

B.RILEY HOUSE

> **B. Riley House** Cleveland, Ohio and Miami, Florida

www.brileysoberhome.org

B. Riley House is an LGBTQ+ Drug and Alcohol Treatment facility in Cleveland, Ohio. We provide all members of the LGBTQ+ community and our allies a temporary, safe, affirming, recovery-oriented living space. We offer alcohol and drug treatment services, mental health assessment and treatment as well as psychotherapy to help everyone along their journey into long term recovery from substance abuse challenges.



## Dear Friends and Supporters,

As we reflect on the year 2023, I am filled with immense pride and gratitude for the remarkable strides we have made at B. Riley House. This year has been transformative, marked by significant accomplishments that have strengthened our mission and expanded our reach. One of our most notable achievements was the expansion of our recovery housing and outpatient treatment programming for the LGBTQ+ community to Miami, Florida. This initiative has allowed us to provide critical support and resources to a broader population, ensuring that more individuals have access to the care they need.

In addition to this expansion, we have also developed a comprehensive 3-year Strategic Plan in collaboration with Stacey from Gladgey Consulting. This plan will guide our efforts and ensure that we continue to grow and adapt to the evolving needs of our community. Furthermore, in the fourth quarter, we welcomed a new Chief Financial Officer and an entire accounting team to our organization. This addition has significantly enhanced our financial management and operational efficiency, positioning us with even greater success in the years to come.

Thank you for your unwavering support and dedication to our mission. Together, we are making a profound impact on the lives of those we serve.

Warm regards,

Tony Correa, LCDC III, ICADC, CAP

Executive Director, B. Riley House



### **MISSION STATEMENT**

B. Riley House is an LGBTQ+ treatment facility with locations in Cleveland, Ohio and Miami, Florida. We provide all members of the LGBTQ+ community and our allies a temporary, safe, affirming, recovery-oriented living space. We offer alcohol and drug treatment services, mental health assessment and treatment as well as psychotherapy to help everyone along their journey into long term recovery from substance abuse challenges.

#### HIGHLIGHTS OF 2023

- During the year 2023, we had 472 individuals in our care.
- Of which, 75% reported sustained sobriety a year later with information collected at six months and one year later through follow-up phone calls, surveys, and active attendance at our alumni meetings.
- Of the clients brought into our care, 66% reported finding stable employment, 88% found independent housing, and 72% reported having enough financial assistance to take care of their daily financial needs.

**Expanded Services:** In 2023, B. Riley House celebrated a significant milestone with the opening of its second location in Miami, Florida. This expansion marks a critical step in broadening access to LGBTQ+ inclusive recovery services, allowing B. Riley House to serve a wider community of individuals seeking addiction treatment and support. The new Miami location provides vital resources, including recovery housing and outpatient treatment, tailored specifically for the LGBTQ+ community, which often faces unique challenges in accessing affirming care.

For clients, this expansion means greater accessibility to compassionate and inclusive recovery options closer to home. It also reinforces B. Riley House's commitment to addressing the specialized needs of LGBTQ+ individuals, creating a safe space where they can focus on healing

without fear of discrimination or stigma. For the organization, this growth reflects a dedicated mission to expand outreach and support as many people as possible within the LGBTQ+ recovery community, positioning B. Riley House as a leading provider of LGBTQ+-focused addiction recovery services in multiple locations. This expansion not only allows B. Riley House to increase its impact but also demonstrates its readiness to adapt to the growing and evolving needs of the communities it serves.

**Strategic Planning for Growth:** In 2023, B. Riley House released strategic planning documents and reports demonstrating its commitment to transparency and growth in meeting community needs. These documents outline goals for improving services, expanding outreach, and ensuring financial responsibility to their supporters and stakeholders.

Strengthening Leadership for a Sustainable Future: Strengthening Leadership for a Sustainable Future: At the close of 2023, B. Riley House finalized strategic changes in our leadership, with Leon Corell joining as Chief Financial Officer and Ty Stimpert stepping into the role of Board President, effective at the start of 2024. These additions reflect B. Riley House's commitment to strengthening financial stability and ensuring sustainable growth as we continue to expand our reach and services. With Leon's financial expertise, we are now better equipped to manage resources effectively, optimize budget planning, and make data-informed decisions that support our long-term goals.

As a public health researcher and health equity advocate, Ty brings a unique perspective to the Board Presidency, deepening our focus on addressing the systemic barriers that affect LGBTQ+ individuals in recovery. His experience in advancing equitable healthcare aligns with B. Riley House's mission and enhances our ability to provide inclusive, affirming services to meet the evolving needs of our community. Together, Ty and Leon exemplify B. Riley House's dedication to transparency, accountability, and responsible growth. This strengthened leadership lays a strong foundation for continued success, ensuring we are prepared to meet future challenges and extend our impact in meaningful ways.

# Form **990**

# **Return of Organization Exempt From Income Tax**

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

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service nder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

<u>A</u>	For the		, 20										
В	Check if	applicable:	C Name of organization B.	RILEY SOBER	HOUSE			D Emplo	over identification number	_			
	Address	change	Doing business as					(					
	Name ch	ange	Number and street (or P.O. bo	x if mall is not delivered to	street address)		Room/suite	E Teleph	none number				
	Initial ret	um	2121 West 117		•								
	Final retu	ırn/terminated	City or town, state or province	, country, and ZIP or foreig	n postal code			<b>G</b> Gross	receints				
$\overline{\sqcap}$	Amended	d return	6	2,239,116	<u>_</u>								
П	Application	on pending	Cleveland, OH  F Name and address of principa		Correa		H(a) la thia a	group solven (	or subordinates? Yes X N				
_			Same as C abov		002200		H(b) Are all						
	Tax-exen	npt status: X	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527			t. See instructions	10			
.1	Website:		PS://WWW.BRILEYSO		1 4047(a)(1) 01 L	1 327							
<u>к</u>				sociation Other		L Year of formation	H(c) Group on: 2016 M	**		—			
	art I	Summar		ociation D other		L rear or formati	OII. ZUIB IN	State of lega	al domicile: OH				
15.00	1		be the organization's mission	on or most significan	t activities:		*	41-	7.0000	—			
	'	-	-	•					LGBTO+ and ally	<u>'</u>			
ည	communities by offering inclusive, progressive, and enduring recovery programs the and ensure dignity, promote diversity, and advocate for equitable access to whole healthcare.  Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2023 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Communities by offering inclusive, progressive, and enduring recovery programs the and ensure dignity programs the and ensure dignity, promote diversity, and advocate for equitable access to whole healthcare.  The and ensure dignity, promote diversity, and advocate for equitable access to whole healthcare.  The and ensure dignity, promote diversity, and advocate for equitable access to whole healthcare.  The and ensure dignity, promote diversity, and advocate for equitable access to whole healthcare.  The and ensure dignity, promote diversity, and advocate for equitable access to whole healthcare.  The and ensure dignity promote diversity, and advocate for equitable access to whole healthcare.  The and ensure dignity promote diversity, and advocate for equitable access to whole healthcare.  The analysis of the organization discontinued its operations or disposed of more than 25% of its net assets.  The analysis of the access to whole healthcare.  The analysis of the access to w												
Па	ļ	and ensure dignity, promote diversity, and advocate for equitable access to whole healthcare.											
Ş	2		ox if the organization d	lecontinued its opera	tions or disposed of	moto than 25%	of its not seeds			_			
ő	3		oting members of the gover		·	more trian 207	V Or its Het assets.	3					
ර	4		dependent voting members		, a			4	9				
Ţį.	5		of individuals employed in				. 7)	5	9	_			
ξį	6		of volunteers (estimate if r		***			6	0				
Ac	7a		ed business revenue from F	• •	and the second			7a					
	- 1		d business taxable income t	• •		1			0				
		Not uniciated	a business taxable income	110/11 1 Olff 990-1, Fa	iti, miesti · · ·	<u>} · · · *•/· · ·</u>		7b	0				
<u>o</u>	8	Contributions	s and grants (Part VIII, line	Prior Year		Current Year	_						
	_ I		vice revenue (Part VIII, line	· BHA					296,662				
ne	10		ncome (Part VIII, column (A	\$200 A	100 CM				1,867,608	8_			
Revenue	11		ie (Part VIII, column (A), lin	Vallana	E827					<u>o</u> _			
11.	12		e - add lines 8 through 11 (r						74,846				
	13		imilar amounts paid (Part I)						2,239,116	<u>6</u>			
	14		to or for members (Part IX							<u>0</u>			
	15		er compensation, employee							<u>0</u> _			
es	16a		fundraising fees (Part IX, &	APPENDICATION	• •	•		$\longrightarrow$	1,236,85	<u>7</u>			
Expenses	b		sing expenses (Part IX, cold	*603800m			1. The Professional Confession (1997)		The Content of the State of the Content of the State of t	<u>)</u>			
Ž.X	17		ses (Part IX, column (A), lin	3A	ATT - CONTINUE TO THE PARTY OF	00	A STORY OF STREET	Sept. Kiroso	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
ш	18		es. Add lines 13-17 (must)	A)1033P					726,95	_			
	19		s expenses. Subtract line 18						1,963,814				
	8	Ivevellue les	s expenses. Subtract line in			• • • • • • •			275,302	2_			
ts o	20	Total accore	(Part X, line (6)	9			Beginning of Curr		End of Year				
ësë	21		s (Part X) line 26)					L,028	682,694	4_			
Net Assets	22	_	fund balances, Subtract lir	21 from line 20				7,146		0_			
	rt II		re Block	le 21 from line 20			403	3,882	682,694	4_			
	1,000		lare that I have examined this retur	n, including accompanying	schedules and statement	s and to the best o	of my knowledge and helic	of it is		_			
true	, correct,	and complete. Dec	laration of preparer (other than offi	cer) is based on all informa	ation of which preparer has	s any knowledge,	,,	.,					
		Toon	G_Corell										
Sig	<sub>j</sub> n	Signature of office	er er		****			Dat	re	—			
He	re			Financial Off				201					
		Type or print nan		FINANCIAL OFF	:rcer	·							
		Print/Type pre		Preparer's signature		Date	T <sub>a</sub>		PTIN				
Pai	id	1 '''		, ,			Check	└ "					
	eparer	Sam Fre		Sam Freiberg	lonni coc	11-08-20		ployed	P03013239				
	e Only			Accounting S			Firm's EIN			_			
		rinns address		t 102nd Streed d OH 44102	÷ 6		Phone no.	016	200 7005				
Mar	the IDS	discuss this	return with the preparer sho		uctions		L	216-3	320-7985				
iviay	mic II/c	- aloudoo II   8	ocent with the brehalet \$110	MIL apole: 266 IIISII	uotiona				· · · 📙 Yes 🕱 No	,			

	rt III Statement of Program Service Accomplishments
Га	
1	Check if Schedule O contains a response or note to any line in this Part III
'	Briefly describe the organization's mission:
	Our mission is to empower the LGBTQ+ and ally communities by offering inclusive, progressive, and
	enduring recovery programs that nurture and ensure dignity, promote diversity, and advocate for
	equitable access to whole-person healthcare.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	1 H 222 222 TT
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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 \$1,602,683 including grants of \$) (Revenue \$2,236,857)
	259 clients served, with a new location opening in 2024. Buildout of support services and
	adoption of strategic 3 year plan.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,602,683

# Form 990 (2023) B. RILEY SOBER HOUSE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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	8		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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts M,	790Ja 117724		18400 18400
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 102. If "Yes,"		water to Value	Witness and I
	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		х
d	Did the organization report an amount for other assets in Rart 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 linarical 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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
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	<u> </u>		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	A CONTRACTOR OF THE CONTRACTOR	<del></del>		_^_

Form 990 (2023) B. RILEY SOBER HOUSE
Part IV Checklist of Required Schedules (continued)

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
274	\$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	240		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule La 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			
28	persons? If "Yes," complete Schedule L, Part III	27	D. Stop	X
20	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
а	L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions).  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	Links.		
ŭ	"Yes," complete Schedule L, Part IV	202		4
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of artinistorical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37-If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exemptor taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization/have a controlled entity within the meaning of section 512(b)(13)?	35a	<b> </b>	<u> X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	l		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
30	related organization? If "Yes," complete Schedule R, Part V, line 2	٠,,		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		17
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		<u> </u>
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	1882	Tris	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	L	

	1990 (2023) B. RILEY SOBER HOUSE		F	Page 5
Pa	rt 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	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		Х_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		1	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	<u>x</u>
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	• • <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	· ·   <del>- • •</del>	<del> </del>	<u>X</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	· · <u>5c</u>	<del> </del>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	• • <u>6a</u>	<del> </del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-,	gifts were not tax deductible?	6b	Trieksien	17/4 ye o 3
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Line of the second		
<b>L</b>	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	ļ	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
d	required to file Form 8282?	· · 7c	. E90 495	21 02 ESSES
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e e		· ·   7e	┼	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	— <u> </u>		<del></del> -
8	If the organization received a contribution of cars, boats, airplanes, or other yehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	- Malakwa:	J25753
•	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8	i Warn'i	Charles
а	Did the sponsoring organization make any taxable distributions under section 4966?	00		
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:	90	364550	Activity 200
а	Initiation fees and capital contributions included on Rart VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	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;)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	The state of the s	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124	v 1859.1.1	. 1860
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	156.3		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	. ASSES	THE STATE OF
	Note: See the instructions for additional information the organization must report on Schedule O.	- HONG		nāsi.
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b	<del>                                     </del>	_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-12	$T^{-}$	
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.		1487	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Tagadan.	x
	If "Yes," complete Form 4720, Schedule O.	1000	1	346
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	\$ 1980	u profite	278.1
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	1	
	If "Yes " complete Form 6069	7,7,89,1	9 5 35,960	191434

Form	990	(2023)

RILEY SOBER HOUSE

Page	c
Page	U

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 70 below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Se	ction A. Governing Body and Management		3111,				
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9	201		
	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 in line 1a, above, who are independent	1b		9			
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		х
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	•••	<u>x</u>
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		<u>x</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?		• • • •	• •	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
0	stockholders, or persons other than the governing body?		• • • •		7b	and Joseph	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
a h	The governing body?			• •	8a	<u> </u>	
р 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			• •	8b	<u> </u>	
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule 9				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				9		<u> </u>
	The second secon	200110	10 0000	•/		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a	103	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			` '	100		
					10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling	he for	m? .		11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Dld the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	With Sand
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe on Schedule O how this was done				12c	х	
13	Did the organization have a written whistleblower policy?				13	х	
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?				TEP () Shakw		
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization		• • • •	• •	15b	х	ļ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization hvest in, contribute assets to, or participate in a joint venture or similar arrangement				Vani.		
I-	with a taxable entity during the year?	• • •	• • • •	• •	16a	ve si measarii	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				\$134.Ye		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					Ť.	
Sec	organization's exempt status with respect to such arrangements?	• • •	• • • •		16b		
7	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	tion 5	01(a)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	aon o	01(0)				
	Own website Another's website W Upon request Other (explain on Scher	tule O	d.				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest						
-	and financial statements available to the public during the tax year.	or hou	∨y,				
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls					
-	Leon G Corell  2121 West 117th Street Cleveland OH 441						

Form	990	(2023)	

B. RILEY SOBER HOUSE

Page 7

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

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

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

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

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

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

Check this box if neither the organization nor any relat	ed organizatio	n com	pen	sate	d an	y curre	ent o	fficer, director, or tru	ıstee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not ch , unle cer an	Po neck m ss pe id a di	(C) sition nore ti	han of a Highest compensated employee	n )		(E)  Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Rafael Correa Founder and Executive Director			$\mathcal{N}$	х				127 000		_
(2) Leon G Corell			7	^				137,020	0	0
Chief Financial Officer	,	} 		х				16,780	0	0
(3)Kelly_Green										
Board Member		х						0	0	0
(4) Henry Quintana	₩ <u></u>									
Board Member		X	_		_		_	0	0	0
_(5)Kenneth AlexanderBoard Member		х						0	0	0
		х						0	0	0
Board Member		х						0	0	0
(8) Paul Rhodes										<u> </u>
Board Member (9) Betsy Kohya		Х						0	0	0
Board Memeber		х						0	0	0
(10)Jim Gallasgher										
Board Member	ļ	Х						0	0	0
(11)Chelsea Brennan										
Board Member		X						0	0	0
(12)Tyler Stimpert										
Board Member		Х						0	0	0
(13)CJ Johnson								_		
Board Member (14)		Х		-				0	0	0
	L			1 1			1 1			

Form 9	990 (2023) B. RILEY SOBER HO	orise											Dage 0
Part		rustees,	Key I	Emp	olo	yee	s, ar	nd F	lighest Comp	ensanee	i-mozik	vees (	Page 8 ontinued)
(A) Name and title		(B) Average hours per week (list any hours for	(do l box offic	not ch , unles cer and	Position ot check more than one unless person is both an er and a director/trustee)  Key en ploy histificur				(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	ole tion ed s (W-2/	(i Estimated of d compe from organize	amount other nsation the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	94 					
<u>(15)</u>													1770
<u>(16)</u>													
(17)												241	
(18)								(	<b>a</b>				, W.
(19)							40						
(20)						9					<i>"</i>		
(21)					4	15	Down		47				***************************************
				1		4	1						
		/5-	<b>7</b>			and the same	1						
(24)		{{											
(25)													
1b c	Subtotal	on A.											
d	Total (add lines 1b and 1c)	. V. (2) . (1) .							153,800		0		0
2	Total number of individuals (including but no reportable compensation from the organization)		those	list	ed a	abo	ve) w	ho r	eceived more th	an \$100,0	00 of		1
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? If "Yes," complete Schedule J	trustee, key	employ	ee, d	or hi	ghes	t com	pens	ated			Ye	s No
4	For any Individual listed on line 1a is the sum of reportant and related organizations greater than individual	oortable com	pensat	tion a	and o	othe e <i>Sci</i>	r comp hedule	oens J fo	eation from the	• • • • • •		3	X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of	compensation	i from : edule	any u	unre	lated	orga Son	• • nizat	ion or individual			4	X
Section	on B. Independent Contractors	emplote coll	Julio	. ,01 3	ouon	, per	JUI I					5	<u> </u>
1	Complete this table for your five highest concompensation from the organization. Report	npensated t compensa	indep	end or th	ent ne c	con	tracto	ors t	hat received mo	re than \$1	00,000 organiza	of	(Vear
B-0	(A)	1						,	(B)		gai 1120	(C)	уват.
	Name and business address	3							Description of service	es		Compensation	1

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

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

Form 990 (2023) B. RILEY SOBER HOUSE
Part VIII Statement of Revenue

		Check if Schedule O contains a respon-	se or note to any	line in this Part V	<u>III</u> .		<u></u> .
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
ts	b	Membership dues 1b					
iran	С	Fundraising events 1c					
s, G Amo	d	Related organizations 1d					
Giff lar	е	Government grants (contributions) - 1e	296,662				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
utic ier (		and similar amounts not included above 1f					
of the	g	Noncash contributions included in					
Cor	۱.	lines 1a-1f 1g					
	h h	Total. Add lines 1a-1f		296,662			
	_ ا		Business Code	7000 200 444			
ice	za b	Insurance Billing	623990	1,867,608	1,867,608		
ne ne	C						*
gram Ser Revenue	4			(A)			
gra Re	e			V V	<u> </u>		
Program Service Revenue	f	All other program service revenue		A STORY			
,	I	Total. Add lines 2a-2f		1,867,608		31	
		Investment income (including dividends, interest, other similar amounts)	and		2)	10	Control of the Section of the Sectio
	4	Income from investment of tax-exempt bond processing					
	5	Royalties	- A STORY				
	_	(i) Real	(ii) Personal	To be seen		10 N / 10 N	
	6a	Gross rents 6a					
		Less: rental expenses 6b					
	ı	Rental income or (loss) 6c	Ŕ				
		Net rental income or (loss)	<b></b>				
	7a	Gross amount from (i) Securities	(ii) Other		Strategy Har		
		sales of assets			were the second		
		other than inventory 7a					La Maria
	b	Less: cost or other basis		1,000		946	For Giller
Revenue		and sales expenses 7b				Same Same	
, Ke		Gain or (loss) 7c				10 m	
R							
ther	8a	Gross income from fundraising					Note of the
Oth		events (not including \$					
		of contributions reported on line					
	١.	1c). See Part IV line 18					
	b	Less: direct expenses	<del></del>	and the state of t	14 4 4 4		
		Net income or (loss) from fundraising events  Grossincome from gaming	1	e salvavaja ja vija politika		Contract to the Contract of the Secretary	Street British out II Greaters
	ya 	activities. See Part IV, line 19 9a					
	h	Less: direct expenses 9t	**				
					A THE PERSON NAMED OF THE PERSON NAMED IN		
	l	Gross sales of inventory, less	T	107459 441950			
	IVA	returns and allowances	a			And the second	
	b	Less: cost of goods sold 10	<del></del>				
					The second second second second	The second secon	The second section of the second of the seco
			Business Code		NAME OF THE PARTY	W. Jeth J. Harris	
sn (	11a						
ano	b						
iscellanou Revenue	С	Misc	623990	74,846	74,846		
Miscellanous Revenue	l	All other revenue			-		
<b>-</b>		Total. Add lines 11a-11d	* * * * * * * * *	74,846			
	12	Total revenue. See instructions		2,239,116	1.942.454	l	0

Form 990 (2023)

B. RILEY SOBER HOUSE

[Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a response or i				<u> </u>
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total Oxpolicos	expenses	general expenses	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			4-14-43-52-55-53	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
^	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				***
7	Other salaries and wages	1,072,542	1,072,542		
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)	F0 001	52,021		
9 10	Other employee benefits	52,021			
10 11	· ·	112,294	112,294		
а	Fees for services (nonemployees):  Management				
b	Legal	32,976		20 072	
c	Accounting	32,976		32,976	
d	Lobbying		1 3		
e	Professional fundraising services. See Part IV, line 17		<b>V</b>	(C) 18 (S) (C) (B) (A) (B) (C)	
f	Investment management fees		1 00 Mar-12 4 - 5 - 5 - 24 (0.5 Mar-12 Mar-1	Talenteen - Region as at the state of the	<del></del>
g	Other. (If line 11g amount exceeds 10% of line 25, column	(À			
	(A), amount, list line 11g expenses on Schedule O.)	<b>(</b>			
12	Advertising and promotion	15,021		15,021	
13	Office expenses	160,245		160,245	
14	Information technology				
15	Royalties				
16	Occupancy	> 296,138	296,138		
17	Travel	49,723	1	49,723	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,299		3,299	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		against the same of the same o		1000
23	Insurance	30,179		30,179	
24	Other expenses, Itemize expenses not covered	Day British			
	above (List/miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)		Ansign Charles		
a	- Comment of the comm				
b					
C					
d	All address and a second				
e	All other expenses	139,376	69,688	69,688	
25	Total functional expenses. Add lines 1 through 24e	1,963,814	1,602,683	361,131	0
26	Joint costs, Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	İ			
	fundralsing solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2023) B. RILEY SOBER HOUSE
Part X Balance Sheet

L		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	451,028	1	682,088
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		Hour.	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		3.324	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	The same and the s
ι	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		ACCEPT.	为的" <sub>10</sub> "。"这一的"多大"。"
		basis, Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	- Michigan of the Best Strawerski (1922) approximate (1922) approximate	10c	NOTE STATE AND ADMINISTRATION OF STATE AND ADMINISTRA
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	λ	12	
	13	Investments - program-related. See Part IV, line 11	V\	13	
	14	Intangible assets		14	- M
	15	Other assets. See Part IV, line 11		15	606
	16	Total assets. Add lines 1 through 15 (must equal line 33)	451,028	16	682,694
	17	Accounts payable and accrued expenses		17	002,034
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director.			All the second second
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			The Control of
abil		controlled entity or family member of any of these persons	Control of the same of the sam	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax payables to related third			
		parties, and other liabilities not included on lines (7-24). Complete Part X		ŀ	
		of Schedule D	47,146	25	
	26	Total liabilities. Add lines 17 through 25	47,146	26	
		Organizations that follow FASB ASC 958, check here	47,140	120	0
Se		and complete lines 27, 28, 32, and 33.			
ü	27	Net assets without dono restrictions	402.002	27	
ala	28	Net assets with dongr restrictions	403,882	28	682,694
g p	20	Organizations that do not follow FASB ASC 958, check here		20	
5		and complete lines 29 through 33.		Sie	
or F	29	Capital stock or trust principal or current funds			
Net Assets or Fund Balances				29	
SSe	30 24			30	
ξ	31	Retained earnings, endowment, accumulated income, or other funds		31	
Se	32	Total net assets or fund balances	403,882	32	682,694
	33	Total liabilities and net assets/fund balances	451,028	33	682,694

Eorn	990 (2023) B. RILEY SOBER HOUSE				
	rt XI Reconciliation of Net Assets			Pa	age 12
					<del></del>
1	Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)	<u></u>   1			<u>X</u>
2	Total expenses (must equal Part IX, column (A), line 25)			239,	
3	Revenue less expenses. Subtract line 2 from line 1	2		<u>963,</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3 4		275,	
5	Net unrealized gains (losses) on investments	5		403,	882
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)		····		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-		3,	510
	32, column (B))	10			
Pa	rt XII Financial Statements and Reporting			682,	694
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other		- 246C	169	257.0
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			1400 Mill 3 19 W W	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Cold Section	<u>                                   </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1444	18/15/2013 35/2014	
	reviewed 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	14552904	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		6444	TEX.	Walta I
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		damani.	orosa sor.	الماحدثة المدا
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		3.34	483	4 34
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		Allina WAS	and the state of t	Similary d
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (	2023)

## THANK YOU

As we close out 2023, we want to extend our heartfelt gratitude to everyone who made this year a success for B. Riley House. To our funders—your generous grants and donations have fueled our mission and empowered us to expand our reach. To our partners, thank you for collaborating with us on impactful projects and initiatives, strengthening our community ties. To our volunteers, who gave their time and skills selflessly, and to our dedicated staff, whose tireless work and passion delivered essential care and support to our clients, we are immensely grateful. To our board of directors, we appreciate your invaluable insight, guidance, and resources. And finally, to our clients, who placed their trust in us on their journey to recovery, thank you for inspiring us every day. We could not have achieved this without each of you.

Thank you for being part of the B. Riley family.

