> Name and address of principal officer: <b>MYRON WILKINS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

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

**J** Website: **WWW.THORNWELL.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1875** **M** State of legal domicile: **SC**

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>AS A CHRISTIAN MINISTRY, THORNWELL'S MISSION IS TO PROVIDE SAFE AND NURTURING ENVIRONMENTS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>30</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>30</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>198</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>386</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>256,870.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>6,292,259.</b>	<b>7,229,232.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,992,908.</b>	<b>3,202,268.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,340,210.</b>	<b>2,852,417.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>448,227.</b>	<b>532,032.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>14,073,604.</b>	<b>13,815,949.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>8,115,434.</b>	<b>8,734,867.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>1,543,028.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,667,979.</b>	<b>4,807,846.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,783,413.</b>	<b>13,542,713.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,290,191.</b>	<b>273,236.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>63,756,013.</b>	<b>End of Year</b> <b>67,672,000.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>832,077.</b>	<b>1,338,707.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>62,923,936.</b>	<b>66,333,293.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>GREGORY W. HASELDEN, VICE PRESIDENT FOR FINANCE/CFO</b>				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>MELANIE MCPEAK</b>				<b>P01346034</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>CHERRY BEKAERT ADVISORY LLC</b>	<b>88-2730877</b>		<b>864-233-3981</b>	
	Firm's address				
	<b>110 EAST COURT STREET, SUITE 500</b>				
	<b>GREENVILLE, SC 29601</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AS A CHRISTIAN MINISTRY, OUR MISSION IS TO PROVIDE SAFE AND NURTURING ENVIRONMENTS WHERE WE EDUCATE, EQUIP, AND SUPPORT CHILDREN AND FAMILIES TO THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,370,104. including grants of \$ ) (Revenue \$ 1,293,903.) RESIDENTIAL: IN 2024, 49 CHILDREN BETWEEN THE AGES OF 13 AND 18 WERE SERVED THROUGH THE ATTACHMENT-BASED RESIDENTIAL CARE (A.R.C) PROGRAM, AND 13 YOUNG ADULTS BETWEEN THE AGES OF 18 AND 22 WERE SERVED IN THE TRANSITIONAL LIVING PROGRAM. FOR 149 YEARS, THORNWELL HAS BEEN A SAFE AND WELCOMING PLACE FOR CHILDREN AND YOUTH WHOSE LIVES HAVE BEEN SHATTERED.

THORNWELL'S A.R.C PROGRAM IS DESIGNED FOR YOUTH AGES 12-18 WHO HAVE EARLY EXPERIENCES OF TRAUMA, ABUSE, NEGLECT, DISPLACEMENT, AND ABANDONMENT. SOME ARE PLACED HERE BY THE STATE OF SOUTH CAROLINA. OTHERS HAVE BEEN ADOPTED BY FAMILIES BUT HAVE STRUGGLED TO OVERCOME THEIR TRAUMA AND/OR HAVE ATTACHMENT-RELATED ISSUES IN THE HOME.

4b (Code: ) (Expenses \$ 2,657,777. including grants of \$ ) (Revenue \$ 763,271.) COMMUNITY-BASED:

BUILDING FAMILIES THORNWELL'S COMMUNITY-BASED FAMILY INTERVENTION OPERATES PROGRAM SITES IN: - SOUTH CAROLINA O 2 FULL-TIME SUPERVISORS: - MID/LOW SC - UPSTATE SC O OPERATING SITES: - GREENVILLE (1 SITE WITH 2 STAFF AND 1 VACANT POSITION) - CLINTON (3 SITES WITH 2 STAFF AND 1 VACANT POSITION) - COLUMBIA (1 SITE WITH 1 STAFF)

4c (Code: ) (Expenses \$ 2,395,831. including grants of \$ ) (Revenue \$ 359,303.) ACADEMIC SERVICES:

THORNWELL'S ACADEMIC SERVICES INCLUDE A CHILD DEVELOPMENT CENTER, A LEARNING CENTER, AND THE READ RIGHT PROGRAM.

CHILD DEVELOPMENT CENTER THORNWELL'S CHILD DEVELOPMENT CENTER IS LICENSED BY THE SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES (DSS) AND OPERATES UNDER ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.

THE CENTER PARTNERS WITH THE SOUTH CAROLINA ADVOCATES FOR BETTER CARE (ABC) SOUTH CAROLINA'S QUALITY CHILDCARE RATING SYSTEM AS WELL AS THE SOUTH CAROLINA ASSOCIATION OF COMMUNITY ACTION PARTNERSHIPS' (SCACAP)

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,089,336. including grants of \$ ) (Revenue \$ 709,789.)

4e Total program service expenses 10,513,048.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SC, GA, FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH PRICE - 803-747-2606 302 S. BROAD STREET, CLINTON, SC 29325

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MYRON WILKINS PRESIDENT/CEO	50.00 0.00			X			207,433.	0.	75,911.	
(2) GREGORY HASELDEN VP OF FINANCE/CFO	50.00 0.00			X			181,921.	0.	23,740.	
(3) NORMAN DOVER JR. VP FOR EDUCATION SERVICES	40.00 0.00					X	134,647.	0.	20,340.	
(4) MELINDA SCOTT EXECUTIVE VP	50.00 0.00			X			133,919.	0.	20,252.	
(5) MORGAN EDNIE VP FOR STRATEGIC IMPACT	40.00 0.00					X	135,266.	0.	10,921.	
(6) ELIZABETH MILHOUS VP FOR MISSION ADVANCEMENT	40.00 0.00					X	126,107.	0.	16,356.	
(7) CHRISTOPHER "TY" GROGAN DIRECTOR OF INFORMATION TECHNOLOGY A	40.00 0.00					X	101,323.	0.	8,231.	
(8) MAURICE A. PURCELL CHAIR	1.00 0.00	X		X			0.	0.	0.	
(9) REV. ERIKA REMBERT SMITH VICE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(10) KAY CLEVELAND SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(11) ELIZABETH BAGWELL TRUSTEE	1.00 0.00	X					0.	0.	0.	
(12) ANN BOOKER TRUSTEE	1.00 0.00	X					0.	0.	0.	
(13) CLYDE M. BRUMFIELD TRUSTEE	1.00 0.00	X					0.	0.	0.	
(14) JIM CONNER TRUSTEE	1.00 0.00	X					0.	0.	0.	
(15) CHRISTINE CRUTCHFIELD TRUSTEE	1.00 0.00	X					0.	0.	0.	
(16) TAMRA SASSER ERDE TRUSTEE	1.00 0.00	X					0.	0.	0.	
(17) TOM FREE TRUSTEE	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HOLLY FURR TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) M. CRAIG GARNER, JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) GORDON LEE HIGHT II TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) HARRIET D. IKE TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) REV. DON JOHNSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) TERESA MADDEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) JEAN P. MCKNIGHT TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) DORIANNE NORWOOD TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) REV. LAWRENCE PEEBLES TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,020,616.	0.	175,751.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,020,616.	0.	175,751.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ON SITE BUILDERS, LLC 100 MISSISSIPPI DR., CLINTON, SC 29325	CONSTRUCTION	362,532.
BURNS SERVICE CENTER INC. 902 SOUTH BROAD ST., CLINTON, SC 29325	HEATING AND AIR/ ELECTRICAL/ GAS PIPI	252,890.
THE BUDD GROUP P.O. BOX 890856, CHARLOTTE, NC 28289	LAWN CARE AND LANDSCAPING	246,386.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	154,052.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	7,075,180.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 462,779.				
	<b>h Total.</b> Add lines 1a-1f .....			7,229,232.			
Program Service Revenue	<b>2 a</b> RESIDENTIAL PROGRAM FEES	Business Code					
		624410	1,293,903.	1,293,903.			
	<b>b</b> COMMUNITY BASED SERVICES	624410	763,271.	763,271.			
	<b>c</b> ACADEMIC SERVICES	624410	359,303.	359,303.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....	900099	785,791.	528,921.	256,870.		
<b>g Total.</b> Add lines 2a-2f .....			3,202,268.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,879,855.			1879855.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				448,967.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	448,967.				
	<b>d</b> Net rental income or (loss) .....			448,967.		448,967.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				5,391,485.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	4,418,923.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	972,562.				
<b>d</b> Net gain or (loss) .....			972,562.		972,562.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	180,868.					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	153,746.					
<b>c</b> Net income or (loss) from sales of inventory .....			27,122.	27,122.			
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS REVENUE	Business Code					
		900099	34,914.			34,914.	
	<b>b</b> INSURANCE PROCEEDS	900099	21,029.			21,029.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			55,943.				
<b>12 Total revenue.</b> See instructions .....			13,815,949.	2,972,520.	256,870.	3357327.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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 .....	643,176.		643,176.	
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 .....	6,383,171.	5,228,112.	277,412.	877,647.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	325,037.	252,519.	17,622.	54,896.
9 Other employee benefits .....	883,117.	744,967.	-9,199.	147,349.
10 Payroll taxes .....	500,366.	381,637.	55,909.	62,820.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	23,820.	3,427.	20,393.	
c Accounting .....	44,497.		44,497.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	156,045.		156,045.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	762,846.	615,948.	84,952.	61,946.
12 Advertising and promotion .....				
13 Office expenses .....	138,351.	9,568.	599.	128,184.
14 Information technology .....	301,182.	199,614.	59,048.	42,520.
15 Royalties .....				
16 Occupancy .....	401,197.	352,138.	21,444.	27,615.
17 Travel .....	228,417.	181,095.	13,378.	33,944.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	928,501.	858,240.	36,335.	33,926.
23 Insurance .....	478,211.	430,839.	23,686.	23,686.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>FOOD</b>	503,964.	483,028.	14,154.	6,782.
b <b>SUPPLIES</b>	328,882.	297,507.	12,892.	18,483.
c <b>REPAIRS AND MAINTENANCE</b>	236,626.	215,837.	8,808.	11,981.
d <b>CHILDREN'S CLOTHING &amp; A</b>	52,845.	52,833.	6.	6.
e All other expenses .....	222,462.	205,739.	5,480.	11,243.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>13,542,713.</b>	<b>10,513,048.</b>	<b>1,486,637.</b>	<b>1,543,028.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,300,331.	<b>1</b>	436,067.
	<b>2</b> Savings and temporary cash investments .....	198,369.	<b>2</b>	809,598.
	<b>3</b> Pledges and grants receivable, net .....	298,407.	<b>3</b>	456,786.
	<b>4</b> Accounts receivable, net .....	322,893.	<b>4</b>	376,887.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	136,000.	<b>7</b>	52,000.
	<b>8</b> Inventories for sale or use .....	33,021.	<b>8</b>	50,293.
	<b>9</b> Prepaid expenses and deferred charges .....	160,869.	<b>9</b>	120,687.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 35,159,547.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 22,855,392.	<b>10c</b>	12,304,155.
	<b>11</b> Investments - publicly traded securities .....	39,768,937.	<b>11</b>	43,035,359.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,399,047.	<b>12</b>	2,584,705.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,927,064.	<b>15</b>	7,445,463.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	63,756,013.	<b>16</b>	67,672,000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	530,152.	<b>17</b>	702,296.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	301,925.	<b>19</b>	636,411.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	832,077.	<b>26</b>	1,338,707.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	40,956,799.	<b>27</b>	42,415,295.
	<b>28</b> Net assets with donor restrictions .....	21,967,137.	<b>28</b>	23,917,998.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	62,923,936.	<b>32</b>	66,333,293.
	<b>33</b> Total liabilities and net assets/fund balances .....	63,756,013.	<b>33</b>	67,672,000.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,815,949.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,542,713.
3	Revenue less expenses. Subtract line 2 from line 1	3	273,236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,923,936.
5	Net unrealized gains (losses) on investments	5	2,646,797.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	489,324.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,333,293.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2024)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5979518.	9539235.	6714622.	6292259.	7229232.	35754866.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5979518.	9539235.	6714622.	6292259.	7229232.	35754866.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1787057.
<b>6 Public support.</b> Subtract line 5 from line 4.						33967809.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	5979518.	9539235.	6714622.	6292259.	7229232.	35754866.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1670421.	1999808.	1826784.	2071069.	2328822.	9896904.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	22,402.	31,795.	40,255.	56,701.	55,943.	207,096.
<b>11 Total support.</b> Add lines 7 through 10						45858866.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,973,349.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.07 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	76.67 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

**Part VI**

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

Lined area for supplemental information.

Schedule B (Form 990)

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

THORNWELL

Employer identification number

57-0314418

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[ ] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization  <b>THORNWELL</b>	Employer identification number  <b>57-0314418</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>1,041,397.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>425,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>252,157.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THORNWELL</b>	Employer identification number  <b>57-0314418</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	SHARES OF VARIOUS SECURITIES (STRYKER CORP, DUPONT DE NEMOURS INC, CORTEVA INC, AMERICAN EXPRESS CO)	\$ 252,157.	07/10/24
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>THORNWELL</b>	Employer identification number  <b>57-0314418</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THORNWELL

Employer identification number

57-0314418

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes     No

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

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

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

Yes     No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X .....

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

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

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	49,047,217.	41,538,696.	51,121,020.	46,456,860.	42,265,131.
b Contributions	237,390.	363,897.	562,665.	2,339,379.	1,012,730.
c Net investment earnings, gains, and losses	5,685,760.	4,603,610.	-7,306,977.	4,608,753.	5,090,524.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,960,376.	-2,680,089.	2,707,847.	2,148,756.	1,798,756.
f Administrative expenses	154,061.	139,075.	130,165.	135,216.	112,769.
g End of year balance	52,855,930.	49,047,217.	41,538,696.	51,121,020.	46,456,860.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 56.6750 %
  - b Permanent endowment 36.8690 %
  - c Term endowment 6.4560 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations?  |     | X  |
| (ii) Related organizations?   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,025,724.		1,025,724.
b Buildings	1,158,409.	29,461,389.	20,250,350.	10,369,448.
c Leasehold improvements				
d Equipment		2,620,112.	2,087,474.	532,638.
e Other		893,913.	517,568.	376,345.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,304,155.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) TRUST FUND ASSETS	7,333,484.
(2) CASH VALUE OF INSURANCE	36,125.
(3) OTHER ASSETS	75,854.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,445,463.

**Part X Other Liabilities**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	16,949,771.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	2,646,797.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	489,324.	
	e Add lines 2a through 2d	2e		3,136,121.
3	Subtract line 2e from line 1		3	13,813,650.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	156,045.	
	b Other (Describe in Part XIII.)	4b	-153,746.	
	c Add lines 4a and 4b	4c		2,299.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,815,949.

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

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

1	Total expenses and losses per audited financial statements		1	13,540,414.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	153,746.	
	e Add lines 2a through 2d	2e		153,746.
3	Subtract line 2e from line 1		3	13,386,668.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	156,045.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		156,045.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,542,713.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

THE INTENDED USES OF SPENDING FROM THORNWELL'S ENDOWMENT ARE TO SUPPORT THE RESIDENTIAL PROGRAM AND OTHER PROGRAMS IN THORNWELL'S CONTINUUM OF CARE.

THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

**PART X, LINE 2:**

THORNWELL IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT HAS EVALUATED THE EFFECT OF THE GUIDANCE PROVIDED BY FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT BELIEVES THORNWELL CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT DECEMBER 31, 2024. MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THORNWELL HAD NO SIGNIFICANT UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2024.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN FAIR VALUE OF RESTRICTED TRUSTS 489,324.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD -153,746.



**SCHEDULE J  
(Form 990)**

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

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

THORNWELL

Employer identification number

57-0314418

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                     <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                     <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments                     <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                     <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b> X	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....</p>	<b>2</b> X	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                     <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                     <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                     <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	X
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? .....</p>	<b>5a</b>	X
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? .....</p>	<b>6a</b>	X
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b> X	
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>	

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

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MYRON WILKINS PRESIDENT/CEO	(i)	194,926.	10,175.	2,332.	14,850.	61,061.	283,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GREGORY HASELDEN VP OF FINANCE/CFO	(i)	172,734.	8,836.	351.	12,785.	10,955.	205,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NORMAN DOVER JR. VP FOR EDUCATION SERVICES	(i)	126,943.	6,485.	1,219.	9,460.	10,880.	154,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MELINDA SCOTT EXECUTIVE VP	(i)	126,220.	6,480.	1,219.	9,453.	10,799.	154,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

NONTAXABLE BENEFITS INCLUDE HOUSING PROVIDED ON THE THORNWELL CAMPUS FOR MYRON WILKINS, WHICH WAS VALUED AT \$31,200 FOR TAX YEAR 2024.

**PART I, LINE 7:**

ALL OFFICERS AND EMPLOYEES RECEIVED AN END-OF-YEAR BONUS DURING 2024. THE BONUSES WERE SET AT THE GREATER OF \$1,000 OR 5% OF ANNUAL SALARY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **THORNWELL** Employer identification number **57-0314418**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	30	411,279.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( 2000 CAT 973 BU )	X	1	51,500.	FMV
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):  
THE NUMBER REFLECTED IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE TAX PERIOD.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THORNWELL

Employer identification number

57-0314418

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

WHERE WE EDUCATE, EQUIP, AND SUPPORT CHILDREN AND FAMILIES TO THRIVE. IN 2024, 363 CHILDREN WERE EQUIPPED WITH ESSENTIAL EDUCATION AND DEVELOPMENT SUPPORT THROUGH THORNWELL'S EDUCATIONAL SERVICES, 123 CHILDREN AND TEENS WERE LOVED AND SUPPORTED IN SAFE, CARING HOMES THROUGH OUR A.R.C. RESIDENTIAL AND FOSTER CARE PROGRAMS, 962 CHILDREN AND THEIR FAMILY MEMBERS RECEIVED INNOVATIVE THERAPY THAT MET THEM WHERE THEY WERE AT HOME, AT SCHOOL, AND VIA TELEHEALTH THROUGH THE BUILDING FAMILIES PROGRAM, AND 100% OF STRENGTHENING FAMILIES GRADUATES PARTICIPATING IN BOOSTER SESSIONS REPORTED ONGOING USE OF LEARNED SKILLS AND RESOURCES FOR IMPROVED RELATIONSHIPS AT HOME.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

THE TRANSITIONAL LIVING PROGRAM IS DESIGNED TO HELP YOUNG ADULTS AGES 18-23 LEARN INDEPENDENT LIVING SKILLS NECESSARY TO BALANCE LIFE'S RESPONSIBILITIES THROUGH VOCATIONAL AND EDUCATIONAL SUPPORT, EMOTIONAL SUPPORT, AND SUPERVISION. A TOTAL OF 8 INDEPENDENT LIVING SKILLS CLASSES SUPPORTED THE HEALTHY AND POSITIVE TRANSITION TO ADULTHOOD FOR THESE YOUNG ADULTS. THE TRANSITIONAL LIVING COORDINATOR MEETS WITH EACH RESIDENT TO CHECK IN ON THEIR EDUCATIONAL AND EMPLOYMENT SUCCESSES OR NEEDS.

CHILDREN LIVING ON THE THORNWELL CAMPUS ARE PROVIDED WITH LOVING CHRISTIAN HOMES, NUTRITIOUS MEALS, CLOTHING, EDUCATIONAL SUPPORT, MEDICAL AND DENTAL CARE, AND MENTAL HEALTH COUNSELING. 53 A.R.C AND TRANSITIONAL LIVING PARTICIPANTS RECEIVED COUNSELING SERVICES THROUGH 827 SESSIONS AND ASSESSMENTS IN 2024 TO HELP THEM HEAL FROM THE TRAUMAS THEY HAVE EXPERIENCED. THORNWELL HAS A PARTNERSHIP WITH AN EQUINE THERAPEUTIC RIDING PROGRAM AND AN ART THERAPIST TO GIVE CHILDREN OTHER WAYS IN WHICH THEY CAN MANAGE FEELINGS AND PROCESS PAST TRAUMA. AN OCCUPATIONAL THERAPIST ASSESSES SENSORY NEEDS. IN ADDITION, THORNWELL USES THE EVIDENCE-BASED TRUST-BASED RELATIONAL INTERVENTIONS (TBRI) MODEL TO CREATE A THERAPEUTIC MILIEU THAT CAN HELP OUR YOUNG PEOPLE HEAL ATTACHMENT WOUNDS AND DEVELOP AN ABILITY TO FORM STRONG, SUPPORTIVE RELATIONSHIPS. FOR CHILDREN THAT NEED PSYCHIATRIC CARE, THERE IS A CLINICALLY TRAINED PHYSICIAN'S ASSISTANT WHO SEES CHILDREN ON OUR CAMPUS TWICE A MONTH. IN 2024, HE PROVIDED 20 PSYCHIATRIC ASSESSMENTS AND 93 MEDICATION MONITORING SESSIONS.

EDUCATIONAL SUPPORT IS OFFERED TO THE A.R.C. RESIDENTS IN THE FORM OF A READING RECOVERY PROGRAM AND TUTORING SERVICES. IN ADDITION, CHILDREN PARTICIPATE IN A WIDE VARIETY OF EXTRACURRICULAR ACTIVITIES AT SCHOOL INCLUDING SPORTS, MUSIC, AND FIELD TRIPS. ALL A.R.C. RESIDENTS ATTEND SCHOOL AT THORNWELL CHARTER SCHOOL, WHICH IS LOCATED ON THE CAMPUS OF THORNWELL BUT OPERATES AS A SEPARATE LEGAL ENTITY.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

- MYRTLE BEACH (1 SITE WITH 1 STAFF)
- CHARLESTON (VACANT)
- GEORGIA AND FLORIDA
  - 1 FULL-TIME SUPERVISOR
  - OPERATING SITES:

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

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

LHA 432211 01-15-25

Name of the organization <b>THORNWELL</b>	Employer identification number <b>57-0314418</b>
- DUNWOODY, GA (1 SITE WITH 1 STAFF)	
- LILBURN, GA (1 SITE WITH 1 VACANT POSITION)	
- TAMPA, FL (2 SITES WITH 2 STAFF)	

THE BUILDING FAMILIES PROGRAM PROVIDES IN-HOME COUNSELING TO CHILDREN AND THEIR FAMILIES, WITH THE MISSION OF PROVIDING HIGH-QUALITY, TRAUMA INFORMED, ATTACHMENT FOCUSED CLINICAL INTERVENTION, ALONG WITH SCHOOL-BASED COUNSELING SERVICES. BUILDING FAMILIES ALSO OFFERS PARENTING CLASSES AND GROUP WORKSHOPS (BOTH IN PERSON AND VIRTUALLY) WHICH ARE OPEN TO THE COMMUNITY. DURING 2024, IN-HOME SERVICES AND VIRTUAL SERVICE OPTIONS WERE PROVIDED TO SERVE FAMILIES WHO WERE OUT OF OUR SERVICE AREA. IN 2024, OUR PROGRAM SERVED A TOTAL OF 962 CHILDREN AND FAMILY MEMBERS. THIS WAS A 22% DECREASE FROM THE PREVIOUS YEAR.

IN 2024, BUILDING FAMILIES SERVED CHILDREN AND FAMILIES IN THE FOLLOWING WAYS:

- 161 FAMILIES IMPACTED BY PARENTING CLASSES AND/OR PARTICIPATED IN WORKSHOPS
- 1,210 IN-HOME THERAPY SESSIONS
- 300 VIRTUAL THERAPY SESSIONS
- 97% OF FAMILIES ATTAINED STABILITY IN THEIR HOMES AT CONCLUSION OF SERVICES
- 81% OF FAMILIES SUCCESSFULLY COMPLETED THE CLINICAL PROGRAM
- 81% OF CAREGIVERS REPORTED IMPROVED RELATIONSHIPS
- 83% OF THOSE SERVED REPORTED AN INCREASE IN SKILLS TO HANDLE FUTURE PROBLEMS

THE BUILDING FAMILIES PROGRAM IS AN INTENSIVE THERAPY PROGRAM, ASSISTING FAMILIES TO INCREASE OVERALL FUNCTIONING AND TO IMPROVE FAMILY RELATIONSHIPS. ADDITIONALLY, THE TREATMENT SERVICES FOCUS ON DECREASING INTERFERING BEHAVIORS, SUPPORTING CAREGIVERS, AND PROCESSING SIGNIFICANT TRANSITIONS. FAMILIES ARE SUPPORTED IN ACHIEVING THEIR PERSONALIZED GOALS CONCENTRATING ON FAMILY CONNECTEDNESS, DEVELOPING NEW SKILLS, AND REDUCING STRESS FOR CAREGIVERS. BUILDING FAMILIES STRIVES TO IMPROVE COMMUNICATION AND HEALTHY FAMILY FUNCTIONING THROUGH THE USE OF CLINICALLY SUPPORTED PRACTICES, USING A TRAUMA-INFORMED PERSPECTIVE, BASED ON TRUST-BASED RELATIONAL INTERVENTIONS (TBRI). ALL THERAPISTS ARE MASTER LEVEL EDUCATED WITH FULL OR PROVISIONAL LICENSURE IN THEIR FIELD.

#### FOSTER CARE

THORNWELL'S FOSTER CARE PROGRAM WAS ESTABLISHED IN MARCH 2016 AS A CHILD PLACING AGENCY (CPA) LICENSED BY THE SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES. THORNWELL'S FOSTER CARE PROGRAM IS DESIGNED TO EQUIP, TRAIN, SUPPORT AND RETAIN WELL-TRAINED FOSTER PARENTS TO ENSURE STABLE FOSTER PLACEMENTS FOR CHILDREN IN SOUTH CAROLINA. PROVIDING CHILDREN IN NEED WITH SAFE HOMES TO SUPPORT TRAUMA RECOVERY AND HEALING WHILE THEIR FAMILIES COPE WITH CRISIS IS A PRIORITY FOR THE FOSTER CARE PROGRAM. THORNWELL FOSTER CARE CONTINUES TO SERVE THE UPSTATE, MIDLANDS, AND PEE DEE AREAS OF SOUTH CAROLINA. THE FOSTER CARE PROGRAM HAS 7 STAFF MEMBERS INCLUDING A FOSTER CARE PROGRAM DIRECTOR, PROGRAM SUPERVISOR, PROGRAM COORDINATOR, 1 FOSTER CARE LEAD FAMILY SPECIALIST, 2 FOSTER CARE FAMILY SPECIALISTS, AND 1 FOSTER CARE LICENSING SPECIALIST.

THORNWELL'S RECRUITMENT EFFORTS ARE LED BY THE PROGRAM MARKETING AND

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RECRUITMENT SPECIALIST. THIS ROLE SERVES AS THE POINT OF ENTRY FOR ALL INDIVIDUALS INQUIRING ABOUT FOSTERING AND PROVIDES INFORMATION, CLARITY, AND SUPPORT UNTIL THE DECISION TO APPLY TO FOSTER IS MADE. THIS POSITION IS INTEGRAL TO TARGETED RECRUITMENT EFFORTS AND PLANS.

THE FOSTER CARE PROGRAM HAS ADOPTED TRUST-BASED RELATIONAL INTERVENTION (TBRI), AN EVIDENCE-BASED THERAPEUTIC APPROACH, TO TRAIN FOSTER CARE STAFF TO WORK WITH FOSTER PARENTS TO MEET THE NEEDS OF CHILDREN FROM HARD PLACES. THORNWELL ORGANIZES A QUARTERLY FAMILY FUN DAY FOR FOSTER PARENTS AND THEIR CHILDREN SO FAMILIES CAN MEET AND NETWORK WITH EACH OTHER, OFFERING A COMMUNITY OF SUPPORT. THORNWELL OFFERS ONLINE TRAININGS AND PARTNERS WITH THE FOSTER PARENT ASSOCIATION, FLOURISHING FAMILIES, AND THE HOPE FOR THE JOURNEY CONFERENCES TO DIVERSIFY THE TYPE OF TRAINING FOSTER PARENTS RECEIVE. IN 2024, WE PROVIDED SUPPORT, TRAINING, AND RESOURCES TO 44 LICENSED FAMILIES. THE FOSTER CARE PROGRAM PLACED 74 CHILDREN IN SAFE AND LOVING FOSTER HOMES IN 2024.

THE FOSTER CARE VILLAGE, WHICH ARE HOUSES ON THE THORNWELL CAMPUS THAT ARE LEASED TO FOSTER FAMILIES, HAD TWO FOSTER FAMILIES OCCUPYING THESE HOMES IN 2024. THESE FAMILIES ACCOMMODATE 4-5 CHILDREN IN EACH HOME AND CAN TAKE ADVANTAGE OF RESOURCES AVAILABLE ON THE THORNWELL CAMPUS SUCH AS FREE ACCESS TO GYM, POOL, AND EVENTS.

#### STRENGTHENING FAMILIES

THORNWELL PARTNERS WITH CHILDREN'S TRUST OF SC AND GATEWAY COUNSELING CENTER (LAURENS COUNTY ALCOHOL AND DRUG ABUSE COMMISSION) TO BRING THE STRENGTHENING FAMILIES PROGRAM TO LAURENS COUNTY. STRENGTHENING FAMILIES IS CONSIDERED AN EARLY INTERVENTION AND PREVENTION PROGRAM AND AN EVIDENCE-BASED FAMILY SKILLS TRAINING PROGRAM THAT WORKS WITH PARENTS/CAREGIVERS AND THEIR CHILDREN FOR 14 WEEKS. THE PARENTS/CAREGIVERS MUST HAVE A CHILD BETWEEN THE AGES OF 6-11 TO PARTICIPATE, PER GRANT REQUIREMENTS. THE FAMILIES ARE INCENTIVIZED TO ATTEND BY THORNWELL PROVIDING A FAMILY MEAL DURING SESSIONS, GAS/GIFT CARDS TO HELP WITH TRANSPORTATION COSTS, TAKE-HOME FAMILY ACTIVITIES AND MEALS TO ENCOURAGE AND REINFORCE FAMILY BONDING AND RELATIONSHIP SKILLS, AND MILESTONE GIFTS TO FURTHER INCENTIVIZE GRADUATING FROM THE PROGRAM. GRADUATION IS A CELEBRATION OF THESE FAMILIES AND THEIR ACCOMPLISHMENTS IN COMPLETING THE PROGRAM. THIS MILESTONE INCLUDES A MEAL WITH VARIOUS COMMUNITY AND THORNWELL GUESTS, GIFT CARDS AND BASKETS, FAMILY PORTRAITS, AND FRAMED CERTIFICATES OF COMPLETION FOR GRADUATES. IN 2024, THORNWELL PROVIDED 2 CYCLES OF STRENGTHENING FAMILIES, SERVING A TOTAL OF 73 CHILDREN AND FAMILIES WITH AN 84% GRADUATION RATE FOR BOTH CYCLES. ADDITIONALLY, THORNWELL PROVIDED 2 BOOSTER SESSIONS TO KEEP SKILLS CURRENT AND BOLSTER HEALTHY RELATIONSHIPS WHERE 23 FORMER CHILDREN AND FAMILY GRADUATES WERE PROVIDED WITH PASSES TO AND VOUCHERS FOR FOOD AND ACTIVITIES AT THORNWELL'S SPRING AND FALL FESTIVALS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: EARLY HEAD START AND THE SOUTH CAROLINA FIRST STEPS 4K PROGRAMS TO PROVIDE NURTURING, RESPONSIVE, AND HIGH-QUALITY CARE AND LEARNING SERVICES TO CHILDREN, AGES 6 WEEKS THROUGH 4 YEARS OLD. THESE PARTNERSHIPS ALIGN WITH THE DEVELOPMENTALLY APPROPRIATE PRACTICES, CURRICULUM, AND ACTIVITIES GOALS OF SOUTH CAROLINA'S EARLY LEARNING STANDARDS.

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THE CHILD DEVELOPMENT CENTER PROVIDES CARE AND SERVICES TO OVER 120 CHILDREN AND FAMILIES ON AVERAGE. OUR FACILITY CONSISTS OF SIX EARLY HEAD START CLASSROOMS, ONE 3K CLASSROOM, AND THREE 4K CLASSROOMS. OUR CLASSROOMS PROVIDE WARM, ENGAGING, AND SECURE SPACES THAT INSPIRE YOUNG CHILDREN TO EXPLORE AND GROW. OUR CLASSROOMS FEATURE DEVELOPMENTALLY APPROPRIATE FURNITURE, ENGAGING MATERIALS, A VARIETY OF TOYS, AND THOUGHTFULLY DESIGNED LEARNING CENTERS. IN 2024, 191 CHILDREN AGES 6 WEEKS TO 4 YEARS OLD RECEIVED HIGH-QUALITY EDUCATIONAL CARE.

OUR TEACHERS HELP TO SUPPORT AND PROMOTE OPTIMAL DEVELOPMENT IN THE AREAS MOST IMPORTANT TO YOUNG CHILDREN BY ESTABLISHING A SENSE OF TRUST AND SAFETY, ALONG WITH AUTONOMY WITH CONNECTEDNESS, EMPOWERMENT, AND SELF-WORTH. ALL CLASSROOM TEACHERS HAVE AT MINIMUM THE ECD101 CREDENTIAL, AND ALL 4K TEACHERS ARE EDUCATED AT THE BACHELOR'S LEVEL. ALL CLASSROOM TEACHERS ARE TRAINED IN THE CREATIVE CURRICULUM FOR EARLY CHILDHOOD EDUCATION (A RESEARCH-BASED DEVELOPMENTALLY APPROPRIATE CURRICULUM WHICH PROVIDES GOALS AND OBJECTIVES FOR CHILDREN WITH FOUR MAIN CATEGORIES OF INTEREST: SOCIAL/EMOTIONAL, PHYSICAL, COGNITIVE, AND LANGUAGE), TEACHING STRATEGIES GOLD (AN AUTHENTIC, ONGOING OBSERVATIONAL SYSTEM FOR ASSESSING CHILDREN FROM BIRTH THROUGH KINDERGARTEN) WHICH HELPS OUR TEACHERS OBSERVE CHILDREN IN THE CONTEXT OF EVERY DAY EXPERIENCES, AND CONSCIOUS DISCIPLINE (A CLASSROOM-FIRST BEHAVIORAL MODEL THAT EXTENDS INTO A WIDER LIFE MODEL BASED AROUND EMPOWERING ADULTS FIRST AND SUBSEQUENTLY CHILDREN WITH POSITIVE CONDITIONING, EMOTIONAL REGULATION AND LOVING GUIDANCE).

THROUGH ADVANCED EDUCATION, ON-GOING TRAININGS, AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES, OUR TEACHERS ARE EQUIPPED TO MEET EACH CHILD'S ACADEMIC AND SOCIAL/EMOTIONAL NEEDS USING DEVELOPMENTALLY APPROPRIATE PRACTICES IN A STIMULATING, ENGAGING, HANDS-ON, AND SAFE LEARNING ENVIRONMENT, PREPARING OUR CHILDREN FOR SUCCESS IN SCHOOL AND IN LIFE.

#### LEARNING CENTER

FOR 2024, THE LEARNING CENTER SERVED A TOTAL OF 32 RESIDENTIAL STUDENTS IN THE AFTERNOON TUTORING PROGRAM. 12 PRESBYTERIAN COLLEGE STUDENTS, FUNDED THROUGH THE FEDERAL WORK STUDY PROGRAM, WERE HIRED TO PROVIDE TUTORING ACROSS ALL GENERAL EDUCATION SUBJECTS, WITH MATH AS THE PRIMARY AREA OF FOCUS. THESE TUTORS WORKED DILIGENTLY WITH STUDENTS ON HOMEWORK, PROJECTS, FINAL EXAM PREPARATION, AND END-OF-COURSE EXAM REVIEW. BY THE END OF THE SCHOOL YEAR IN JUNE, ENROLLMENT STOOD AT 18 STUDENTS, ALL OF WHOM ACHIEVED A 100% PASSING RATE. END-OF-YEAR STAR ASSESSMENT DATA REFLECTED AN AVERAGE GROWTH OF 0.4 YEARS IN READING AND 0.5 YEARS IN MATH. IN ADDITION, 1 STUDENT GRADUATED FROM CLINTON HIGH SCHOOL AND ENROLLED AT PIEDMONT TECHNICAL COLLEGE.

ALONGSIDE THE TUTORING PROGRAM, THE LEARNING CENTER ALSO HOSTED THE MOMENTUM SUMMER CAMP, A DAY CAMP DESIGNED FOR CHILDREN AGES 5 TO 12. THIS PROGRAM PROVIDED A BALANCE OF ACADEMIC SUPPORT AND ENGAGING ACTIVITIES, GIVING STUDENTS THE OPPORTUNITY TO GROW ACADEMICALLY WHILE ENJOYING SUMMER FUN. IN 2024, 32 CAMPERS PARTICIPATED AND DEMONSTRATED AN AVERAGE GRADE-EQUIVALENT GROWTH OF 0.5 YEARS IN BOTH READING AND MATH OVER THE TWO-MONTH PROGRAM.

#### READ RIGHT

IN ADDITION TO THESE TUTORING PROGRAMS, THE LEARNING CENTER OFFERS READ

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RIGHT WHICH SERVED 99 STUDENTS IN 2024. READ RIGHT IS A READING EMPOWERMENT PROGRAM THAT SEEKS TO ELIMINATE READING PROBLEMS BY REMODELING THE NEURAL NETWORK IN THE BRAIN, SPECIFICALLY FOR READING. IT DIFFERS FROM MOST READING INTERVENTION PROGRAMS IN THAT READ RIGHT FOCUSES ON DERIVING MEANING FROM THE TEXT TO READ AT A LEVEL OF EXCELLENCE. READ RIGHT IS DELIVERED IN SMALL GROUPS OR ONE-ON-ONE IN THE READ RIGHT CENTER, OR VIRTUALLY, WHEREVER A STUDENT MAY RESIDE. TUTORING SERVICES INCLUDE SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES FOSTER CHILDREN AS WELL. THIS ALLOWS US TO SERVE BEGINNING READERS AND ENGLISH LANGUAGE LEARNING STUDENTS AS WELL.

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

OTHER PROGRAMS:

DINING HALL

IN PARTNERSHIP WITH THE USDA, THORNWELL'S DINING HALL SERVED A RECORD BREAKING 56,291 GRAB-N-GO FREE MEALS IN 2024 TO THOSE EXPERIENCING FOOD INSECURITY ACROSS LAURENS COUNTY IN SOUTH CAROLINA. THE GRAB-N-GO MEALS PROGRAM INITIALLY STARTED AS A RESPONSE TO THE PANDEMIC IN 2020. THIS VITAL PROGRAM HELPS EASE CAREGIVERS' BURDENS BY PROVIDING FREE, HEALTHY BREAKFAST AND LUNCH OPTIONS AND ENSURES CHILDREN STAY NOURISHED AND HEALTHY DURING THE SUMMER MONTHS. THORNWELL'S CHILD NUTRITION TEAM HAS SERVED 263,105 MEALS SINCE THE PROGRAM BEGAN IN 2020.

LUSHACRES FARM

LOCATED ON 340 ACRES OF THORNWELL'S CAMPUS IN CLINTON, SC, LUSHACRES FARM IS A WORKING FARM THAT EXEMPLIFIES THORNWELL'S MISSION TO "PROVIDE SAFE AND NURTURING ENVIRONMENTS WHERE WE EDUCATE, EQUIP, AND SUPPORT CHILDREN AND FAMILIES TO THRIVE". LUSHACRES FARM EXISTS TO GROW, SOURCE, AND EQUITABLY DISTRIBUTE HEALTHY FOOD PRODUCTS AS WELL AS PROVIDE FAMILY-FOCUSED ACTIVITIES AND EVENTS FOR THORNWELL AND THE SURROUNDING COMMUNITIES. THE PRODUCTS GROWN AT LUSHACRES ARE SOLD AND DISTRIBUTED VIA THE YEAR-ROUND FARM MARKET THAT IS LOCATED ON-SITE AND THE NEW MOBILE MARKET WITH PROCEEDS FROM ALL MARKET SALES AND EVENTS GOING BACK TO SUPPORT THE THORNWELL PROGRAMS SERVING CHILDREN AND FAMILIES.

LUSHACRES ALSO SERVES AS AN EDUCATIONAL HUB FOR SEVERAL DIFFERENT GROUPS ACROSS THE STATE BY HOSTING LAND LAB OPPORTUNITIES FOR AGRICULTURAL EDUCATION CLASSES AT THE HIGH SCHOOL AND COLLEGE LEVEL, AS WELL AS PARTNERING WITH CLEMSON EXTENSION'S RURAL HEALTH AND NUTRITION PROGRAM TO BEGIN COORDINATING LEARNING OPPORTUNITIES FOR FOOD AND NUTRITION EDUCATION, AND CLEMSON EXTENSION'S AGRICULTURAL SAFETY PROGRAM FOR FARM AND WORK SAFETY EDUCATION. IN 2024, 3,259 SCHOOL FIELD TRIP VISITORS LEARNED ABOUT THE IMPORTANCE OF AGRICULTURE AND ITS IMPACT ON HEALTHY LIVING, AS WELL AS EARTH SCIENCE AND HOW GEOLOGY PLAYS A CRUCIAL ROLE IN UNDERSTANDING AGRICULTURE.

IN LATE 2023, LUSHACRES PARTNERED WITH THE WHOLESPIRE CHAPTER OF LAURENS TO APPLY FOR A GRANT FOCUSED ON ADDRESSING FOOD INSECURITY IN LAURENS COUNTY. THE GRANT WAS AWARDED, AND THIS ALLOWED LUSHACRES TO PURCHASE THE MATERIALS NEEDED TO BUILD-OUT A MOBILE FARM MARKET WHICH ALSO ACCEPTS SNAP AND HEALTHY BUCKS. THE TRAILER THAT WAS CUSTOM ORDERED FOR THE MOBILE MARKET WAS DELIVERED, AND THE PROJECT WAS COMPLETED AT THE END OF JULY OF 2024. SEVERAL TEST RUNS WERE MADE IN AUGUST AND SEPTEMBER OF 2024. THE INITIAL TEST RUNS ALLOWED OPPORTUNITY TO IMPROVE THE LAYOUT AND FUNCTION OF THE MOBILE MARKET, AND

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ADJUSTMENTS WERE MADE FOLLOWING THE PRIMARY GROWING SEASON OF 2024. THESE PREPARATIONS SET UP THE MOBILE MARKET TO SEE GREAT SUCCESS DURING THE 2025 GROWING SEASON, WITH IT BEING DEPLOYED FOR SEVEN STRAIGHT WEEKS IN THE TOWN OF WHITMIRE; A LOCATION DETERMINED BY THE SOUTH CAROLINA DEPARTMENT OF AGRICULTURE AS A FOOD DESERT.

IN THE FARM'S EFFORTS TO PROMOTE HEART-HEALTHY AND FAMILY-FRIENDLY ACTIVITIES, LUSHACRES HAS A PLAYGROUND AND A MILE-LONG WALKING TRAIL IN THE FARM MARKET AREA WHICH ARE FREE AND OPEN TO THE PUBLIC. IN 2024, THE FARM FURTHER EXPANDED THE STANDARD MARKET HOURS OF OPERATION, WHICH INCREASED THE OPPORTUNITY FOR THE COMMUNITY TO ENGAGE IN HEALTHY LIVING BY UTILIZING THE FREE PLAYGROUND AND WALKING TRAIL.

IN MAY OF 2024, LUSHACRES HELD ITS 3RD ANNUAL SPRING FESTIVAL, WITH JUST OVER 200 GUESTS COMING OUT DESPITE THE RAIN. IN OCTOBER OF 2024, LUSHACRES HELD ITS 4TH ANNUAL FALL FESTIVAL, WITH NEARLY 2,000 VISITORS IN ATTENDANCE OVER FOUR CONSECUTIVE WEEKENDS. THE FESTIVALS HAVE CONTINUED TO SERVE AS A GREAT PLATFORM FOR THORNWELL AMBASSADORS TO ENGAGE WITH THE PUBLIC TO CONTINUE EDUCATING OTHERS ON THE WORK OF THE MINISTRY. THE FESTIVALS SAW THE PRIMARY USE OF VOLUNTEERS ON THE FARM, WITH 410 MAN-HOURS SPENT DURING BOTH THE SPRING AND FALL FESTIVAL SEASONS.

LUSHACRES FARM CONTINUES TO EXPAND EFFORTS IN EDUCATION THROUGH THE INCREASED WORK IN HOSTING SCHOOLS FOR FIELD TRIPS. THE TOTAL VISITORS TO LUSHACRES, SPECIFICALLY FOR FIELD TRIPS, INCREASED SIGNIFICANTLY FROM 2023 TO 2024. INTEREST IN FIELD TRIPS CONTINUES TO GROW, WITH 2025 NUMBERS PROJECTED TO SURPASS 2024 BY NEARLY 55%. EXPENSES \$ 2,089,336. INCLUDING GRANTS OF \$ 0. REVENUE \$ 709,789.

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

A COPY OF FORM 990 IS EMAILED TO EACH BOARD TRUSTEE FOR REVIEW AND COMMENTS PRIOR TO FILING.

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

OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY WHICH ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. IN THE EVENT OF A CONFLICT, A BOARD TRUSTEE RECUSES HIMSELF/HERSELF AND THE EVENT IS DOCUMENTED IN THE ORGANIZATION'S BOARD MINUTES.

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

THE BOARD OF TRUSTEES ANNUALLY REVIEWS THE PRESIDENT'S COMPENSATION. THE BOARD OF TRUSTEES USES DATA FROM A NON-PROFIT EXECUTIVE RECRUITING FIRM, AS WELL AS DATA FROM OTHER ORGANIZATIONS OF SIMILAR TYPE AND SIZE TO SET THE PRESIDENT'S COMPENSATION. THE BOARD'S DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD'S MEETINGS. THE PRESIDENT ANNUALLY REVIEWS THE SALARIES OF OTHER OFFICERS AND KEY EMPLOYEES USING COMPENSATION DATA PUBLISHED IN PROFESSIONAL JOURNALS AND NATIONAL AND REGIONAL SALARY SURVEYS FROM MEMBERSHIP BASED PROFESSIONAL ASSOCIATIONS.

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

GOVERNING DOCUMENTS AND KEY POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 67,672,000, D Employer identification number 57-0314418, E Group exemption number, F Check box if an amended return.

Form header section including: G Check organization type 501(c) corporation, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 2, K During the tax year, was the corporation a subsidiary, L The books are in care of SARAH PRICE Telephone number 803-747-2606

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations for total unrelated business taxable income, deductions, and final amount of 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax calculations for organizations taxable as corporations, proxy tax, and total tax amount of 0.

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, other credits, amounts due from various forms, and total tax amount of 0.

<b>Part III Tax and Payments</b> <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>	0.
6 a	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>	
c	Tax deposited with Form 8868 .....	<b>6c</b>	
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
e	Backup withholding (see instructions) .....	<b>6e</b>	
f	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
g	Elective payment election amount from Form 3800 .....	<b>6g</b>	
h	Payment from Form 2439 .....	<b>6h</b>	
i	Credit from Form 4136 .....	<b>6i</b>	
j	Other (see instructions) .....	<b>6j</b>	
7	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	
11	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> .....	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
4	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	445100	\$	598,809.
	713990	\$	282,331.
		\$	
		\$	
6 a	Reserved for future use .....		
b	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
			<b>VICE PRESIDENT FOR FINANCE/CFO</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MELANIE MCPEAK			P01346034
	Firm's name	Firm's EIN		
	CHERRY BEKAERT ADVISORY LLC	88-2730877		
	Firm's address	Phone no.		
	110 EAST COURT STREET, SUITE 500 GREENVILLE, SC 29601	864-233-3981		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2024**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THORNWELL</b>	<b>B</b> Employer identification number <b>57-0314418</b>
<b>C</b> Unrelated business activity code (see instructions) <b>445100</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business **FARM RETAIL MARKET**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>180,868.</u>			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b> 180,868.		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b> 89,789.		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 91,079.		91,079.
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <u>STMT 1</u>	<b>12</b> 27,412.		27,412.
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b> 118,491.		118,491.

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	191,875.
<b>3</b> Repairs and maintenance	<b>3</b>	10,105.
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	3,191.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	29,575.
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b> 29,575.
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	28,545.
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) <u>SEE STATEMENT 2</u>	<b>14</b>	106,267.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	369,558.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	-251,067.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	-251,067.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	N/A
1	Inventory at beginning of year .....	1	11,891.
2	Purchases .....	2	97,544.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	109,435.
7	Inventory at end of year .....	7	19,646.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	89,789.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)</b>					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>	_____			
B	<input type="checkbox"/>	_____			
C	<input type="checkbox"/>	_____			
D	<input type="checkbox"/>	_____			
		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

<b>Part V Unrelated Debt-Financed Income</b> (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>	_____			
B	<input type="checkbox"/>	_____			
C	<input type="checkbox"/>	_____			
D	<input type="checkbox"/>	_____			
		A	B	C	D
2	Gross income from or allocable to debt-financed property .....				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11	<b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
a Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER INCOME		27,412.
TOTAL TO SCHEDULE A, PART I, LINE 12		27,412.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
UTILITIES		839.
TRAVEL EXPENSE		6,941.
PROFESSIONAL FEES		19,230.
OFFICE EXPENSE		16,298.
SUPPLIES		17,950.
SOFTWARE AND SUPPORT		6,289.
CAPITAL EXPENSES - ALLOCATED		22,334.
INSURANCE		11,165.
MISCELLANEOUS		5,221.
TOTAL TO SCHEDULE A, PART II, LINE 14		106,267.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	320,388.	0.	320,388.	320,388.
12/31/23	278,421.	0.	278,421.	278,421.
NOL CARRYOVER AVAILABLE THIS YEAR			598,809.	598,809.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2  
OMB No. 1545-0047

**2024**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THORNWELL</b>	<b>B</b> Employer identification number <b>57-0314418</b>
<b>C</b> Unrelated business activity code (see instructions) <b>713990</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business **SEASONAL FARM FESTIVALS**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <b>51,147.</b>			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b> <b>51,147.</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b> <b>46,271.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> <b>4,876.</b>		<b>4,876.</b>
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 4</b>	<b>12</b> <b>140.</b>		<b>140.</b>
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b> <b>5,016.</b>		<b>5,016.</b>

**Part II** **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		<b>98,877.</b>
<b>3</b> Repairs and maintenance	<b>3</b>		<b>5,207.</b>
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		<b>1,644.</b>
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	<b>14,306.</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b> <b>14,306.</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		<b>14,710.</b>
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 5</b>	<b>14</b>		<b>54,761.</b>
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>		<b>189,505.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		<b>-184,489.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>		<b>0.</b>
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		<b>-184,489.</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	N/A
1	Inventory at beginning of year .....	1	6,400.
2	Purchases .....	2	49,995.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	56,395.
7	Inventory at end of year .....	7	10,124.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	46,271.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)</b>					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D .....				
3	<b>Total rents received or accrued.</b> Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

<b>Part V Unrelated Debt-Financed Income</b> (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	<b>Total deductions</b> (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



FORM 990-T (A)	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
OTHER INCOME		140.
TOTAL TO SCHEDULE A, PART I, LINE 12		140.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
UTILITIES		432.
TRAVEL EXPENSE		3,577.
PROFESSIONAL FEES		9,910.
OFFICE EXPENSE		8,399.
SUPPLIES		9,250.
SOFTWARE AND SUPPORT		3,241.
CAPITAL EXPENSES - ALLOCATED		11,508.
INSURANCE		5,753.
MISCELLANEOUS		2,691.
TOTAL TO SCHEDULE A, PART II, LINE 14		54,761.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	121,871.	0.	121,871.	121,871.
12/31/23	160,460.	0.	160,460.	160,460.
NOL CARRYOVER AVAILABLE THIS YEAR			282,331.	282,331.

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**THORNWELL**

**FARM RETAIL MARKET**

**57-0314418**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	29,575.

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	29,575.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows include 37-41 regarding policy statements and vehicle use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2024 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2024 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THORNWELL

SEASONAL FARM FESTIVALS

57-0314418

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	14,306.

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	14,306.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
<b>27</b> Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2024 tax year:					
	:	:			
	:	:			
<b>43</b> Amortization of costs that began before your 2024 tax year					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report					<b>44</b>