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PUBLIC DISCLOSURE COPY

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning , 2021, and ending	For calendar year 2021, or fiscal year beginning	, 2021, and ending
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

WOODLEY HOUSE, INC.

53-0245460

EIN or SSN

Name and title of officer or person subject to tax

ANN CHAUVIN

EXECUTIVE DIE

EXECUTIVE DIRECTOR

Part I	Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

nan o	ic iii c ii i ait i.		
1a	Form 990 check here X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 3,242,100
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here >	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or I am a person subject to tax with re	spect to (name
of entit	y)	, (EIN) and that I ha	ve examined a copy of the
n21 a	lectronic return and accompanying sol	pedules and statements, and, to the best of my knowledge and belief, they are	true correct and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PΙ	N:	check	one	box	only
----	----	-------	-----	-----	------

X authorize HAN GROUP LLC	to enter my PIN 00001
ERO firm name	Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date ► 05/11/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

54701100001 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► **JENNIFER S. HAN**

Date \triangleright 05/11/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

** PUBLIC DISCLOSURE COPY **

Form **991**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A I	For the	2021 calendar year, or tax year beginning and er	nding	_			
B	Check if applicable	C Name of organization		D Employer identific	cation number		
X	Addres	woodley house, inc.					
Name			53-0245460				
	Initial return		oom/suite	E Telephone number			
	Final return/		08		0-3508		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,440,030.			
	Amend return	WASHINGTON, DC 20000		H(a) Is this a group re			
	Applica tion pendin			for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) ()	<u> 527</u>	1	list. See instructions		
		e: WWW. WOODLEYHOUSE. ORG	1/	H(c) Group exemption			
		organization: X Corporation Trust Association Other Summary	L Year o	of formation: 1930 N	State of legal domicile: DC		
		Briefly describe the organization's mission or most significant activities: PROVII	DE SE	RVICES TO M	ENTAT.T.V TT.T.		
Governance	1 1	AND HOMELESS PEOPLE.		KVICED TO H	ENTABLI IDD		
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispose		1 1			
Š		Number of voting members of the governing body (Part VI, line 1a)			16		
۵		Number of independent voting members of the governing body (Part VI, line 1b) $$			16		
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			63 16		
Ę		Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	0	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)		1,063,291.	424,209.		
Revenue		Program service revenue (Part VIII, line 2g)		1,330,529.	2,734,663.		
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		104,782.	82,410.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,375.	818.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,497,227.	3,242,100.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,053,706.	2,181,312.		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	24,163.		
×	b -	Total fundraising expenses (Part IX, column (D), line 25) 301,904	4.				
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		544,786.	1,149,304.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,598,492.	3,354,779.		
	19	Revenue less expenses. Subtract line 18 from line 12		898,735.	-112,679.		
Net Assets or Fund Balances		- · · · · · · · · · · · · · · · · · · ·		ginning of Current Year 5,251,833.	End of Year		
sse Bala	20	Total assets (Part X, line 16)		2,344,747.	4,916,530.		
let ⊿	21	Total liabilities (Part X, line 26)		2,907,086.	3,064,107.		
	22 I	Net assets or fund balances. Subtract line 21 from line 20		2,307,000.	3,004,107.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is		
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of whici		•	,		
Sig	n	Signature of officer		Date			
Her	1	ANN CHAUVIN, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		JENNIFER S. HAN JENNIFER S. HAN	<u> 0</u>	5/11/22 if self-employe	P00633304		
Use	Only	Firm's address 1020 19TH STREET, NW, SUITE 800			001 000 5000		
		WASHINGTON, DC 20036		Phone no. (2			
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WOODLEY HOUSE IS AN INNOVATIVE, COMMUNITY-BASED ORGANIZATION DEDICATED
	TO HELPING PEOPLE WITH MENTAL ILLNESS LIVE FULL AND HEALTHY LIVES WITH
	DIGNITY. SINCE 1958, WOODLEY HOUSE HAS ENABLED THOUSANDS OF
	WASHINGTON, DC AREA RESIDENTS TO REGAIN THEIR INDEPENDENCE AND RECOVER
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 862,245 · including grants of \$) (Revenue \$ 971,788 ·
	VALENTI HOUSE: OUR FLAGSHIP 20-BED GROUP HOME IN WOODLEY PARK, IS
	STAFFED 24/7 BY RESIDENTIAL ADVISORS. RESIDENTS CAN STAY FROM 6 MONTHS
	TO SEVERAL YEARS AND RECEIVE PERSONALIZED LIFE SKILLS TRAINING SERVICES
	EACH WEEK THROUGH GROUP AND INDIVIDUAL MEETINGS WITH SKILLS TRAINERS.
	EACH WEEK THROUGH GROUP AND INDIVIDUAL MEETINGS WITH SKILLS TRAINERS.
4b	(Code:) (Expenses \$ 836,762 • including grants of \$) (Revenue \$ 995,563 •
	CROSSING PLACE: OUR 8-BED SHORT-TERM PSYCHIATRIC CRISIS STABILIZATION
	HOME IN WOODLEY PARK, WAS ONE OF THE FIRST PSYCHIATRIC CRISIS HOMES IN
	THE NATION. PROFESSIONALLY STAFFED 24/7 BY CRISIS SPECIALISTS, IT
	OFFERS INTENSE SUPERVISION FOR PEOPLE EXPERIENCING A PSYCHIATRIC
	CRISIS.
	CKIDID:
4c	(Code:) (Expenses \$397,401 •including grants of \$) (Revenue \$\$
	SUPPORTED INDEPENDENT LIVING: WOODLEY HOUSE PROVIDES VARIOUS APARTMENT
	AND CONDOMINIUM RESIDENCES THROUGHOUT WASHINGTON, DC. CLIENTS IN
	RECOVERY LIVE INDEPENDENTLY IN THE COMMUNITY. THE SUPPORTED INDEPENDENT
	LIVING PROGRAM PROVIDES WEEKLY LIFE SKILLS TRAINING TO ASSIST CLIENTS
	IN LEARNING NEW SKILLS AND ADDRESSING CHALLENGES AS THEY INTEGRATE INTO
	THE COMMUNITY. THE CONDOMINIUMS OWNED BY WHO AND OPERATED BY BOTH
	WOODLEY HOUSE AND WHC HOUSE UP TO 19 INDIVIDUALS. UP TO 38 ADDITIONAL
	INDIVIDUALS ARE HOUSED THROUGH LEASED APARTMENTS. WOODLEY HOUSE ALSO
	OWNS A SUPPORTED INDEPENDENT LIVING HOME CALLED CORNERSTONE THAT
	PROVIDES ROOMS FOR UP TO SEVEN RESIDENTS, THE MAJORITY OF WHOM HAVE A
	HIV AS WELL AS BEHAVIORAL HEALTH DIAGNOSES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 548,859 • including grants of \$) (Revenue \$ 407,364 •)
40	0.645.065
40	Total program service expenses ► 2,645,267.
	Form 330 (2021

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III			Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17	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	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
_				

132003 12-09-21

Form **990** (2021)

WH____1

Form 990 (2021)	WOODLEY	HOUSE, I	NC.		
Part IV Checklist of Required Schedules (continued)					

	The state of the quality contained to the material			·
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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</i> "Yes," <i>complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
_	"Yes," complete Schedule L, Part IV			X
	 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 			
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18		163	140
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

132004 12-09-21

Form **990** (2021)

Form 990 (2021) WOODLEY HOUSE, INC.

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 63						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	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					
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).			l			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X			
b	, , , , , , , , , , , , , , , , , , , ,						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a							
	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).		37				
а	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				
С	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	_		х			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g					
g							
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
0	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?						
9							
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
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:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
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						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand			77			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	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?	15		X			
46	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
47	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			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.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16					
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		Х		
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		Х		
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		Х		
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		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
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		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
000	tion D. Follows (This occion B requests information about policies not required by the internal revenue code.)		Yes	No		
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X		
		IUa				
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40h				
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	21			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х			
12a	1 7 7 9					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v			
	on Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13				
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		7,7			
	The organization's CEO, Executive Director, or top management official	15a	Х	77		
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			77		
	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				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►MD , VA , DC					
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) (1024 or 1024-A) (1024 or 1024-	s only) availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd fina	ncial			
	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					
	THE ORGANIZATION - (202) 830-3508					
	3000 CONNECTICUT AVENUE, NW, 108, WASHINGTON, DC 20008					
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

See the instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANN CHAUVIN CEO/EXECUTIVE DIRECTOR	36.00			x				124,909.	13,879.	14,832.
(2) TYRONE CARTWRIGHT	36.00							124,505.	13,073.	14,052.
CHIEF ADMINISTRATIVE OFFIC	4.00			х				100,456.	11,160.	5,716.
(3) JEREMIAH WATTS	3.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(4) DIANE MURRAY	2.00									
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
(5) ISABEL JASINOWSKI	2.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(6) NORM SCHNEIDER	3.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(7) KELLEY BARNABY	0.50									
TRUSTEE	0.50	Х						0.	0.	0.
(8) DEBRA BARRETT	0.50							_	_	_
TRUSTEE	0.50	Х						0.	0.	0.
(9) JEANINE BOYLE	0.50								_	_
TRUSTEE	0.50	Х						0.	0.	0.
(10) CATHERINE COOKE	0.50									
TRUSTEE	0.50	Х						0.	0.	0.
(11) MATTHEW HOFFMAN	0.50	١							•	•
TRUSTEE	0.50	Х						0.	0.	0.
(12) DAVE JOSEPH	0.50								0	•
TRUSTEE	0.50	Х						0.	0.	0.
(13) VINCENT KEANE	0.50	,,							0	•
TRUSTEE		Х						0.	0.	0.
(14) JENNIFER J. MCALPIN	0.50	Ψ,							^	_
TRUSTEE	0.50	Х		\vdash	_		_	0.	0.	0.
(15) LINDA PARISI	0.50							0.	0.	_
TRUSTEE (16) ELIZABETH WALSH	0.50	^		\vdash	_	\vdash	-	0.	0.	0.
TRUSTEE	0.50	v						0.	0.	0.
(17) HOLLY WITTENBERG	0.50	^						0.	0.	0.
TRUSTEE	0.50	v						0.	0.	0.
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Form **990** (2021)

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ontinued)			(F)	
(E) Reportable	2	Fo	(F) stimate	ed.
ompensati			nount	
from relate			other	
organizatior -2/1099-MI			pensa	
1099-NEC		org	anizat	ion
			d relat	
		orga	anizati	OIIS
	0.			0.
25,0		2	0,5	
25,0	0.		0,5	0.
of reportab			0,5	48.
				2
e on			Yes	No
		3		Х
rganization				
		4		X
for services	3	5		X
		<u> </u>		
,000 of cor	mpens	ation 1	from	
es	C)) ompe	C) nsatio	n

Form 990 (2021) WOODLEY I									53-02	454	160	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	jH t	ghes	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average			(C Posi	;) tion			(D) Reportable	(E) Reportable			F) nated
	hours per	box,	, unles	ss per	son is	than c s both r/trust	an	compensation	compensation		amo	unt of
	week (list any	<u> </u>	Jer an	u a uii	recto	i/ii usi	ee)	from the	from related organizations			her ensation
	hours for	r direct				pa		organization	(W-2/1099-MISC	c/	•	n the
	related	stee or	rustee		0	pensat		(W-2/1099-MISC/	1099-NEC)		•	ization
	organizations below	Individual trustee or director	Institutional trustee		key employee	Highest compensated employee	_	1099-NEC)				elated izations
	line)	Individ	Institu	Officer	Key em	Highes emplo	Former				organi	2410110
(18) TOMMY ZAREMBKA	0.50											
TRUSTEE	0.50	Х						0.		0.		0.
										\dashv		
										1		
										\dashv		
										\dashv		
										_		
1b Subtotal						Щ	_	225,365.	25,03	9.	20	,548.
c Total from continuation sheets to Part VI							-	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	225,365.	25,03	9.	20	,548.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wh	o r	eceived more than \$100	,000 of reportable			•
compensation from the organization											T v	es No
3 Did the organization list any former officer,	director trust	00 k	·0\/ 0	mnl	0,404	o or	hio	shoet componented omr	alovos on	П	Y	es No
line 1a? If "Yes," complete Schedule J for s											3	х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual		[4	Х
5 Did any person listed on line 1a receive or a	-				-							37
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch p	oers	on					5	<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest co	mneneated in	dene	nde	nt co	ontr	acto	re t	that received more than	\$100,000 of comp	anea	tion fro	
the organization. Report compensation for										001136	ition no	***
(A)								(B)			(C)	
Name and business	address	NC	ONE	3				Description of s	ervices	Co	mpens	ation
							+					
							\dashv					
2 Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	tec	d above) who received m	nore than			
\$100,000 of compensation from the organic					C			,				
											arm QC	20 (2021)

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2021.03040 WOODLEY HOUSE, INC.

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Pa	rt V	<u> </u>	Statement of Revenue	•					
			Check if Schedule O contains	s a response	or note to any li	ne 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
ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
s, G Am			Fundraising events		114,503.				
Sift lar /			Related organizations						
imi		е	Government grants (contributions	s) 1e					
tior S		f	All other contributions, gifts, grants, a	ınd					
ibr			similar amounts not included above	1f	309,706.				
d C		g	Noncash contributions included in lines 1a-	1 f 1g \$	13,395.				
<u>8 0</u>		h	Total. Add lines 1a-1f			424,209.			
				. ~=~	Business Code	0 150 460	0 150 160		
<u>ice</u>	2		GOVERNMENT CONTRA			2,178,462.	2,178,462.		
Program Service Revenue		b	TENANT FEES/ASSIS	STANCE	623990	556,201.	556,201.		
m S		С							
gra Re		d							
Pro		e	All all and a second a second and a second a						
_			All other program service revenue			2,734,663.			
	3	g	Total. Add lines 2a-2f			2,734,003.			
	3		other similar amounts)			34,789.			34,789.
	4		Income from investment of tax-ex						0 2 7 7 0 0 0
	5		Royalties		•				
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a			-			
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
		d	Net rental income or (loss)		>				
	7	а) Securities	(ii) Other				
			assets other than inventory 7a 2.	L5,439.					
		b	Less: cost or other basis						
Revenue			· · · · · · · · · · · · · · · · · · ·	57,818.					
eve			· /	47,621.		47 601			47 601
e. R			Net gain or (loss)		>	47,621.			47,621.
Othe	8	а	Gross income from fundraising event including $$114,50$						
O			including \$ 114,50. contributions reported on line 1c						
			Part IV, line 18	l l	30,112.				
		h	Less: direct expenses						
			Net income or (loss) from fundrais			0.			
			Gross income from gaming activi	_		-			
	_		Part IV, line 19	I					
		b	Less: direct expenses						
		С	Net income or (loss) from gaming	activities					
	10	а	Gross sales of inventory, less ret	urns					
			and allowances	10a	a				
		b	Less: cost of goods sold	10k					
		С	Net income or (loss) from sales of	finventory	<u></u>				
ST					Business Code				
eor ue	11	а							
Miscellaneous Revenue		b							
Sce		С.	All II		900003	818.			818.
Ξ			All other revenue			818.			010.
	12		Total. Add lines 11a-11d Total revenue. See instructions			3,242,100.	2.734.663.	0.	83,228.

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

Do :	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	242 060	105 616	44 606	12 540
	trustees, and key employees	243,860.	185,616.	44,696.	13,548
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 (44 205	1 460 600	27 207	127 200
7	Other salaries and wages	1,644,325.	1,469,629.	37,387.	137,309
8	Pension plan accruals and contributions (include	20 015	22 752	1 046	2 016
_	section 401(k) and 403(b) employer contributions)	38,015.	33,753.	1,246.	3,016 5,632
9	Other employee benefits	70,965.	63,008.		5,632
10	Payroll taxes	184,147.	152,789.	25,286.	6,072
11	Fees for services (nonemployees):				
а	Management	10 100		10 100	
b	Legal	18,420.		18,420.	
	Accounting	12,819.		12,819.	
d	Lobbying	0.4.163			04.163
е	Professional fundraising services. See Part IV, line 17	24,163.		16.006	24,163
f	Investment management fees	16,286.		16,286.	
g	Other. (If line 11g amount exceeds 10% of line 25,	244 425	24 422	06.070	00.000
	column (A), amount, list line 11g expenses on Sch 0.)	211,137.	91,199.	26,878.	93,060
12	Advertising and promotion	40.040	24 254	0.000	4 0.61
13	Office expenses	48,043.	34,374.	8,808.	4,861
14	Information technology	42,347.	29,317.	12,261.	769
15	Royalties	212 252	222	2 252	4 222
16	Occupancy	213,962.	209,280.	3,360.	1,322
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2.550		2.660	
20	Interest	3,660.		3,660.	
21	Payments to affiliates	22 22	20 22		
22	Depreciation, depletion, and amortization	99,667.	99,667.	44 556	4 4 6 :
23	Insurance	40,737.	27,837.	11,776.	1,124
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM FACILITIES	184,181.	182,094.	1,620.	467
b	BAD DEBT EXPENSE	155,521.		155,521.	
С	FOOD - PROGRAM	47,809.	46,051.	36.	1,722
d					
е	All other expenses	54,715.	20,653.	25,223.	8,839
25	Total functional expenses. Add lines 1 through 24e	3,354,779.	2,645,267.	407,608.	301,904
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)				

Form **990** (2021)

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Form 990 (2021) Part X Balance Sheet

Ра	IL A	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	425,877.	1	879,459.		
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		353,710.	4	253,655	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	rsons (as defined				
		under section 4958(f)(1)), and persons describe		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			26,671.	9	21,319.
	10a	Land, buildings, and equipment: cost or other		4 504 000			
		basis. Complete Part VI of Schedule D		4,784,290.	0 604 505		4 465 656
	b	Less: accumulated depreciation	2,624,527.	10c	1,467,656.		
	11	Investments - publicly traded securities			1,799,109.	11	2,277,625.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	01 020	14	16 016		
	15	Other assets. See Part IV, line 11			21,939.	15	16,816.
	16	Total assets. Add lines 1 through 15 (must equ			5,251,833.	16	4,916,530.
	17	Accounts payable and accrued expenses		271,419.	17	292,306.	
	18	Grants payable		8,098.	18	5,430.	
	19	Deferred revenue		0,090.	19	5,430.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subs					
Lia		controlled entity or family member of any of the			2,048,838.	22	1,533,930.
	23	Secured mortgages and notes payable to unrel			2,040,030.	23 24	1,333,330.
	25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on line					
		of Schedule D	5 17-24)	. Complete Fait A	16,392.	25	20,757.
	26	Total liabilities. Add lines 17 through 25			2,344,747.	26	1,852,423.
	20	Organizations that follow FASB ASC 958, che				20	
ses		and complete lines 27, 28, 32, and 33.	JUN 1101				
anc	27				2,897,541.	27	3,053,187.
Bal	28	Net assets with donor restrictions		F	9,545.	28	10,920.
pu		Organizations that do not follow FASB ASC 9					,
Ē		and complete lines 29 through 33.	,				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	;			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			2,907,086.	32	3,064,107.
_	33	Total liabilities and net assets/fund balances			5,251,833.	33	4,916,530.

Form **990** (2021)

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Pa	rt 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	3,24	2.1	00.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,35				
3	Revenue less expenses. Subtract line 2 from line 1	3	-11				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,907,086.			
5	Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities 6						
7	Investment expenses	7		2,2			
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	_					
	column (B))	10	3,06	4,1	07.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul						
2a	7 1		2a		_X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	te basis,					
	consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•		37			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37		
	Act and OMB Circular A-133?		3a		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

WOODLEY HOUSE, INC. 53-0245460 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge	(f) Total 050294.									
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a	050294.									
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a										
include any "unusual grants.") 437,392. 503,743. 616,268. 1068682. 424,209. 30 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 437,392. 503,743. 616,268. 1068682. 424,209. 30 The portion of total contributions by each person (other than a										
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	050294.									
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 437,392 503,743 616,268 1068682 424,209 30 The portion of total contributions by each person (other than a	050294.									
The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3	050294.									
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	050294.									
the organization without charge 4 Total. Add lines 1 through 3	050294.									
4 Total. Add lines 1 through 3 437,392. 503,743. 616,268. 1068682. 424,209. 30 5 The portion of total contributions by each person (other than a	050294.									
5 The portion of total contributions by each person (other than a	050294.									
by each person (other than a										
governmental unit or publicly										
supported organization) included										
on line 1 that exceeds 2% of the										
amount shown on line 11,										
	38,978.									
- 1 4500 5400 54	711316.									
Section B. Total Support										
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 7 Amounts from line 4 437, 392. 503, 743. 616, 268. 1068682. 424, 209. 30	(f) Total 050294.									
	050294.									
8 Gross income from interest,										
dividends, payments received on										
securities loans, rents, royalties, and income from similar sources 32,982. 26,254. 41,887. 10,606. 34,789. 14	46,518.									
" ' ' ' ' ' ' ' ' '	40,510.									
9 Net income from unrelated business										
activities, whether or not the										
business is regularly carried on										
10 Other income. Do not include gain										
or loss from the sale of capital assets (Explain in Part VI.)	818.									
	197630.									
11.04	42,193.									
12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	12,1331									
organization, check this box and stop here										
Section C. Computation of Public Support Percentage										
	4. 79 %									
	8.48 %									
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	nd									
stop here. The organization qualifies as a publicly supported organization	X									
b 33 1/3% support test - 2020. 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	ox									
and stop here. The organization qualifies as a publicly supported organization	▶□									
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or m	nore,									
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	ı									
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶□									
b 10% -facts-and-circumstances test - 2020. 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	<u></u> ▶∟									

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	ciow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	1	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	iret eecond third	fourth or fifth toy	Vear as a soction	1 501(c)(3) organizat	ion
17	check this box and stop here	· ·		•	•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (fl)		15	%
	Public support percentage from 2020					16	
	ction D. Computation of Inves					10	70
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
130	more than 33 1/3%, check this box a	-					., 13 1101
ı	33 1/3% support tests - 2020. If the						 and
,	• •	•			•		
20	line 18 is not more than 33 1/3%, che			•	. ,	· ·	
20	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check to	riis dox and see in	Structions	<u></u> ▶□□

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

(Complete only if you checked a box in 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

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

			<u>.</u>
		Yes	No
	1		
	2		
	3a		
	O.L.		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	0		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
dula	A /Earr		2021

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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.	1		
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.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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 .	3a		
a	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.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-function	allv integra	ted Type III supporting org	anization (see

Schedule A (Form 990) 2021

WH____1

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	ns	3				
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsive	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
С	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i_	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
b	Excess from 2018						
С	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

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.)										
SCHED	JLE	Α,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:
OTHER											
2021 2	OMA	JNT	: \$	818	•						

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 53-0245460 WOODLEY HOUSE, INC.

Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
· ·	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributions is checked, enter h purpose. Don't cor	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 \bigsup \$						
answer "No" on Part IV, line	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Page 2

Name of organization

Employer identification number

WOODLEY HOUSE, INC.

53-0245460

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	\$ 70,534.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
3	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,043.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

WH____1

Page 2

Name of organization

Employer identification number

53-0245460

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
7		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$8,911.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

53-0245460

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		l \$	İ

123453 11-11-21

Employer identification number

Name of organization

ODLEX	HOUSE, INC.			53-0245460
fr	xclusively religious, charitable, etc., contribu- rom any one contributor. Complete columns (a empleting Part III, enter the total of exclusively religious, lse duplicate copies of Part III if additional) through (e) and the following line encharitable, etc., contributions of \$1,000 or	try For organizations	
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of trans	feror to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of trans	feror to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of trans	feror to transferee
Io. n	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
- -	Transferee's name, address, a	(e) Transfer of gif		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

WOODLEY HOUSE TNC. **Employer identification number** 53-0245460

Par	t I Organizations Maintaining Donor Advise		r Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir						
		(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						
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring				
_							
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recreated	ation or education)	nistorically important land area				
	Protection of natural habitat	Preservation of a c	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure					
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea	sement is located >					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	vation easements during the year				
							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) about						
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat	•					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the				
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Transcures or Oth	or Cimilar Assats				
Par			er Sillilar Assets.				
	Complete if the organization answered "Yes" on Form						
та	If the organization elected, as permitted under FASB ASC 95	·					
	of art, historical treasures, or other similar assets held for pu	,	erance 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 98						
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance 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 tre	,	ain, provide				
	the following amounts required to be reported under FASB A	-					
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021				

14020511 140308 WH

Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, c	or Other	Similar As	sets(continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ls, check	k any of the	following tha	t make sig	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition d Loan or exchange program								
b	Scholarly research e Other								
С	Preservation for future generations								
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 m							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	'Yes" on F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							— ъ.,	п
_	on Form 990, Part X?							Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:				A	
								Amount	
	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance						1f		
	Did the organization include an amount on F					-	/?	Yes	No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete								
rai	Endowment i unus. Complete	(a) Current year		rior year			I) Three years ba	ick (a) Four v	ears hack
4.	Designing of year belongs	(a) Ourient year	(D) 1	noi yeai	(C) TWO your	3 back (C	ij Tilloo yours be	(e) rour y	- Curs buck
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
	End of year balance		- (line 1	a. a ali wasa (a	\\				
	Provide the estimated percentage of the cur	rent year end baland		g, column (a	i)) rieid as.				
	Board designated or quasi-endowment		_%						
	Permanent endowment	% %							
C	· —	•							
2-	The percentages on lines 2a, 2b, and 2c sho		ation tha	st are bold a	nd administa	rad for the	organization		
Sa	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are rielu a	nu auministe	red for the	Gryanization	Г	es No
	by: (i) Unrelated organizations							3a(i)	110
h	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the	•						OD	
Par	t VI Land, Buildings, and Equipm		, willione i	idildo.					
	Complete if the organization answere), Part IV	/, line 11a. S	See Form 990), Part X, liı	ne 10.		
	Description of property	(a) Cost or o			or other		umulated	(d) Book	value
	zeep.i.e or property	basis (investr		` '	(other)	. ,	eciation	(=, =00)	
1a	Land	<u> </u>			9,505.	<u> </u>		719	,505.
	Buildings				2,585.	2,7	15,468.		,117.
	Leasehold improvements			· -		•			-
	Equipment			65	2,200.	6(01,166.	51	,034.
	Other				-		-		
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	0c.)			1,467	,656.
			,	. //	,		Sched	ule D (Form	

Schedule D (Form 990) 2021 WOODLEY HO	USE, INC.	53	-0245460 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			d af
(a) Description of security or category (including name of security)		(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" 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 en	d-of-year market value
(1)	.,		<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	•		
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	
(a	n) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	in a 15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	rie 15.)		
Complete if the organization answered "Yes	" on Form 000 Port IV line	110 or 11f Soc Form 000 Bort V line 26	<u> </u>
(-) December of the latter	on Form 990, Part IV, line	The or Th. See Form 990, Fart A, line 23	(b) Book value
			(b) BOOK Value
(1) Federal income taxes (2) SECURITY DEPOSITS			20,757
			20,131
(3)			
(4)			
			-

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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... X

Schedule D (Form 990) 2021

(7) (8)

20,757.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.	Schedule D (Form 990) 2021 WOODLEY HOUSE, INC.		53-0245460 Page 4
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not no Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 4 D Donated services and use of facilities 2 D 2		al Statements With Revenue	
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 4 D Donated services and use of facilities 5 C Recoveries of prior year graints 4 Other (Describe in Part XIII) 2 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 2 a Investment expenses and included on Form 990, Part VIII, line 7b 4 a C S Total revenue Add lines 3 and 4e. (This must equal Form 990, Part IV, line 12) 5 Teart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization aniewred "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and ioses per audited financial statements 1 Total expenses and ioses per audited statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 5 Prory year adjustments 2 Amounts included on Form 990, Part IX, line 25: 3 Subtract line 26 from line 1 4 Amounts included on Form 990, Part IX, line 25: 3 Subtract line 26 from line 1 5 Total expenses and included on Form 990, Part IV, line 12a. 2 a lonated services and use of facilities 5 Prory year adjustments 2 a lonated services and use of facilities 6 Prior year adjustments 2 a lonated services and use of facilities 6 Prior year adjustments 2 a lonated services and use of facilities 7 Part XIII. Supplemental line of facilities 8 Prior year adjustments 8 Prior year adjustments 9 Part XIII. Supplemental line of facilities 9 Part XIII. Supplemental line of facilities 1 Supplemental line of facilities 1 Supplemental line of facilities 1 Supplemental lines 2 facilities 2			
2 Announts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year graints d Other (Describe in Part XIII) d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Announts 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 b Other (Describe in Part XIII) c Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total revenue and lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial statements Complete 1 the organization an envered "Yes" on Form 990, Part I, line 12a. 1 Total expenses and use of facilities 2 announts included on in Part XIII but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 a love and part XIII but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 a love and yes and yes of facilities 2 a love and yes and yes of facilities 2 a love and yes and yes of facilities 2 a love and yes and yes of facilities 2 a love facilities and yes of facilities 2 a love facilities and yes of facilities 3 a love facilities and yes of facilities 2 a love facilities and yes of facilities a			1
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recovenis of prior year grants d Other (Describe in Part XIII) 2			
b Donated services and use of facilities		2a	
c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 4 Dotther (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconcilitation 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 expensess and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expensess and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expensess and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 Do Count of the State			
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	POSITIONS TAKEN OR EXPECTED TO BE TAK	EN IN A TAX RETURN.	IT IS THE
IINCERTAIN TAX POSITIONS IF ANY IN INCOME TAX EXPENSES	ORGANIZATION'S POLICY TO RECOGNIZE IN	TEREST AND/OR PENAL	TIES RELATED TO
	IINCERTAIN TAX POSITIONS IF ANY IN I	ИСОМЕ ТАХ ЕХРЕИСЕС	

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR

132054 10-28-21

Schedule D (Form 990) 2021

WH____1

Part XIII Supplemental Information (continued)
THE YEAR ENDED DECEMBER 31, 2021 AND DETERMINED THAT THERE WERE NO MATTERS
THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR
THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THE STATUTE OF
LIMITATIONS GENERALLY REMAINS OPEN FOR THREE TAX YEARS WITH THE U.S.
FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN
WHICH THE ORGANIZATION FILES TAX RETURNS.

30

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► 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

Name of the organization

Go to www.ii-s.gov/i orinisso for inistructions and

Inspection
Employer identification number

WOODLEY	HOUSE, INC.				53-0245	460
Part I Fundraising Activities.		answered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
required to complete this part						
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	e X S f X S g X S	solicitation of solicitation of special fundra	non-g gover ising	overnment grants nment grants events		
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indivocmpensated at least \$5,000 by the	art VII) or entity in connection viduals or entities (fundraisers	with profess	onal f	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ıstodv	(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			
Гоtal			•			
List all states in which the organizatio or licensing.				s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	pts greater than \$5,000.
			(a) Event #1 MOVIE BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	143,707.			143,707.
	2	Less: Contributions	113,595.			113,595.
	3	Gross income (line 1 minus line 2)	30,112.			30,112.
	4	Cash prizes				
ses	5	Noncash prizes	1,607.			1,607.
Direct Expenses	6	Rent/facility costs	11,870.			11,870.
Direct I	7	Food and beverages	10,498.			10,498.
	8	Entertainment				
	9	Other direct expenses				6,137.
		Direct expense summary. Add lines 4 through				30,112.
Pa		Net income summary. Subtract line 10 from li Gaming. Complete if the organization is				
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Emigo	bingo/progressive bingo	(e) outer garming	col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization conducted organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
13201		0-21-21			Sche	edule G (Form 990) 2021

Sch	edule G (Form 990) 2021	WOODLEY	HOUSE,	INC.		53-0	245	460	Page 3
11	Does the organization conduct g	aming activities w	ith nonmemb	ers?				Yes	No No
12	Is the organization a grantor, ber	neficiary or trustee	of a trust, or	a membe	er of a partnership or other entity formed				
	to administer charitable gaming?							Yes	☐ No
13	Indicate the percentage of gamir								
a	The organization's facility						13a		%
							13b		%
14	Enter the name and address of t	he person who pre	epares the org	ganizatioı	n's gaming/special events books and reco	rds:			
	Name								
	Address >								
15a	Does the organization have a con	ntract with a third	party from wh	nom the o	organization receives gaming revenue?			Yes	☐ No
k	If "Yes," enter the amount of gar	ning revenue recei	ived by the or	ganizatio	on > \$ and the amo	ount			
	of gaming revenue retained by the								
c	If "Yes," enter name and address								
	Name ►								
	Address ►								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	> \$							
	Description of convices provided	_							
	Description of services provided								
				¬					
	Director/officer	Employee	L	Indep	pendent contractor				
17	Mandatory distributions:								
	Is the organization required under	er state law to mak	ce charitable o	distributio	ons from the gaming proceeds to				
	retain the state gaming license?				nie nem the gammig proceeds to			Yes	☐ No
k					ed to other exempt organizations or spent				
	organization's own exempt activ	-							
Pa	rt IV Supplemental Info	rmation. Provid	e the explana	tions req	uired by Part I, line 2b, columns (iii) and (v)); and Par	t III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also	provide any a	additiona	I information. See instructions.				
-									
							_	_	
1320	83 10-21-21					Schedu	le G (Form	990) 2021

Schedule G	(Form 990) WOODL	EY HOUSE,	INC.	5	3-0245460 Page 4
Part IV	(Form 990) WOODL Supplemental Information (c	ontinued)			

132084 11-18-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

53-0245460 WOODLEY HOUSE, INC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FROM MENTAL ILLNESS. WOODLEY HOUSE'S RANGE OF SAFE HOUSING SUPPORTS OUR CLIENTS THROUGH EACH STAGE OF RECOVERY, WHILE OUR DEDICATED TEAM OF PROFESSIONALS PROVIDE CRITICAL LIFE SKILLS TRAINING AND MENTAL HEALTH SERVICES. WE ARE COMMITTED TO EMPOWERING OUR CLIENTS -- ON AN INDIVIDUAL BASIS --TO ACHIEVE PRODUCTIVE, INDEPENDENT LIVING. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HOLLY HOUSE: OUR 8-BED GROUP HOME IN SHEPHERD PARK, PROVIDING PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS WITH MENTAL HEALTH DISORDERS. THEY ALSO RECEIVE INDIVIDUALIZED LIFE SKILLS TRAINING IN ONE-ON-ONE AND GROUP SETTINGS. EXPENSES \$ 340,421. INCLUDING GRANTS OF \$ 0. REVENUE \$ 325,365. COMMUNITY RECOVERY SUPPORT: WOODLEY HOUSE PROVIDES RECOVERY SUPPORT THROUGH LIFE SKILLS TRAINING AND RECOVERY SUPPORT SERVICES WITH TRAINED SPECIALISTS WHO WORK WITH RESIDENTS ACCORDING TO THEIR INDIVIDUAL NEEDS TO SUPPORT THEIR INTEGRATION AND INDEPENDENT LIVING IN THE COMMUNITY. EXPENSES \$ 208,438. INCLUDING GRANTS OF \$ 0. REVENUE \$ 81,999. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY THE CHIEF

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

Schedule O (Form 990) 2021

WITH THE IRS.

EXECUTIVE OFFICER. THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** WOODLEY HOUSE, INC. 53-0245460 FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, ALL INDIVIDUALS TO WHOM THE CONFLICT OF INTEREST POLICY APPLIES (ALL OFFICERS, DIRECTORS, VOLUNTEERS, AND KEY EMPLOYEES) ARE PROVIDED WITH A COPY OF THE POLICY AND ARE REQUIRED TO COMPLETE AND SIGN AN ACKNOWLEDGEMENT AND DISCLOSURE FORM. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE EVALUATES THE EXECUTIVE DIRECTOR'S SALARY ANNUALLY AND AUTHORIZES ANY SALARY CHANGE BASED ON INFORMATION FROM OTHER SIMILAR NON-PROFITS AND CONSULTANTS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C THE ORGANIZATION DID NOT CHANGE EITHER ITS FINANCIAL STATEMENT AUDIT OVERSIGHT PROCESS OR INDEPENDENT AUDITOR SELECTION PROCESS DURING THE TAX YEAR.

Schedule O (Form 990) 2021

WH____1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

WOODLEY HOUSE	, INC.					53-02454	160	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		ets Direct cont entity)
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34, l	because it had on	e or more	e related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity		j) 512(b)(13) colled ity?
				501(c)(3))			Yes	No
WOODLEY HOUSING CORPORATION - 52-1158363 6856 EASTERN AVENUE, NW, SUITE 300 WASHINGTON, DC 20012	TO PROVIDE HOUSING FACILITIES AND SERVICES TO ELDERLY AND HANDICAPPED.	DISTRICT OF COLUMBIA	501(C)(4)		WOODLE	Y HOUSE,	x	

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.

<u> </u>	·		1	1		1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity	related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partr	ner?	ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
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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	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
					·				

Page 2

Part V	Transactions With Related Organizations. Complete if the organization answered "Yes	s" o	on Form 990), Part IV	, line 34	, 35b,	or 36
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	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									
а	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			
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
d	Loans or loan guarantees to or for related organization(s)				1d		X			
е	Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) 11 Performance of services or membership or fundraising solicitations by related organization(s) 12 13 14 15 16 17 17 18 18 18 19 19 19 19 19 10 10 10 10 10									
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					1i		Х			
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			
- 1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			=		X			
	m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1									
Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1p		X			
q	Reimbursement paid by related organization(s) for expenses				1q	Х				
r	Other transfer of cash or property to related organization(s)				1r		X			
	Other transfer of cash or property from related organization(s)				1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on w									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved					
(1) V	OODLEY HOUSING CORPORATION	Q	57,925.	COST						
(2)										
(3)										
(4)										
(5)										
(6)										
13216	3 11-17-21	39		Schedule R	(Forr	n 990)	2021			

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)	Are partner 501(c	all s sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or Pero	(k) centage nership
	-	223	30000113 0 12 0 147	Yes	No			Yes	No	(1011111000)	Yes	NO	
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