

DWC CPAs LLC
3454 Douglas Rd
South Bend, IN 46635

REAL Services, Inc.
PO Box 1835
South Bend, IN 46634-1835

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24**, and ending **06/30/25**

35-1157606

REAL SERVICES, INC.

Net Asset / Fund Balance at Beginning of Year **10,461,937**

Revenue

Contributions	<u>20,320,329</u>	
Program service revenue	<u>599,816</u>	
Investment income	<u>236,246</u>	
Capital gain / loss	<u>81,114</u>	
Fundraising / Gaming:		
Gross revenue	<u>30,650</u>	
Direct expenses	<u>25,400</u>	
Net income	<u>5,250</u>	
Other income	<u>74,552</u>	
Total revenue		<u>21,317,307</u>

Expenses

Program services	<u>20,855,007</u>	
Management and general	<u>2,299,802</u>	
Fundraising	<u>89,097</u>	
Total expenses		<u>23,243,906</u>
Excess / (deficit)		<u>-1,926,599</u>

Changes **252,656**

Net Asset / Fund Balance at End of Year **8,787,994**

Reconciliation of Revenue

Total revenue per financial statements	<u>21,703,729</u>
Less:	
Unrealized gains	<u>204,417</u>
Donated services	<u>122,622</u>
Recoveries	
Other	<u>73,639</u>
Plus:	
Investment expenses	<u>14,256</u>
Other	
Total revenue per return	<u>21,317,307</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>23,379,171</u>
Less:	
Donated services	<u>122,622</u>
Prior year adjustments	
Losses	
Other	<u>26,899</u>
Plus:	
Investment expenses	<u>14,256</u>
Other	
Total expenses per return	<u>23,243,906</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>14,981,950</u>	<u>12,257,785</u>	
Liabilities	<u>4,520,013</u>	<u>3,469,791</u>	
Net assets	<u>10,461,937</u>	<u>8,787,994</u>	<u>-1,673,943</u>

Miscellaneous Information

Amended return _____
 Return / extended due date **05/15/26**
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25

35-1157606

REAL SERVICES, INC.

Income & Losses (Form 990-T, Sch A) # of Schedules 1

Income from all activities
Losses from all activities -64,716

Unrelated business taxable income from all trades

Income Adjustments (Form 990-T, Part I)

Disallowed fringe benefits
Charitable contributions
Net operating loss (prior to 2018)
Specific deduction 1,000
Section 199A Deduction (Trusts Only)

Total adjustments (1,000)

Unrelated business taxable income

Taxes & Credits (Form 990-T, Part II and III)

Regular tax
Other tax: Proxy AMT Facilities

Tax Due

Foreign tax credit and other credits
General business credits
Prior year minimum tax credit

Total nonrefundable credits

Other taxes

Total tax

Payments & Penalties

Estimated tax payments and Tax withheld
Paid with extension
Refundable credits and other payments

Payments

Net tax due

Estimated tax penalty
Interest on late payments
Failure to file penalty
Failure to pay penalty

Penalties

Balance due

Total overpayment

Overpayment applied to next year's tax

Refund

Next Year's Estimates

1st quarter
2nd quarter
3rd quarter
4th quarter
Total

Miscellaneous Information

Amended return
Return / extended due date 05/15/26

REAL Services, Inc.
PO Box 1835
South Bend, IN 46634-1835

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027



Form 990	Two Year Comparison Report		2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25			

Name

Taxpayer Identification Number

REAL SERVICES, INC.**35-1157606**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1. 974,605	1,404,300	429,695
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 27,878,128	18,916,029	-8,962,099
	4. Program service revenue	4. 852,701	599,816	-252,885
	5. Investment income	5. 184,009	236,246	52,237
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -8,197	81,114	89,311
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9. 54,375	5,250	-49,125
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 59,121	74,552	15,431
	12. Total revenue. Add lines 1 through 11	12. 29,994,742	21,317,307	-8,677,435
Expenses	13. Grants and similar amounts paid	13. 11,843,446	9,224,860	-2,618,586
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 355,305	322,624	-32,681
	16. Salaries, other compensation, and employee benefits	16. 13,999,387	9,280,500	-4,718,887
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 27,850	41,626	13,776
	19. Occupancy, rent, utilities, and maintenance	19. 832,713	643,805	-188,908
	20. Depreciation and Depletion	20. 147,115	146,613	-502
	21. Other expenses	21. 3,551,085	3,583,878	32,793
	22. Total expenses. Add lines 13 through 21	22. 30,756,901	23,243,906	-7,512,995
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -762,159	-1,926,599	-1,164,440
Other Information	24. Total exempt revenue	24. 29,994,742	21,317,307	-8,677,435
	25. Total unrelated revenue	25. 162,483	68,786	-93,697
	26. Total excludable revenue	26. 979,526	928,192	-51,334
	27. Total assets	27. 14,981,950	12,257,785	-2,724,165
	28. Total liabilities	28. 4,520,013	3,469,791	-1,050,222
	29. Retained earnings	29. 10,461,937	8,787,994	-1,673,943
	30. Number of voting members of governing body	30. 18	23	
	31. Number of independent voting members of governing body	31. 18	23	
	32. Number of employees	32. 327	327	
	33. Number of volunteers	33. 212	244	

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2024** calendar year, or tax year beginning **07/01/24**, and ending **06/30/25**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
REAL SERVICES, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) **PO BOX 1835**
City or town, state or province, and ZIP or foreign postal code
SOUTH BEND IN 46634-1835

D Employer identification number
35-1157606
E Telephone number
574-233-8205
G Gross receipts \$ **21,600,198**

F Name and address of principal officer:
KARLA J MAPES
PO BOX 1835
SOUTH BEND IN 46634-1835
H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

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

J Website: **WWW.REALSERVICES.ORG**
H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation: **1966**
M State of legal domicile: **IN**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	327
6 Total number of volunteers (estimate if necessary)	244
7a Total unrelated business revenue from Part VIII, column (C), line 12	68,786
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

Revenue

8 Contributions and grants (Part VIII, line 1h)	28,852,733	20,320,329
9 Program service revenue (Part VIII, line 2g)	852,701	599,816
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,812	317,360
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,496	79,802
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,994,742	21,317,307

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,843,446	9,224,860
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,354,692	9,603,124
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	89,097	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,558,763	4,415,922
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	30,756,901	23,243,906
19 Revenue less expenses. Subtract line 18 from line 12	-762,159	-1,926,599

Net Assets or Fund Balances

20 Total assets (Part X, line 16)	14,981,950	12,257,785
21 Total liabilities (Part X, line 26)	4,520,013	3,469,791
22 Net assets or fund balances. Subtract line 21 from line 20	10,461,937	8,787,994

Part II Signature Block

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

Sign Here

Signature of officer
KARLA J MAPES
Type or print name and title
PRESIDENT/CEO/SECT

Date

Paid Preparer Use Only

Preparer's name
BRADLEY J FETHEROLF, CPA

Preparer's signature
BRADLEY J FETHEROLF, CPA

Date
03/21/26

Check ☐ if self-employed
PTIN
P01766977

Firm's name
DWC CPAS LLC

Firm's EIN
35-2072184

Firm's address
3454 DOUGLAS RD
SOUTH BEND, IN 46635

Phone no.
574-233-9366

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

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:
SEE SCHEDULE O
- 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 ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,049,724 including grants of \$ 5,282,929) (Revenue \$)

ENERGY ASSISTANCE - INCOME ELIGIBLE HOUSEHOLDS RECEIVED HEATING ASSISTANCE AND TURN-OFF AVOIDANCE DURING WEATHER AMNESTY MONTHS. THE PROGRAM PROVIDED 12,181 FAMILIES REPRESENTING 26,476 PEOPLE IN A FIVE-COUNTY AREA WITH A CREDIT ON THEIR HEATING BILLS. THE PROGRAM PROCESSED 31,400 PAYMENTS MADE DIRECTLY TO ELECTRIC, HEATING, AND WATER UTILITY PROVIDERS AND ASSISTED 21 HOUSEHOLDS WITH FURNACE REPAIR OR REPLACEMENT SERVICES.

4b (Code:) (Expenses \$ 4,205,871 including grants of \$ 135,819) (Revenue \$)

CASE MANAGEMENT - PROVIDED PERSON-CENTERED CARE MANAGEMENT SERVICES TO 4,995 OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES TO SUPPORT SAFE AND INDEPENDENT LIVING IN THE COMMUNITY AND PREVENT UNNECESSARY INSTITUTIONAL PLACEMENT.

4c (Code:) (Expenses \$ 1,190,887 including grants of \$ 751,104) (Revenue \$ 17,241)

COVID-19 - THROUGH THE AGING AND DISABILITY VACCINE UPTAKE INITIATIVE (ADVC), PROVIDED VACCINATION OUTREACH, EDUCATION, AND SUPPORTIVE SERVICES TO INCREASE ACCESS TO COVID-19 AND FLU VACCINES FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES. THE INITIATIVE REACHED 285,063 INDIVIDUALS THROUGH OUTREACH AND EDUCATION, ADMINISTERED 3,964 VACCINES, PROVIDED 13,885 SUPPORTIVE SERVICE UNITS, AND HOSTED 117 COMMUNITY VACCINATION EVENTS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 9,408,525 including grants of \$ 3,055,008) (Revenue \$ 582,575)

4e Total program service expenses 20,855,007

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 9	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	327
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	1a	23	1b	23	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		23		23		
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

STEPHEN GAZDICK
SOUTH BEND

PO BOX 1835

IN 46634

574-233-8205

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARLA J MAPES	36.50									
PRESIDENT/CEO/SECT	1.00			X				154,500	0	18,902
(2) KEVIN BOUMA	36.50									
DIR. ADMIN & FIN.	1.00			X				71,722	0	16,661
(3) STEPHEN GAZDICK	36.50									
DIR. ADMIN & FIN	1.00			X				50,769	0	10,070
(4) PETER MULLEN	1.00									
DIRECTOR	0.50	X						0	0	0
(5) STEVEN WATTS	1.00									
DIRECTOR	0.50	X						0	0	0
(6) DAN WOLFSON	1.00									
DIRECTOR	0.00	X						0	0	0
(7) ANDRE WADDELL	1.00									
DIRECTOR	0.00	X						0	0	0
(8) MICHELLE STESIAK, CPA	1.00									
DIRECTOR	0.00	X						0	0	0
(9) ALEyna MITCHELL	1.00									
DIRECTOR	0.00	X						0	0	0
(10) DIANA HESS	1.00									
DIRECTOR	0.50	X						0	0	0
(11) DORIS PORTOLESE	1.00									
DIRECTOR	0.50	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOHN ABERNETHY										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(13) JASON CRITCHLOW										
(13) DIRECTOR	1.00 0.50	X						0	0	0
(14) JESSICA BRITTAIN										
(14) DIRECTOR	1.00 0.00	X						0	0	0
(15) MARILYN NELUMS-JONES										
(15) DIRECTOR	1.00 0.00	X						0	0	0
(16) MARY KARCZKA										
(16) DIRECTOR	1.00 0.00	X						0	0	0
(17) KIMBERLY SISCO										
(17) DIRECTOR	1.00 0.50	X						0	0	0
(18) TWILA NEWBILL										
(18) DIRECTOR	1.00 0.00	X						0	0	0
(19) JULIAN ROUCH										
(19) DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal								276,991		45,633
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								276,991		45,633

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

	Yes	No
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	3	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	4	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	5	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
HELP AT HOME, INC. 33 S. STATE ST CHICAGO IL 60602	IN-HOME SERVICE	622,170
STANZ FOODSERVICES, INC. 1840 COMMERCE DR SOUTH BEND IN 46628	FOOD SERVICE	601,980
J2 MARKETING 137 N MICHIGAN ST SOUTH BEND IN 46601	MARKETING	335,632
TOTAL IN HOME SERVICES, INC 138 E US HIGHWAY 30 SCHERERVILLE IN 46375	IN-HOME SERVICE	308,550
HELPING HANDS IN HOME CARE, INC. 10202 W. 400 NORTH MICHIGAN CITY IN 46360	IN-HOME SERVICE	276,743

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

17

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	268,433					
	e Government grants (contributions)	1e	18,916,029					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,135,867					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			20,320,329				
	Program Service Revenue			Business Code				
2a PROGRAM INCOME			624100	520,187	520,187			
b FOOD SALES			722513	68,786		68,786		
c FOOD SALES			722513	10,843	10,843			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				599,816				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			236,246			236,246	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
		6a						
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a	338,605					
		b Less: cost or other basis and sales exps.	7b	257,491				
	c Gain or (loss)	7c	81,114					
	d Net gain or (loss)			81,114	81,114			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		8a						
	b Less: direct expenses	8b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19								
	9a	30,650						
b Less: direct expenses	9b	25,400						
c Net income or (loss) from gaming activities			5,250			5,250		
10a Gross sales of inventory, less returns and allowances								
	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
	11a MISCELLANEOUS			74,552	74,552			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			74,552				
12 Total revenue. See instructions			21,317,307	686,696	68,786	241,496		

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	1,108,306	1,108,306		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,116,554	8,116,554		
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	322,624		322,624	
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	7,204,576	6,316,868	851,712	35,996
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	274,702	243,661	29,371	1,670
9 Other employee benefits	1,244,234	1,099,364	137,306	7,564
10 Payroll taxes	556,988	470,290	84,041	2,657
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,000		27,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,256		14,256	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	370		370	
12 Advertising and promotion	432,489	226,529	198,499	7,461
13 Office expenses	158,894	137,329	19,635	1,930
14 Information technology	357,920	169,699	186,761	1,460
15 Royalties				
16 Occupancy	643,805	621,510	90	22,205
17 Travel	121,833	108,886	12,261	686
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	146,613	146,613		
23 Insurance	132,947	118,881	13,468	598
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 FOOD	1,174,335	1,169,709	4,523	103
b OTHER	454,991	346,799	102,484	5,708
c PROVISION FOR LOAN LOSS	270,833		270,833	
d PROGRAM SUPPLIES	171,195	160,102	11,029	64
e All other expenses	308,441	293,907	13,539	995
25 Total functional expenses. Add lines 1 through 24e	23,243,906	20,855,007	2,299,802	89,097
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,726,412	1	1,905,020
	2 Savings and temporary cash investments	858,511	2	458,065
	3 Pledges and grants receivable, net	3,558,879	3	2,594,607
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	258,333	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,884	9	3,217
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,849,713		
	b Less: accumulated depreciation	10b 1,867,314	10c	982,399
	11 Investments—publicly traded securities	1,053,420	11	3,517,926
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,164,962	15	2,796,551
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,981,950	16	12,257,785	
Liabilities	17 Accounts payable and accrued expenses	1,810,656	17	1,169,394
	18 Grants payable		18	
	19 Deferred revenue	109,585	19	250,985
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	90,891	21	68,568
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	2,508,881	25	1,980,844
	26 Total liabilities. Add lines 17 through 25	4,520,013	26	3,469,791
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		7,316,617	27	6,026,013
28 Net assets with donor restrictions		3,145,320	28	2,761,981
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		10,461,937	32	8,787,994
33 Total liabilities and net assets/fund balances	14,981,950	33	12,257,785	

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	21,317,307
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,243,906
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,926,599
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,461,937
5	Net unrealized gains (losses) on investments	5	204,417
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	48,239
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,787,994

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: ☐ Cash ☒ Accrual ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) KIANA JACKSON										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(21) RYAN BRENNAN										
(13) DIRECTOR	1.00 0.00	X						0	0	0
(22) KATHRYN LYNDES										
(14) ASSISTANT TREASURER	2.00 0.50	X		X				0	0	0
(23) TIM EMERICK										
(15) IMMEDIATE PAST CHAIR	2.00 0.50	X		X				0	0	0
(24) JOHN PENDARVIS										
(16) CHAIRPERSON	2.00 0.50	X		X				0	0	0
(25) KAREN NEVORSKI										
(17) TREASURER	2.00 0.50	X		X				0	0	0
(26) MARK MIKEL										
(18) VICE CHAIR	2.00 0.50	X		X				0	0	0
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

REAL SERVICES, INC.

Employer identification number

35-1157606

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 3,418,652
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 98.92 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 98.99 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the 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

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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	Total annual distributions. 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	Total of lines 3a through 3e		
g	Applied to underdistributions 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	Excess distributions carryover to 2025. 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.)

PART II, LINE 10 - OTHER INCOME DETAIL
SPECIAL EVENTS & GAMING \$ **546,819**

Name of the organization	Employer identification number
REAL SERVICES, INC.	35-1157606

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?		☐ Yes ☐ 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?		☐ Yes ☐ 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 conversation 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 \$

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	879,365	824,832	784,885	847,635	756,850
b Contributions					
c Net investment earnings, gains, and losses	86,209	92,927	77,378	-26,583	124,255
d Grants or scholarships					
e Other expenditures for facilities and programs	37,630	38,394	37,431	36,167	33,470
f Administrative expenses					
g End of year balance	927,944	879,365	824,832	784,885	847,635

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

a Board designated or quasi-endowment %

b Permanent endowment 53.88 %

c Term endowment 46.12 %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,021,719	456,747	564,972
c Leasehold improvements		48,411	48,411	
d Equipment		613,760	519,496	94,264
e Other		1,165,823	842,660	323,163
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				982,399

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)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) CASH HELD IN ESCROW FOR EMPLOYEE BEN	1,613,313
(2) BENEFICIAL INTEREST IN ASSET HELD BY	815,715
(3) OPERATING LEASE RIGHT-OF-USE ASSET	215,825
(4) INVESTMENTS HELD FOR DEFERRED COMPEN	83,130
(5) ASSETS HELD FOR OTHERS UNDER GUARDIA	68,568
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,796,551

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED EMPLOYEE BENEFITS	1,613,313
(3)	OPERATING LEASE LIABILITY	215,825
(4)	ACCRUED DEFERRED COMPENSATION PLAN B	151,706
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		1,980,844

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	21,703,729
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	204,417
b	Donated services and use of facilities	2b	122,622
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	73,639
e	Add lines 2a through 2d	2e	400,678
3	Subtract line 2e from line 1	3	21,303,051
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	14,256
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,256
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,317,307

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	23,379,171
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	122,622
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	26,899
e	Add lines 2a through 2d	2e	149,521
3	Subtract line 2e from line 1	3	23,229,650
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	14,256
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,256
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,243,906

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 IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE ORGANIZATION SERVES AS LEGAL GUARDIAN FOR CERTAIN OLDER ADULTS, HOLDING ASSETS ON THEIR BEHALF.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

INCOME FROM THE PERMANENT ENDOWMENT IS DONOR-RESTRICTED FOR THE ORGANIZATION'S CAREGIVER CONNECTION PROGRAM.

PART X - FIN 48 FOOTNOTE

WE RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. EXAMPLES OF TAX POSITIONS INCLUDE OUR TAX-EXEMPT STATUS AND POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. WE HAVE NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND THERE ARE NO UNRECOGNIZED TAX BENEFITS RECORDED AS LIABILITIES IN THE ACCOMPANYING FINANCIAL STATEMENTS. WE CLASSIFY INTEREST AND PENALTIES, IF ANY, ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS A COMPONENT OF INCOME TAX EXPENSE, AND THERE WAS NO ACCRUED INTEREST OR ANY PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AT EITHER JUNE 30, 2025 OR

Part XIII Supplemental Information *(continued)*

2024, OR ANY INTEREST OR PENALTIES EXPENSE RELATED TO UNRECOGNIZED TAX BENEFITS FOR THE YEARS THEN ENDED. WE ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE OR THE STATE OF INDIANA FOR YEARS PRIOR TO JUNE 30, 2022.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
CHANGE IN BENEFICIAL INTEREST	\$	48,239
RAFFLE EXPENSES	\$	25,400

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
RAFFLE EXPENSES	\$	25,400
EXPENSES PAID ON BEHALF OF FOUNDATION	\$	1,499

Name of the organization
REAL SERVICES, INC.

Employer identification number
35-1157606

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of nongovernment grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			30,650	30,650
Direct Expenses	2 Cash prizes			25,000	25,000
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			400	400
	6 Volunteer labor	☒ Yes % ☒ No	☒ Yes % ☒ No	☒ Yes % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				25,400
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				5,250

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

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

b If "No," explain:

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

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	100.00	%
b An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name STEPHEN GAZDICK

PO BOX 1835

Address SOUTH BENDIN 46634

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization
REAL SERVICES, INC.

Employer identification number
35-1157606

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COUNCIL ON AGING OF ELKHART COUNTY 131 WEST TYLER ST, STE 1A ELKHART IN 46516	51-0178910	501C3	106,608				TRANSPORTATION
(2)	INDIANA LEGAL SERVICES, INC. 227 S. MAIN, SUITE 200 SOUTH BEND IN 46601	35-6059654	501C3	56,430				LEGAL ASSISTANCE
(3)	KOSCIUSKO COMMUNITY SENIOR SERVICES 800 N. PARK AVE WARSAW IN 46580	35-1451472	501C3	47,008				TRANSPORTATION
(4)	KOSCIUSKO COMMUNITY SENIOR SERVICES 800 N. PARK AVE WARSAW IN 46580	35-1451472	501C3	47,008				HOME DELIVERED MEALS
(5)	LAPORTE COUNTY MEALS ON WHEELS 301 E. 8TH ST, SUITE 110 MICHIGAN CITY IN 46360	35-1314352	501C3	114,036				HOME DELIVERED MEALS
(6)	MARSHALL COUNTY COUNCIL ON AGING 1305 W. HARRISON STREET PLYMOUTH IN 46563	35-1522711	501C3	20,450				TRANSPORTATION
(7)	MARSHALL COUNTY COUNCIL ON AGING 1305 W. HARRISON STREET PLYMOUTH IN 46563	35-1522711	501C3	20,450				HOME DELIVERED MEALS
(8)	PALADIN, INC. 4315 E. MICHIGAN BLVD MICHIGAN CITY IN 46360	35-6076798	501C3	66,437				TRANSPORTATION
(9)	MEALS ON WHEELS OF GOSHEN 223 SOUTH MAIN ST GOSHEN IN 46526	35-1427937	501C3	36,985				HOME DELIVERED MEALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **16**

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization
REAL SERVICES, INC.

Employer identification number
35-1157606

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MEALS ON WHEELS - REAL SERVICES INC 1151 S. MICHIGAN SOUTH BEND IN 46601	35-1157606	501C3	15,727				MEALS FOR DISABLED
(2)	HABITAT FOR HUMANITY - ELKHART CO. 2910 ELKHART ROAD GOSHEN IN 46526	35-1685313	501C3	18,667				GENERAL SUPPORT
(3)	NORTHERN INDIANA HISPANIC HEALTH 444 N. NAPPANEE ST ELKHART IN 46514	32-0039221	501C3	33,000				HEALTH EDUCATION
(4)	COMPASSIONATE HEALTH CARE 740 STATE ROAD 25 ROCHESTER IN 46975	32-0237943	501C3	12,000				DENTAL WORK
(5)	MARSHALL COUNTY NEIGHBORHOOD CENTER 402 W. GARRO STREET PLYMOUTH IN 46563	35-1539175	501C3	5,037				FAMILY DEVELOPMENT
(6)	COMBINED COMMUNITY SERVICES 1195 N. MERIDIAN DRIVE WARSAW IN 46582	35-1615506	501C3	38,350				FAMILY DEVELOPMENT
(7)	UNITED WAY OF ST. JOSEPH COUNTY 3517 E. JEFFERSON BLVD. SOUTH BEND IN 46615	35-1063368	501C3	403,037				GENERAL SUPPORT
(8)	ELKHART CHILD DEVELOPMENT CENTER 2121 PRAIRIE ST. ELKHART IN 46517	35-1163554	501C3	23,748				GENERAL SUPPORT
(9)	KROC CENTER 900 WEST WESTERN AVE. SOUTH BEND IN 46601	35-0868167	501C3	43,328				GENERAL SUPPORT

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

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

Part III

Grants and Other Assistance to Domestic Individuals.

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ENERGY ASSISTANCE PAYMENT	12181	5,282,929			
2 HOME HELATH CARE	4995	2,082,521			
3 COVID 19 RELIEF	285063	751,104			
4					
5					
6					
7					

Part IV

Supplemental Information.

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANTS ARE DISBURSED FROM FUNDS RECEIVED UNDER FEDERAL AND STATE GRANTS AND ARE ADMINISTERED IN ACCORDANCE WITH THE TERMS AND REQUIREMENTS OF THOSE GRANTS, INCLUDING ELIGIBILITY AND COST ALLOWABILITY. ALL SUCH GRANTS ARE SUBJECT TO MONITORING AND AUDITS BY THE GRANTOR AGENCIES AND THE ORGANIZATION'S INDEPENDENT AUDITOR.

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

REAL SERVICES, INC.

Employer identification number

35-1157606

Part I Questions Regarding Compensation

1a 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.

- ☐ First-class or charter travel
- ☐ Travel for companions
- ☐ Tax indemnification and gross-up payments
- ☐ Discretionary spending account
- ☐ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (such as maid, chauffeur, chef)

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

2 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?

3 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.

- ☐ Compensation committee
- ☐ Independent compensation consultant
- ☐ Form 990 of other organizations
- ☐ Written employment contract
- ☐ Compensation survey or study
- ☐ Approval by the board or compensation committee

4 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:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 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:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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	KARLA J MAPES PRESIDENT/CEO/SECT	(i) 154,500	(ii) 0	(iii) 0	18,902	0	173,402	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2		(i)	(ii)					
3		(i)	(ii)					
4		(i)	(ii)					
5		(i)	(ii)					
6		(i)	(ii)					
7		(i)	(ii)					
8		(i)	(ii)					
9		(i)	(ii)					
10		(i)	(ii)					
11		(i)	(ii)					
12		(i)	(ii)					
13		(i)	(ii)					
14		(i)	(ii)					
15		(i)	(ii)					
16		(i)	(ii)					

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.

SCHEDULE O (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 Open to Public Inspection
Name of the organization REAL SERVICES, INC.		Employer identification number 35-1157606

FORM 990 - ORGANIZATION'S MISSION
REAL SERVICES ASSISTS IN ESTABLISHING A COMMUNITY IN WHICH THOSE WE SERVE CAN MAINTAIN THEIR INDEPENDENCE TO THE MAXIMUM DEGREE POSSIBLE AND FIND MEANING AND SATISFACTION THROUGHOUT THEIR LIVES. WE OFFER SERVICES IN 12 COUNTIES ACROSS NORTHERN INDIANA, INCLUDING ELKHART, FULTON, JASPER, KOSCIUSKO, LAKE, LAPORTE, MARSHALL, NEWTON, PORTER, PULASKI, STARKE, AND ST. JOSEPH.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
WEATHERIZATION - (EXPENSES \$500,463, INCLUDING GRANTS OF \$154,939) -
FAMILIES WHOSE INCOME IS BELOW 150% OF THE POVERTY LEVEL ARE PROVIDED WITH ENERGY CONSERVATION MEASURES TO LOWER FUEL CONSUMPTION AND EXPENSES. 23 HOMES WERE MADE MORE SAFE AND ENERGY EFFICIENT.
NUTRITION - (EXPENSES \$2,896,516, INCLUDING GRANTS OF \$22,510) - PROVIDES
LOW-COST NUTRITIOUS MEALS, WITH RECREATIONAL ACTIVITIES AND INFORMATIONAL PROGRAMS, IN CENTERS IN ST. JOSEPH, ELKHART, LAPORTE, MARSHALL, AND STARKE COUNTIES. 255,590 NUTRITIOUS MEALS WERE MADE, DELIVERED, AND ENJOYED BY 4,452 OLDER ADULTS THROUGHOUT THE REGION. DONATED FACILITIES VALUED AT \$122,622 WERE RECEIVED BUT NOT INCLUDED IN THE ABOVE EXPENSES.
HOME AND AND COMMUNITY SERVICES - (EXPENSES \$915,111, INCLUDING GRANTS OF \$305,297) - SERVED 28,752 INDIVIDUALS THROUGH COMMUNITY ACTION PROGRAMS
FOCUSED ON HOUSING STABILITY, FINANCIAL EMPOWERMENT, AND BASIC NEEDS. SERVICES INCLUDED UTILITY ASSISTANCE TO 26,476 INDIVIDUALS, RENTAL ASSISTANCE TO 1,487 INDIVIDUALS, HOUSING STABILITY CASE MANAGEMENT TO 252 INDIVIDUALS, PARTICIPATION BY 23 INDIVIDUALS IN THE IDA MATCHED SAVINGS PROGRAM, 68 INDIVIDUALS SERVED THROUGH THE FAMILY DEVELOPMENT PROGRAM, AND 85 INDIVIDUALS PARTICIPATING IN FINANCIAL LITERACY EDUCATION.
AREA AGENCY ON AGING - (EXPENSES \$1,063,318) - PROVIDES A VARIETY OF
SERVICES TO OLDER ADULTS IN A FIVE-COUNTY AREA. SERVED 13,268 INDIVIDUALS THROUGH AGING NETWORK COORDINATION, INFORMATION AND OPTIONS COUNSELING, AND PROTECTIVE SERVICES. THIS INCLUDED 8,230 INDIVIDUALS WHO RECEIVED INFORMATION AND ASSISTANCE THROUGH THE AGING AND DISABILITY RESOURCE CENTER AND 43 INDIVIDUALS PROTECTED THROUGH THE ADULT GUARDIANSHIP PROGRAM.
FOSTER GRANDPARENTS - (EXPENSES \$222,424) - PROVIDES AN OPPORTUNITY FOR
LOW-INCOME PERSONS 55+ TO GIVE SUPPORTIVE PERSON-TO-PERSON SERVICE TO CHILDREN WITH SPECIAL OR EXCEPTIONAL NEEDS. ENGAGED 30 FOSTER GRANDPARENTS WHO PROVIDED MENTORING AND SUPPORT TO 119 CHILDREN IN SCHOOLS, HEAD START PROGRAMS, AND DAYCARE SETTINGS, CONTRIBUTING 19,369 HOURS OF SERVICE DURING THE PROGRAM YEAR.
TRANSPORTATION - (EXPENSES \$400,517) - PROVIDES ESCORT AND TRANSPORTATION
SERVICES TO OLDER ADULTS TO NECESSARY APPOINTMENTS. PROVIDED TRANSPORTATION SERVICES TO 285 OLDER ADULTS, DELIVERING AN AVERAGE OF 630 TRIPS PER MONTH TO MEDICAL APPOINTMENTS, GROCERY STORES, AND OTHER ESSENTIAL DESTINATIONS.
GUARDIANSHIP - (EXPENSES \$258,427) - SERVES THE INTERESTS OF OLDER ADULTS
BEING ABUSED OR EXPLOITED. SERVED AS COURT-APPOINTED GUARDIAN FOR 43 INCAPACITATED ADULTS, PROVIDING OVERSIGHT AND ADVOCACY TO ENSURE SAFETY, HOUSING STABILITY, HEALTHCARE ACCESS, AND PROTECTION OF INDIVIDUAL RIGHTS.
ALZHEIMER'S AND DEMENTIA SERVICES - (EXPENSES \$414,720) - PROVIDES
EDUCATION AND SERVICES FOR FAMILIES AND INDIVIDUALS WITH ALZHEIMER'S

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

REAL SERVICES, INC.

Employer identification number

35-1157606

DISEASE AND RELATED DISORDERS. PROVIDED EDUCATION, SUPPORT, AND DIRECT ASSISTANCE TO 8,554 INDIVIDUALS ACROSS THE REGION, INCLUDING 1,475 CAREGIVERS WHO ACCESSED CONSULTATIONS, HELPLINE SUPPORT, AND FAMILY SESSIONS; 1,147 CAREGIVERS WHO PARTICIPATED IN SUPPORT GROUPS; AND 5,932 COMMUNITY MEMBERS REACHED THROUGH OUTREACH AND DEMENTIA EDUCATION PROGRAMS. HOME HEALTH CARE - (EXPENSES \$2,737,029) - PROVIDES HOME HEALTH CARE TO ELDERLY AND DISABLED INDIVIDUALS SO THAT THEY MAY LIVE IN THEIR HOMES. PROVIDED 43,018 UNITS OF SERVICE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COMPLETE COPY OF FORM 990 AND ITS SCHEDULES WAS PROVIDED TO THE PRESIDENT/CEO, DIRECTOR OF ADMINISTRATION AND FINANCE, AND ALL MEMBERS OF THE BOARD OF DIRECTORS IN MAY 2026 FOR THEIR REVIEW AND COMMENTS PRIOR TO THEIR APPROVAL FOR FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY PERSONS COVERED BY THIS POLICY WILL ANNUALLY DISCLOSE TO THE CHAIR OF THE BOARD OF DIRECTORS, ON A FORM PROVIDED BY THE AGENCY, INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. FOR EACH INTEREST DISCLOSED TO THE CHAIR OF THE BOARD OF DIRECTORS, THE CHAIR WILL DETERMINE WHETHER TO TAKE NO ACTION, ASSURE FULL DISCLOSURE TO THE BOARD, ASK THE PERSON TO RECUSE HIM OR HERSELF FROM PARTICIPATION IN RELATED DECISIONS WITHIN THE AGENCY, OR ASK THE PERSON TO RESIGN HIS/HER POSITION WITH THE AGENCY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE INDEPENDENT FINANCE COMMITTEE OF REAL SERVICES, INC. REVIEWS COMPARABLE SALARY STUDIES IN SETTING COMPENSATION. THIS WAS LAST PERFORMED IN 2025.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPARABLE STEPS ARE TAKEN TO DETERMINE SALARIES OF OTHER OFFICERS AND KEY EMPLOYEES. THIS WAS LAST PERFORMED IN 2025.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. MEMBERS OF THE PUBLIC MAY COME TO OUR OFFICES AND REVIEW ALL SUCH DOCUMENTS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
CHANGE IN BENEFICIAL INTEREST IN CF \$ 48,239

SCHEDULE R
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

REAL SERVICES, INC.

Employer identification number

35-1157606

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) REAL SERVICES FOUNDATION, INC PO BOX 1835 35-1870984 SOUTH BEND IN 46634-1835	SUPPORT	IN	501C3	12A	REAL SERV		X
(2) REAL SERVICES HOUSING, INC PO BOX 1835 35-1883467 SOUTH BEND IN 46634-1835	LEASE FACI	IN	501C3	12A	REAL SERVI		X
(3)							
(4)							
(5)							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) REAL SERVICES FOUNDATION, INC.	C	268,433	CASH
(2) REAL SERVICES HOUSING, INC.	K	311,696	CASH
(3) REAL SERVICES FOUNDATION, INC..	N		N/A
(4) REAL SERVICES HOUSING, INC.	O		N/A
(5) REAL SERVICES FOUNDATION, INC.	O		N/A
(6) REAL SERVICES HOUSING, INC.	N		N/A

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

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

REAL Services, Inc.
PO Box 1835
South Bend, IN 46634-1835

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027



Form 990-T Department of the Treasury Internal Revenue Service	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No. 1545-0047
	For calendar year 2024 or other tax year beginning 07/01/24 , and ending 06/30/25	2024
	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 a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.		Print or Type	Name of organization (☐ Check box if name changed and see instructions.)		D Employer identification number 35-1157606	
B Exempt under section X 501(C) (3)			Number, street, and room or suite no. If a P.O. box, see instructions. P0 BOX 1835		E Group exemption number (see instructions)	
☐ 408(e) ☐ 220(e)			City or town, state or province, country, and ZIP or foreign postal code SOUTH BEND IN 46634-1835		F ☐ Check box if an amended return.	
☐ 408A ☐ 530(a)			☐ 529(a) ☐ 529A		C Book value of all assets at end of year 12,257,785	
G Check organization type		☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university				
		☐ 6417(d)(1)(A) Applicable entity				
H Check if filing only to claim		☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		☐				
J Enter the number of attached Schedules A (Form 990-T)		1				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		☐ Yes ☒ No				
If "Yes," enter the name and identifying number of the parent corporation						

L	The books are in care of	STEPHEN GAZDICK	Telephone number	574-233-8205
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Part I	Total Unrelated Business Taxable Income
---------------	--

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4a	Amount from Form 4255, Part I, line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		1e	
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	Total credits. Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		3f	
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	
4	Total tax. Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0

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

Part IV Statements Regarding Certain Activities and Other Information (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
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
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	
722320		91,436	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information	
Provide any additional information. See instructions.	

Sign Here	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.			
	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No			
Paid Preparer Use Only	Signature of officer	Date	Title	
	BRADLEY J FETHEROLF, CPA	03/21/26	PRESIDENT/CEO/SECT	
	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	BRADLEY J FETHEROLF, CPA	BRADLEY J FETHEROLF, CPA	03/21/26	P01766977
	Firm's name	Firm's EIN		
	DWC CPAS LLC	35-2072184		
	Firm's address	Phone no.		
	3454 DOUGLAS RD SOUTH BEND, IN 46635	574-233-9366		

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 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).

OMB No. 1545-0047

2024

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

A Name of the organization REAL SERVICES, INC.		B Employer identification number 35-1157606
C Unrelated business activity code (see instructions) 722320		D Sequence: 1 of 1

E Describe the unrelated trade or business **FOOD SALES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 68,786			
b	Less returns and allowances c Balance	1c 68,786		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3 68,786		68,786
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13 68,786		68,786

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	18,424
3	Repairs and maintenance	3	2,101
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	1,481
7	Depreciation (attach Form 4562). See instructions	7	57,519
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	1,842
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 1	14	52,135
15	Total deductions. Add lines 1 through 14	15	133,502
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-64,716
17	Deduction for net operating loss. See instructions	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-64,716

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	☐				
B	☐				
C	☐				
D	☐				
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	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)				
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	☐				
B	☐				
C	☐				
D	☐				
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	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	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11	Total dividends — received deductions included in line 10				

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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).

Totals

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 columns 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).

Totals

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	

Federal Statements

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

Activity Description		UBIT Num	Available Carryover
FOOD SALES		722320	\$ 91,436
TOTAL			\$ 91,436

Federal Statements**Food sales****Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Deduction Description	Deduction Amount
COST OF FOOD SOLD	\$ 35,062
WORKER'S COMPENSATION INSURANCE	10
COMPUTER SERVICES	15
CONTRACT SERVICES	1,931
SUPPLIES	5,336
DRUG TESTING	90
VEHICLE OPERATING COSTS	2,905
BANK FEES	4,327
TELEPHONE	1,040
POSTAGE	3
PRINTING	1,416
TOTAL	\$ 52,135

Form **4562**Department of the Treasury
Internal Revenue Service
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property)
Attach to your tax return.Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179****REAL SERVICES, INC.**Identifying number
35-1157606

Business or activity to which this form relates

UBIT**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 (see instructions)	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. See instructions	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. See instructions.)**

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

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	57,519
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		

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 instructions	22	57,519
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	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2 Form **4562** (2024)

Form 990-T	Business Income Activity Summary	2024
Name REAL SERVICES, INC.		Taxpayer Identification Number 35-1157606

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A	A.
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities		B.
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6		C.
D. Pre-2018 Applied (Sum of B and C)		D.
E. Pre-2018 Remaining (Line A minus Line D)		E.
F. Pre-2018 Net Operating Losses Expiring this Year		F.
G. Pre-2018 Net Operating Losses Carried Forward		G.

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.		13.	
14.		14.	
15. All other revenue		15.	
16. Total taxable income		16.	

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. FOOD SALES	722320	1. - 64,716
2.		2.
3.		3.
4.		4.
5. All other activities		5.
6. Totals		6. - 64,716

Form 990-T	Schedule A Loss Carryover Calculation	2024
	Description FOOD SALES	
Name REAL SERVICES, INC.		Taxpayer Identification Number 35-1157606
Unincorporated Business Income Tax Code: 722320		Activity: CATERERS

Each activity may carryforward losses after 2018

1	Activity income	1	68,786
2	Activity deductions	2	133,502
3	Activities income or loss, after deductions	3	-64,716
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	91,436
5	Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7	Remaining losses to be carried forward to 2025 (Subtract Line 6 from line 4)	7	91,436
8	If line 3 is less than zero, enter that amount here as a positive number	8	64,716
9	Total loss carried forward to 2025 (Add lines 7 and 8)	9	156,152

Electronic Filing includes the report of additional amounts for this activity

E1	Post-2017 loss amounts from 2023, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1	91,436
E2	Prior year activity losses included on Schedule A, Line 17	E2	

Form 990T		Two Year Comparison Report		2023 & 2024
Name		For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		Taxpayer Identification Number
REAL SERVICES, INC.				35-1157606
Business Taxable Income		2023	2024	Differences
	1. Number of unrelated business activities for this return	1. 1	1	
	2. Unrelated business taxable income from all trades	2.		
	3. Charitable contributions	3.		
	4. Section 199A deduction (trusts only)	4.		
	5. Taxable income before NOL loss	5.		
	6. Net operating loss (pre-2018)	6.		
	7. Specific deduction	7. 1,000	1,000	
8. Unrelated business taxable income.	8.			
Tax & Credits	9. Income tax (corporate or trust)	9.		
	10. Proxy tax	10.		
	11. Other taxes	11.		
	12. Total taxes	12.		
	13. Other credits	13.		
	14. General business credit	14.		
	15. Credit for prior year minimum tax	15.		
	16. Total credits	16.		
	17. Net tax after credits	17.		
	18. Recapture taxes and 965 tax	18.		
	19. Total Taxes	19.		
Due/Refund	20. Prior year overpayment and estimated tax payments	20.		
	21. Payment made with extension	21.		
	22. Backup withholding and foreign withholding	22.		
	23. Other payments	23.		
	24. Total payments	24.		
	25. Balance due/(Overpayment)	25.		
	26. Overpayment applied to next year	26.		
	27. Penalties	27.		
	28. Total due/(Refund)	28.		
29. Activity Losses NOL (Post-2017)	29. -45,378	-64,716	-19,338	

Form **SchA**(990T)

Two Year Comparison for Unrelated Business Activity

For calendar year 2024, or tax year beginning **07/01/24**, ending **06/30/25**

2023 & 2024

Organization Name
REAL SERVICES, INC.

Taxpayer Identification Number
35-1157606

Activity: FOOD SALES			Unincorporated Business Income Tax Code: 722320		
			2023	2024	Differences
Revenue	1. Gross profit/loss on business activities	1.	162,483	68,786	-93,697
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	162,483	68,786	-93,697
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	31,178	18,424	-12,754
	14. Repairs and maintenance	14.	9,533	2,101	-7,432
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.	2,500	1,481	-1,019
	18. Depreciation and Depletion	18.	49,522	57,519	7,997
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.	4,685	1,842	-2,843
	21. Other deductions	21.	110,443	52,135	-58,308
	22. Total deductions. Add lines 12 through 22	22.	207,861	133,502	-74,359
	23. Taxable income before deductions. Subtract line 23 from 11	23.	-45,378	-64,716	-19,338
	24. Deductible losses	24.		91,436	91,436
	25. Unrelated business taxable income (loss)	25.	-45,378	-156,152	-110,774

Form **990**

Tax Return History

2024

Name

REAL SERVICES, INC.

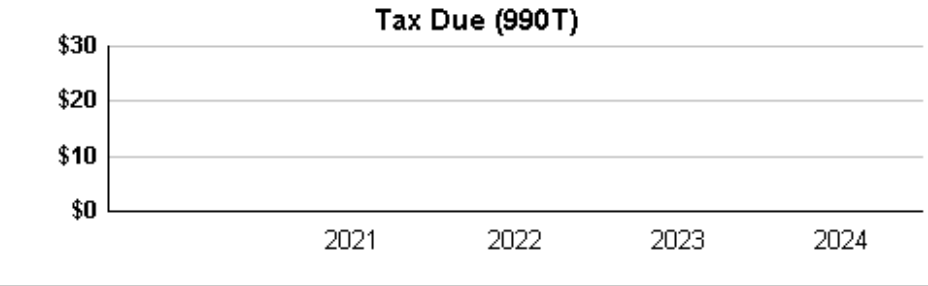
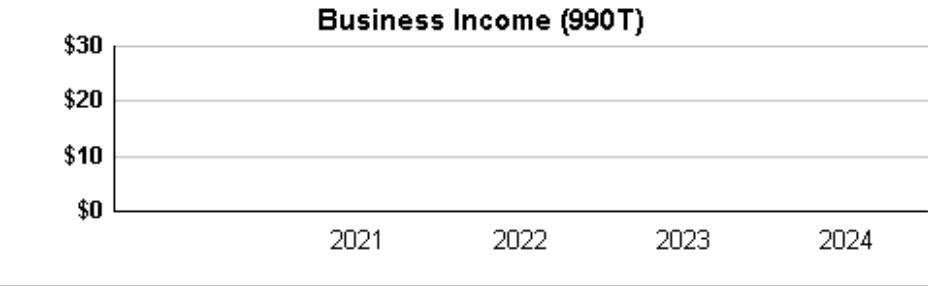
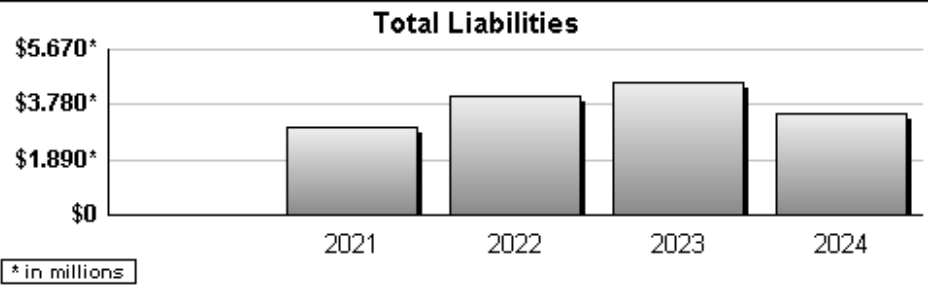
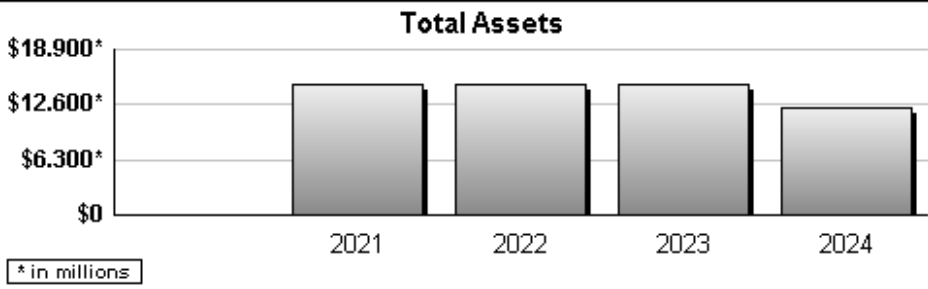
Employer Identification Number

35-1157606

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants		30,230,496	32,166,460	28,852,733	20,320,329	
Membership dues						
Program service revenue		592,676	444,352	852,701	599,816	
Capital gain or loss		115,807	-84,335	-8,197	81,114	
Investment income		120,406	153,467	184,009	236,246	
Fundraising revenue (income/loss)			11,848			
Gaming revenue (income/loss)		73,324	54,754	54,375	5,250	
Other revenue		110,661	90,494	59,121	74,552	
Total revenue		31,243,370	32,837,040	29,994,742	21,317,307	
Grants and similar amounts paid		16,680,752	17,353,257	11,843,446	9,224,860	
Benefits paid to or for members						
Compensation of officers, etc.		316,810	234,025	355,305	322,624	
Other compensation		10,457,467	12,409,620	13,999,387	9,280,500	
Professional fees		111,261	197,439	27,850	41,626	
Occupancy costs		686,037	744,906	832,713	643,805	
Depreciation and depletion		119,101	128,318	147,115	146,613	
Other expenses		2,316,127	3,153,580	3,551,085	3,583,878	
Total expenses		30,687,555	34,221,145	30,756,901	23,243,906	
Excess or (Deficit)		555,815	-1,384,105	-762,159	-1,926,599	
Total exempt revenue		31,243,370	32,837,040	29,994,742	21,317,307	
Total unrelated revenue		52,755	110,451	162,483	68,786	
Total excludable revenue		960,119	560,129	979,526	928,192	
Total Assets		14,856,258	14,876,938	14,981,950	12,257,785	
Total Liabilities		3,002,329	4,047,020	4,520,013	3,469,791	
Net Fund Balances		11,853,929	10,829,918	10,461,937	8,787,994	

Form 990T	Tax Return History	2024
Name REAL SERVICES, INC.		Employer Identification Number 35-1157606

	2020	2021	2022	2023	2024	2025
UBTI from all trades	0	0	0	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction			1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due /Overpayment						



Federal Statements

Taxable Dividends from Securities

Description			Unrelated	Exclusion	Postal	Acquired after	US
	Amount	Business	Code	Code	6/30/75	Obs	(\$ or %)
INTEREST AND DIVIDENDS	\$ 236,246			14			
TOTAL	\$ 236,246						

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 370	\$	\$ 370	\$
TOTAL	\$ 370	\$ 0	\$ 370	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
VEHICLE EXPENSES	\$ 135,412	\$ 135,412		
TRAINING	67,229	55,371	11,799	59
DUES & SUBSCRIPTIONS	65,515	63,400	1,569	546
RECOGNITION	38,355	37,918	47	390
EQUIPMENT EXPENSES	1,479	1,479		
BACKGROUND CHECKS	451	327	124	
TOTAL	\$ 308,441	\$ 293,907	\$ 13,539	\$ 995

REALINC REAL Services, Inc.
35-1157606
FYE: 6/30/2025

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
REAL SERVICES FOUNDATION	\$ 268,433
	18,916,029
	1,135,867
TOTAL	\$ 20,320,329

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST AND DIVIDENDS	\$ 236,246
TOTAL	\$ 236,246

Schedule A, Part II, Line 9(e)

Description	Amount
RAFFLE	\$ 5,250
FOOD SALES	68,786
AGE OF EXCELLENCE	
LESS: DEDUCTIONS	-134,502
TOTAL	\$ -60,466

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM INCOME	\$ 520,187
FOOD SALES	10,843
MISCELLANEOUS	74,552
TOTAL	\$ 605,582

Federal Statements

Raffle

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER	\$ 400
TOTAL	\$ 400

Name of the organization	Employer identification number
REAL SERVICES, INC.	35-1157606

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 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

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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 REAL SERVICES, INC.	Employer identification number 35-1157606
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY 30 S. MERIDIAN STREET INDIANAPOLIS IN 46204	\$ 12,914,064	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION 402 W. WASHINGTON STREET INDIANAPOLIS IN 46207	\$ 3,038,899	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	INDIANA OFFICE OF MEDICAID POLICY & 402 W. WASHINGTON ST., PO BOX 7083 INDIANAPOLIS IN 46207-7083	\$ 1,874,929	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)