	0	00	Return of Organization Exempt From	n Income T	ax	OMB No. 1545-0047			
For	m J	3 0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private fou	ndations				
Dens	artment (of the Treasury	-			Open to Public			
Inter	Start Based Start Go to www.rs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year. or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 Charles and Control and Contrect and Contrect and Control and Control and Control and Control								
<u> </u>	or the	1							
B Check if applicable: C Name of organization D Employer identification number									
	Addre		URY STONE HOUSE, INC.						
	Name			51-01	9241	8			
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone r	number				
	∟return		BOX 300039	(617)	427				
	ated	City or to		G Gross receipts	6	4,744,921.			
	return			H(a) Is this a g	roup retu				
	tion	^{ng} F Name a	nd address of principal officer: KATHRYN FAGAN						
<u> </u>		SAME							
-				,,					
						State of legal domictle.			
			a the organization's mission or most significant activities. CONTINUI	M OF CARE	FOR				
JCe	'	CHILD S	URVIVORS OF DOMESTIC VIOLENCE.		- 010 -				
'naı	2			nore than 25% of its	net asse	ets			
ovel					1 1	15			
ğ						15			
es &						52			
viti						64			
Acti						0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	-			
						-			
ne									
/eni		•							
Re									
				517,0					
ß	l	<u> </u>		2,583.4					
Ise	16a	Professional fi	indraising fees (Part IX, column (A), line 11e)	,,_		0.			
bei	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 385, 941.						
ŵ				857,6	17.	1,079,016.			
						4,456,188.			
	19	Revenue less	expenses. Subtract line 18 from line 12			288,733.			
s or									
sset	20	Total assets (F	Part X, line 16)						
at As	21								
Ž ⁱⁿ	22			8,585,7	11.	8,920,244.			
Pa	art II	Signature	BIOCK						

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

Т

Т

Sign	Signature of officer	Date
	KATHRYN FAGAN, INTERIM CHIEF EXECUTIVE OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA02/29	
Preparer	Firm's name SMITH, SULLIVAN & BROWN, P.C.	Firm's EIN 43-1985162
Use Only	Firm's address 80 FLANDERS ROAD - SUITE #302	
	WESTBOROUGH, MA 01581	Phone no. (508) 871 - 7178
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)

	990 (2022) ROXBURY STONE HOUSE, INC.	51-01924	18 Page
Pai	rt III Statement of Program Service Accomplishments		V
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE ROXBURY STONE HOUSE PARTNERS WITH ADULT AND CHILD SU	JRVTVORS	OF
	DOMESTIC VIOLENCE AND RELATED TRAUMA - MENTAL ILLNESS, H		<u> </u>
	INSTABILITY AND SUBSTANCE MISUSE - TO ACHIEVE SAFETY, ST		AND
	OVERALL WELLBEING, THEREBY CONTRIBUTING TO THE STRENGTH,		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	managered by ave	00000
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,566,085. including grants of \$ 877,723.) (Revenue	ie\$ 7	51,908.
	THE ROXBURY STONE HOUSE PROVIDES A RANGE OF BI-LINGUAL		
	(ENGLISH/SPANISH) AND CULTURALLY DIVERSE RESIDENTIAL AND		
	NON-RESIDENTIAL RESOURCES TO MEET THE NEEDS OF THOSE AFE		ITH
	MENTAL ILLNESS, DOMESTIC VIOLENCE AND TRAUMA. PROGRAMS	INCLUDE	
	EMERGENCY SHELTER, COMMUNITY BASED SERVICES, HOUSING STABILIZATION/SUPPORTIVE HOUSING, HOTLINE, FULLY LICENSE	ת דעי תי	CADE
	FACILITY AND OTHER DOMESTIC VIOLENCE PROGRAMS.	дана Спіта	CARE
	TACIDITI AND OTHER DOMEDTIC VIOLENCE TROGRAMD.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	.e \$	
4d	Other program services (Describe on Schedule O.)		
4 -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 3,566,085.)	
4e	Total program service expenses 3,566,085.	r	orm 990 (2022
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.52007	3		
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Part IV Checklist of Required Schedules

ROXBURY STONE HOUSE, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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		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		<u> </u>	<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	1	<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	Х	
3	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			v
b	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
5a	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? <i>If</i> "Yes," <i>complete</i>	051		x
6	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
6	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
7	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		X
В	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
~	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
1	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	x	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	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
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	
	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 1a 60			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(00000)
	· 12-13-22	⊢orm	220	(2022)
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	990 (2022) ROXBURY STONE HOUSE, INC. 51-0192	418	Pa	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
0-	Estavishe wurden of employees were sted on Estave W.O. Transmittel of Wass and Tay Otstemants		Yes	No					
za	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 52								
h	, , , , , , , , , , , , , , , , , , , ,	2b	х						
b 3a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20 3a	- 23	X					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b							
iu	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	14							
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a		5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
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).								
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					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
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 7d			v					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	sponsoring organization have excess business holdings at any time during the year?	0							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand	14a		X					
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- 23					
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	UFI							
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any 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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Form **990** (2022)

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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			<u></u>		[
Sec	tion A. Governing Body and Management					-
		1.1	1	E	Yes	+
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	L	.5		
	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.		1	F		
	Enter the number of voting members included on line 1a, above, who are independent	1b		.5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	any other			
_	officer, director, trustee, or key employee?			. 2		4
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?					4
4	Did the organization make any significant changes to its governing documents since the prior Form					4
5	Did the organization become aware during the year of a significant diversion of the organization's as					4
6	Did the organization have members or stockholders?			. 6		4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			. 7a		4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or			
	persons other than the governing body?			. 7b		1
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
а	The governing body?			. 8a	X	
b	Each committee with authority to act on behalf of the governing body?			. 8b	X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached a	it the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenue	Code.)			_
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			. 10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{.}$. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy befor	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	licts?	. 12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	/es," de	scribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2				
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization					T
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a			
	taxable entity during the year?			16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-			
	exempt status with respect to such arrangements?			16b		I
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	and 990	-T (section 501(c)	(3)s only) avai	ila
	for public inspection. Indicate how you made these available. Check all that apply			())	,	
	Own website X Another's website V Other (explain			1 C		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict c	or interest policy,	and 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 be	ooks an	d records			
	ECRATCHIT, INC (781) 356-8050					
	2 SHARP STREET, HINGHAM, MA 02043					_
	5 12-13-22			Form		

Part VII	Compensation of Officers,	Directors , Trus	tees, Key Er	mployees, Hi	ighest C	ompensated
	Employees, and Independe	ent Contractors	;			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(da		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		e	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	Jal tru	onal		ploye	ee com		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NANCY OWENS HESS	40.00	-	_ <u>_</u>	ò	ž	포뇽	R.			
EXECUTIVE DIRECTOR	1.00			x				120,299.	0.	17,599.
(2) CHARLEEN TYSON	3.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(3) ROSA LICEA-MAILLOUX	3.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(4) SUSAN PHILLIPS	3.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(5) WILLIAM GABOVITCH	3.00								_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) JASMINE JEAN-LOUIS	3.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) ERIC A. PETERSON, AIA	3.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) AMANDA ROE	3.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) DIOSTENES R. MEDINA	3.00									
SECRETARY/CLERK	1.00	Х		X				0.	0.	0.
(10) JENNIFER WATSON	3.00									0
BOARD MEMBER	0.00	Х		X				0.	0.	0.
(11) MARIA KATSILEROS SMITH	3.00									0
INTERIM TREASURER	1.00	Х		X				0.	0.	0.
(12) SHANNON C. MURPHY MSN, APRN, FN	3.00	37						0.	0.	0
BOARD MEMBER	0.00 3.00	Х						0.	0.	0.
(13) REBECCA D. RAPHAELSON	0.00	v						0	<u>م</u>	0
BOARD MEMBER		Х						0.	0.	0.
(14) NIRAV SHAH	3.00	v						0.	0.	0
BOARD MEMBER	3.00	Х						0.	0.	0.
(15) RAQUEL WEBSTER	0.00	x						0.	0.	0.
BOARD MEMBER (16) GEORGE MAROOTIAN	3.00	^		├				0.	0.	0.
(16) GEORGE MAROOTIAN BOARD MEMBER	0.00	x						0.	0.	0.
DOARD MEMDER	0.00	^	-	-	-			0.	0.	0.
	1	L	L	L		I			1	Farma 000 (0000)

232007 12-13-22

ROX24181

	990 (2022) ROXBURY S	STONE HO	ວບຣ	SE,	I	INC	2.			51-01	.92	418	Page 8
Par			ploy	ees,			ghe	st C					
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl unles	ss per	i tion more rson i	than o is both pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		Esti amo o	(F) mated ount of ther ensation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		froi orgai and	n the nization related izations
1b	Subtotal								120,299.		0.	17	,599.
	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but no								120,299. eceived more than \$100	000 of reportable	0.	1/	,599.
_	compensation from the organization						.,						1
3	Did the organization list any former officer,	director trust	oo k		mol	0.00	0 0r	hic	thest compensated emr		I		es No
5	line 1a? If "Yes," complete Schedule J for su	-			·				gnest compensated emp	•		3	X
	For any individual listed on line 1a, is the su and related organizations greater than \$150),000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual			4	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i>	-				-			-			5	x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest con the organization. Report compensation for t										pens	ation fro	om
	(A) Name and business			ONE			01 11		(B) Description of s		С	(C) ompens	ation
								_					
	Tabel a web an after land to the table of the				-1.1	41.							
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot IIr	niteo	u to	tho: (Tec	a above) who received n	iore than		Form Q	90 (2022)

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Form 990 (20		ROXBURY
Part VIII	Statement of	of Revenue

			Check if Schedule O contains 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
Contributions, Gifts, Grants and Other Similar Amounts		b c d e	All other contributions, gifts, grants, and	.737,920. .156,949.	1			
d O		g	Noncash contributions included in lines 1a-1f]			
ano		h	Total. Add lines 1a-1f		3,894,869.			
/ice	2		PROGRAM SERVICE FEES	Business Code 624110 531390	389,202. 362,706.			
Ser		b c		551590	502,700.	502,700.		
Program Service Revenue		d e						
"			All other program service revenue		751,908.			
	3		Total. Add lines 2a-2f Investment income (including dividends, inter		751,500.			
	4		other similar amounts) Income from investment of tax-exempt bond proceeds Royalties		93,011.			93,011.
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	c	b	Less: rental expenses 6b]			
		с	Rental income or (loss) 6c					
			Net rental income or (loss)	(ii) Oth er				
			Gross amount from sales of assets other than inventory 7a	(ii) Other	-			
anue			Less: cost or other basis and sales expenses		-			
eve			Gain or (loss)					
Other Revenue	8	а	Net gain or (loss) Gross income from fundraising events (not including \$ of					
		h	contributions reported on line 1c). SeePart IV, line 18Less: direct expenses8b		-			
			Net income or (loss) from fundraising events	·				
			Gross income from gaming activities. See Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		h	and allowances 10a Less: cost of goods sold 10b		-			
			Less: cost of goods sold					
6		<u> </u>	The mean of (1033) from sales of inventory	Business Code				
Miscellaneous Revenue	11	a b	MISCELLANEOUS INCOME	900099	5,133.	5,133.		
cell		с						
Mis		d	All other revenue					
			Total. Add lines 11a-11d		5,133. 4,744,921.	757 041	0.	02 011
23200	12 9 12		Total revenue. See instructions		<u> 4,/44,941.</u>	757,041.	. 0.	93,011. Form 990 (2022)
20200	5 12							

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Part IX Statement of Functional Expenses

ROXBURY STONE HOUSE, INC.

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 respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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	877,723.	877,723.		
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	140,646.	102,672.	37,974.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,835,293.	1,540,571.	90,857.	203,865
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	58,009.	48,656.	2,948.	6,405 32,612
9	Other employee benefits	299,191.	250,531.	16,048.	32,612
10	Payroll taxes	166,310.	138,460.	10,537.	17,313
11	Fees for services (nonemployees):				
a b	E E	17,000.	14,153.	1,077.	1,770
	Legal Accounting	262,606.		262,606.	
	Lobbying				
e					
f	Investment management fees				
a					
9	column (A), amount, list line 11g expenses on Sch O.)	15,475.	6,974.	5,679.	2,822
12	Advertising and promotion	- , -	- , -	- ,	, -
13	Office expenses	153,841.	79,346.	47,601.	26,894
14	Information technology	111,953.	95,415.	5,964.	10,574
15	Royalties	-	-		
16	Occupancy	256,909.	238,530.	7,650.	10,729
17	Travel	477.	474.	3.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,685.		5,685.	
23	Insurance	37,886.	28,127.	6,349.	3,410
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 ACTIVITIES	124,165.	124,065.		100
b	FUND RAISING EXPENSES	68,308.			68,308
с	FOOD AND MEALS	17,063.	16,075.	643.	345
d	STAFF TRAINING/DEVELOPM	4,642.	1,307.	2,541.	794
е	·	3,006.	3,006.		205 211
25	Total functional expenses. Add lines 1 through 24e	4,456,188.	3,566,085.	504,162.	385,941
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 X if following SOP 98-2 (ASC 958-720)				Form 990 (202

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11 2022.05060 ROXBURY STONE HOUSE, INC.

ROX24181

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ROXBURY STONE HOUSE, INC. Part X Balance Sheet

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

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(B)

End of year

0.

(A)

Beginning of year

529,548. 567,181. Cash - non-interest-bearing 1 1 184,716. 192,558. 2 2 Savings and temporary cash investments 232,492. 232,492. 3 3 Pledges and grants receivable, net 407,318. 904,645. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7,224,964. 7,314,960. 7 Notes and loans receivable, net Assets 7 8 8 Inventories for sale or use 8,466. 82,674. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 135,238. basis. Complete Part VI of Schedule D _____ 10a 72,953. 106,962. 62,285. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 0. 271,020. 15 15 8,806,307. 9,515,974. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 220,596. 313,168. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0 282,562. 25 of Schedule D 220,596. 595,730. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 8,548,320. 8,920,244. Net assets without donor restrictions 27 27 37,391. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 8,585,711. 8,920,244. Total net assets or fund balances 32 32 8,806,307. 9,515,974. 33 33 Total liabilities and net assets/fund balances Form **990** (2022)

Form	n 990 (2022)	ROXBURY	STONE	HOUSE,	.]	INC.		51-01	92418	Pa	ge 12
Pa	rt XI Reconcilia	ation of Net Asse	ets								
	Check if Sche	edule O contains a res	ponse or no	te to any line i	e in t	this Part XI					
1	Total revenue (mus	t equal Part VIII, colur	nn (A), line 12	<u>2)</u>				1	4,744		
2	Total expenses (mu	ist equal Part IX, colui	nn (A), line 2	5)				2	4,456		
3	Revenue less expe	nses. Subtract line 2 f	rom line 1					3			33.
4	Net assets or fund	balances at beginning	of year (mus	st equal Part >	: X, I	line 32, column (A))		4	8,585		
5	Net unrealized gain	s (losses) on investme	ents					5	e	5,8	39.
6								6			
7								7			
8								8	38	3,9	61.
9	Other changes in ne	et assets or fund bala	nces (explair	n on Schedule	le O))		9			0.
10	Net assets or fund	balances at end of ye	ar. Combine	lines 3 throug	igh 🤅	9 (must equal Part X, lin	e 32,				
	column (B))							10	8,920),2	44.
Pa	rt XII Financial	Statements and	Reporting	9							
	Check if Sche	edule O contains a res	ponse or no	te to any line i	e in f	this Part XII					
1	Accounting method	I used to prepare the	Form 990: [Cash	Σ	X Accrual Othe	er			Yes	No
					yea	ar or checked "Other," ex	plain on Schedul	e O.			
2a	-	-	-		-	/ an independent accou			2a		Х
						nts for the year were co					
		solidated basis, or bo					•				
	Separate bas		ated basis	Both	th co	onsolidated and separat	te basis				
b	Were the organizati	on's financial stateme	ents audited I			ent accountant?			2b	Х	
						nts for the year were au					
	consolidated basis,	or both:									
	Separate bas	is X Consolid	ated basis	Both	th co	onsolidated and separat	te basis				
с	If "Yes" to line 2a o	r 2b, does the organiz	ation have a			assumes responsibility		e audit,			
	review, or compilati	on of its financial stat	ements and s	selection of ar	an ir	ndependent accountant	?		2c	Х	
	If the organization of	changed either its ove	rsight proces	ss or selection	on p	process during the tax ye	ear, explain on Scl	nedule O.			
3a	As a result of a fede	eral award, was the or	ganization re	quired to und	der	go an audit or audits as	set forth in the				
	Uniform Guidance,	2 C.F.R. Part 200, Su	opart F?			-			3a	х	
b						the organization did not					
	or audits, explain w	hy on Schedule O and	d describe ar	ny steps taker	en to	o undergo such audits		<u></u>	3b	Х	
									Form	990	(2022)

Form **990** (2022)

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13 2022.05060 ROXBURY STONE HOUSE, INC. ROX24181

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

Name of the organization

	ROXB	URY STONE	HOUSE, INC.				5	1-0192418	
Part I	Reason for Public	Charity Status.	(All organizations must of	complete th	is part.) S	ee instruction	IS.		
The orga	nization is not a private found	lation because it is: ((For lines 1 through 12,	check only o	one box.)				
1	A church, convention of ch	urches, or associatio	on of churches describe	d in section	n 170(b)(1	I)(A)(i).			
2	A school described in sect								
3					(b)(1)(A)(ii	ii).			
4	 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:	I	, ,				. ,	, , , , , , , , , , , , , , , , , , ,	
5	An organization operated for	or the benefit of a co	ollege or university owne	d or operate	ed by a g	overnmentalı	unit describ	ped in	_
•	section 170(b)(1)(A)(iv). (C		linege er annrenen, ennre	a er eperan					
6	A federal, state, or local go		mental unit described in	section 17	0(6)(1)(A)	(14)			
7 X	An organization that norma						he general	nublic described in	
,	section 170(b)(1)(A)(vi). (C		andar part of its support	nom a gove			ne general		
8	A community trust describe		(1)(A)(vi) (Complete Pa	+ 11 \					
9					d in ooniu	notion with a	land grant	oollogo	
9	An agricultural research org	-			-		-	-	
	or university or a non-land-	grant college of agric		. Enter the f	name, city	, and state of	the colleg		
10	university:				م به السالية الم			a di aveca a va a simba fuerra	
10	An organization that norma								
	activities related to its exen		-					-	Ľ
	income and unrelated busin		e (less section 511 tax) fi	om busines	sses acqu	lired by the or	ganization	atter June 30, 1975.	
	See section 509(a)(2). (Con	• •	Same and the second states of	. (
11	An organization organized a	•	•	•					
12	An organization organized a		•	-			-		
	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.								
- L		• •		-	-		-		
a 🗆	Type I. A supporting orga	-	-		-				
	the supported organization		• • • •	a majority o	of the aire	ctors or truste	es of the s	supporting	
	organization. You must o	-					()		
b 🗆	Type II. A supporting org	-				•		-	
	control or management o			same persoi	ns that co	ontrol or mana	ige the sup	ported	
- [organization(s). You mus								
c L	Type III functionally inte						liy integrate	ea with,	
	its supported organizatio								
d 🗆	Type III non-functionally						-		
	that is not functionally int	•	c ,	•		•	a an attent	iveness	
- [requirement (see instruct						U. T		
e 🗆	Check this box if the orga					а туре ї, туре	II, Type III		
6 E -4	functionally integrated, or			ing organiza	ation.				
	ter the number of supported on ovide the following information	•	nd arganization(a)						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organ	ization listed	(v) Amount of	monetarv	(vi) Amount of other	
	organization	((described on lines 1-10	in your governin Yes	<u>g document?</u> No	support (see in	,	support (see instructions	;)
			above (see instructions))	100	110				
				+ +					
Total									

Schedule	A (Form 990)) 202
Part II	Suppor	t Sc

51-0192418 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

Geledary year (of fisal year beginning in) 1 GHs, grants, contributions, and netwer were levided on the organ- lation's benefit and athor paid to or expended on its behalt (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 3 The value of any function's benefit and athor paid to or expended on its behalt 370 3549 390 3671. 3741161. 3664260. 3894869. 18907510. 3 The value of services or facilities functions benefit and athor paid to or expended on its behalt 370 3549. 390 3671. 3741161. 3664260. 3894869. 18907510. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included anount stheom on line 11, column (f) (a) 2018 (b) 2019 (c) 2020 (c) 7021 Calendar year (of fisal year beginning in) or loss income from inteet, dividends, payments received on securities loss, entry, royalites, and income from inteets, dividends, payments received on escurities loss, entry, royalites, and income from indued gain or loss from metest, or signification securities losses receipts from related activities, etc. (see instructions) 12 1, 598, 675. 19 First System. If the Form 500 is for the organization whore spended organization 8, 132.	Sec	ction A. Public Support						
membership fees received. (Dr not include any vinuuuu ganst) 370 3549. 390 3671. 3741161. 3664260. 3894869. 18907510. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 370 3549. 390 3671. 3741161. 3664260. 3894869. 18907510. 3 The value of services or facilities turnished by a governmental unit to the organization without charge by each person (other than a governmental unit or publicly supported organization (other than a governmental unit or publicly supported organization (other than a governmental unit or publicly supported organizations (other than a governmental unit or publicly support Addimeds, payments received on the diverse or not the subcurvises (other than a governmental unit or publicly assets (Explain) in Part VI). (a) 2016 (b) 2019 (c) 2020 (d) 2021 (d) 2021 (d) 2020 (d) 2021 (d) 2020 (d) 2020 (d) 703549. 390 3671. 3741161. 3664260. 3894869. 18907510. 3 Frats is support, Radines 7 through 10 (d) 20216 (d) 2020 (d) 202	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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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		· · ·						
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	IÖ	Fivate foundation. If the organization	п ий пот спеск а		a, 100, 17a, 0f 17	o, check this dox a		

Schedule A ((Form 990)) 2022

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				_	_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	e (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th		rst. second. third	, fourth, or fifth tax	vear as a section	501(c)(3) orga	inization.
	check this box and stop here	Ũ		, ,	,	()()	
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 202					16	%
	ction D. Computation of Inve					1 1	,-
	Investment income percentage for 20)	17	%
	Investment income percentage from						%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2021. If the						/3% . and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

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Part IV Supporting Organizations (continued)		No.	N
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer 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.	rs, ed		
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		
Section C. Type II Supporting Organizations			
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations		11	
		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
significant voice in the organization's investment policies and in directing the use of the organization's			
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
supported organizations played in this regard.	3		
Section E. Type III Functionally Integrated Supporting Organizations			

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

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3b Schedule A (Form 990) 2022

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2b

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Yes No

instructions).

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Net short-term capital gain			
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functiona	ally integra	ated Type III supporting or	panization (see
	Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A	Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 tion B - Minimum Asset Amount 7 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 3 Acequisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035.	Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 tion B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of tother non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract li

ROXBURY STONE HOUSE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Schedule A (Form 990) 2022

Section A - Adjusted Net Income

Net short-term capital gain

1

1

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(B) Current Year

(optional)

(A) Prior Year

1

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(contine}	ued)	
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 exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (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 t	the organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISC OTHER INCOME 2018 AMOUNT: \$ 8,132. 2019 AMOUNT: \$ 7,152. 2021 AMOUNT: \$ 31,464. 2022 AMOUNT: \$ 5,133. LAUNDRY MACHINE COMMISSIONS STIMULUS/COVID CREDITS 2020 AMOUNT: \$ 171,724. 2021 AMOUNT: \$ 232,492. 232028 12-09-22 Schedule A (Form 990) 2022 21 11050229 807818 ROX2418 2022.05060 ROXBURY STONE HOUSE, INC. ROX24181

ROXBURY STONE HOUSE,

Schedule A (Form 990) 2022

Part VI

INC.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

51-0192418 Page 8

SCHEDULE D

(Form 990)

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.



ROX24181

Department of the Treasury Internal Revenue Service Name of the organization

11050229 807818 ROX2418

ROXBURY STONE HOUSE, INC.

Employer identification number 51-0192418

Par			s or A	ccounts.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 advi	sed func	ls
	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	e used o	nly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferr	ing
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part 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, recrea			rically important land area
	Protection of natural habitat	Preservation o	f a certifi	ied 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 cor	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		L	2a
				2b
	Number of conservation easements on a certified historic str		·····	2c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organi	zation during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
-	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	iservatio	n easements during the year
7	Annual of summer in summer in providentian lines		-+:	
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing conserva	ation eas	sements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17((h)(4)(B)	(i)
U	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
Ŭ	balance sheet, and include, if applicable, the text of the foot	•		
	organization's accounting for conservation easements.			
Par		f Art, Historical Treasures, or C	Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtheran	ice of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	balance	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance	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	asures, or other similar assets for financia	al gain, p	provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022
232051	09-01-22	26		
		26		

2022.05060 ROXBURY STONE HOUSE, INC.

	dule D (Form 990) 2022 ROXBURY	STONE HOU			easures, o	or Other				8 Page 2
3	Using the organization's acquisition, access									lacaj
Ŭ	collection items (check all that apply):		13, 0100	in any of the	ionowing the	a marc sig	grinicarit c	130 01 113		
а	Public exhibition	d	1 🗌	Loan or exc	hange progra	am				
b										
c										
4	Provide a description of the organization's c	ollections and explai	in how t	hev further tl	he organizati	on's exem	not purpos	se in Par	XIII.	
5	During the year, did the organization solicit of								.,	
•	to be sold to raise funds rather than to be m								Yes	
Pa	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			o o gui illuito				,		
1a	Is the organization an agent, trustee, custod		diarv for	contribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
		<u>i</u>	5						Amoun	t
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII						·····	······ <u> </u>		
Pa										
		(a) Current year	1	Prior year	(c) Two year			ars back	(e) Four	years back
1a	Beginning of year balance								. ,	-
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
e										
4	and programs									
	Administrative expenses									
-	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balant		rg, column (a	a)) neio as.					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С		%								
•	The percentages on lines 2a, 2b, and 2c sho	-								
за	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for the	e		Г	Yes No
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b									
									3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Fai	t VI Land, Buildings, and Equipn			V line 11e C			ina 10			
	Complete if the organization answere			· · · · · · · · · · · · · · · · · · ·				.	(
	Description of property	(a) Cost or o basis (investr			or other (other)	• •	cumulated reciation		(d) Boo	k value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			13	5,238.		72,95	3.	6	2,285.
	Other									
	Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B), line 1	0c.)				6	2,285.

Schedule D (Form 990) 2022

232052 09-01-22

|--|

	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11b Soo Form 990 Part X line 12	
	On of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	derivatives			, ,
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII	must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end	hof-vear market value
(4)			(c) Method of Valuation. Cost of end	d'or-year market value
(1)				
(2)				
(3)				
<u>(4)</u> (5)	<u> </u>			
(5)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilities.			
(Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.
1.	(a) Description of liability			(b) Book value
	ral income taxes			
(2) LEA	ASE LIABILITY			282,562.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) lin	e 25.)		282,562.
2. Liability for	or uncertain tax positions. In Part XIII, provide	e the text of the footnote to	o the organization's financial statements	that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 ROXBURY STONE HOUSE ,	INC.	51-0192418 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial	Statements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	3	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Pa	rt XII Reconciliation of Expenses per Audited Financia	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part I	,	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 4 Multi Supersonate Line 4 Multi Supersonation	ne 18.)	
ra	rt XIII Supplemental Information.		

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

11050229 807818 ROX2418

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treat		Attach to Form 990.									
Internal Revenue Servi	ice		Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection			
Name of the orga		ROXBURY STONE HOUSE, INC.									
Part I Gen	eral Information on Grants a	Ind Assistance									
criteria use	organization maintain records ed to award the grants or assis	stance?						tion X Yes No			
	n Part IV the organization's pront					anization answered "	(es" on Form 990. Par	t IV. line 21. for any			
	pient that received more than							(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
	and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Enter total	number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table							

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

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

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Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				RENT SUBSIDIES PAID TO	
RENT SUBSIDIES UNDER RRH PROGRAMS	29	0.	310,437.	THIRD PARTIES	RENT SUBSIDIES
				HOTEL COSTS PAID TO	
HOTELS UNDER OHS CONTRACT	55	0.	287,907.	THIRD PARTIES	EMERGENCY HOUSING
				RENT, SHELTER AND HOTEL	
		_		COSTS PAID TO THIRD	
RENT SUBSIDIES UNDER ESG PROGRAM	22	0.	279,379.	PARTIES	EMERGENCY HOUSING
Part IV Supplemental Information. Provide the information	tion required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
IN FY 2023 THE ROXBURY STONE H	OUSE RECEIVE	D FUNDS FO	R DIRECT C	LIENT	

ASSISTANCE FROM MULTIPLE SOURCES: THE MA DEPT. OF PUBLIC HEALTH VIA

CONTRACTS FOR DOMESTIC VIOLENCE SERVICES, THE MA OFFICE FOR VICTIM

ASSISTANCE AL SO VIA CONTRACTS FOR DOMESTIC VIOLENCE SERVICES, HUD FUNDS

VIA CONTRACT WITH THE CITY OF BOSTON DEPT. OF NEIGHBORHOOD DEVELOPMENT,

NATIXIS INVESTMENT MANAGERS, THE BOSTON RESILIENCY FUND, THE BOSTON

FOUNDATION, AND THE UNITED WAY AND OTHERS. EACH FUNDER HAS ITS OWN

GUIDELINES CONCERNING ELIGIBILITY AND DISTRIBUTION WHICH STONE HOUSE

Schedule I (I	Form 990)	ROXBURY	STONE	HOUSE,	INC.	51-0192418 Page 2
Part IV	Supplemental I	Information				

FOLLOWS. IN SOME CASES WE ALSO USE UNRESTRICTED FUNDS FROM CORPORATE,

FOUNDATION AND INDIVIDUAL DONORS FOR DIRECT CLIENT ASSISTANCE.

STONE HOUSE PROVIDES DIRECT CLIENT ASSISTANCE IN A VARIETY OF FORMS: ARREARAGE AND EMERGENCY PAYMENTS FOR UTILITIES AND RENT; MOVING COSTS, INCLUDING FIRST AND LAST MONTH'S RENT WITH SECURITY DEPOSITS; RENTAL REAL ESTATE BROKER'S FEES; MOTEL BILLS; ONGOING RENTAL SUBSIDIES; RENT FORGIVENESS; APPLICATION FEES AND TUITION SUBSIDIES FOR EDUCATIONAL PROGRAMS; BASIC NEEDS SUCH AS FOOD, CLOTHING, MEDICINES AND TRANSPORTATION SUBSIDIES.

PAYMENT OF CLIENT ASSISTANCE REQUIRES AN INVOICE FROM A SERVICE OR PRODUCT PROVIDER AND IS TRACKED THROUGH THE STONE HOUSE GENERAL LEDGER. ADDITIONAL DOCUMENTATION, INCLUDING A FINANCIAL ASSISTANCE REQUEST FORM IS ALSO REQUIRED. THE FINANCIAL ASSISTANCE REQUEST FORM MUST BE SIGNED BY THE CASE MANAGER OR OTHER STAFF PERSON WHO HAS ASSESSED THE NEED WITH THE CLIENT, AND THE CHIEF PROGRAM OFFICER MUST ALSO SIGN. THE AGENCY ADMINISTRATOR REVIEWS REQUESTS AND INVOICES WITH THE CHIEF OPERATING OFFICER OR OTHER SENIOR LEADER IN ORDER TO ALLOCATE THEM TO THE CORRECT GENERAL LEDGER LINE THE ADMINISTRATOR THEN SUBMITS THE INVOICE TO BILL.COM AND COST CENTER. VIA THE STONE HOUSE ACCOUNTING FIRM, ECRATCHIT. THE ACCOUNTANT REVIEWS THE INVOICES AND MUST APPROVE THEM FOR PAYMENT BEFORE THE CHIEF EXECUTIVE OFFICER ORDERS PAYMENT ELECTRONICALLY. EACH WEEK THE ACCOUNTANT AND THE EXECUTIVE TEAM REVIEW CONTRACT BILLING AND RESTRICTED FUND RELEASES AS A FINAL CHECK THAT THE USE OF THE FUNDS HAS BEEN IN ACCORD WITH FUNDER REQUIREMENTS AND THAT STONE HOUSE FINANCIAL RECORDS ACCURATELY REFLECT THE FLOW OF FUNDS.

232291 04-01-22

11050229 807818 ROX2418

Schedule I (Form 990) ROXBURY STONE HOUSE, INC. 51-0192418 Page 2
Part IV Supplemental Information
SINCE REQUIREMENTS VARY FROM FUNDER TO FUNDER, STONE HOUSE CONDUCTS AN
ASSESSMENT TO DETERMINE NEED AND APPROPRIATENESS OF REQUESTED ASSISTANCE
AND PROVIDES SUPPORT SERVICES TO HELP MITIGATE POSSIBLE FUTURE NEED.
ASSISTANCE FUNDS ARE TRANSFERRED TO A THIRD PARTY (LANDLORD, UTILITY
COMPANY, EDUCATIONAL INSTITUTION, ETC.) RATHER THAN TO THE CLIENT DIRECTLY.
FOR BASIC NEEDS, STONE HOUSE PROVIDES GIFT CARDS TO APPROPRIATE RETAIL
OUTLETS SO THAT CLIENTS CAN PURCHASE FOOD, CLOTHING, AND PRESCRIPTION
MEDICATIONS THEMSELVES. DISTRIBUTION OF THESE CARDS IS LOGGED AND TRACKED
BY THE CPO AND THE CDO.

0100410

IN FY 2023, ELEVEN (11) HOUSEHOLDS WITH 20 INDIVIDUALS RECEIVED EMERGENCY SHELTER . AN ADDITIONAL ELEVEN (11) HOUSEHOLDS WITH TWENTY-THREE (23) INDIVIDUALS PARTICIPATED IN THE STONE HOUSE COMMUNITY HOUSING STABILIZATION PROGRAM. STONE HOUSE ALSO PROVIDED 1450 MEALS THRU 15867 OUR COMMUNITY AND SHELTER PROGRAMS AND MEALS THRU OUR EARLY LEARNING CHILDCARE CENTER IN FY 2023 . STONE HOUSE ALSO PROVIDED 100 WINTER COATS, 50 BACKPACKS FULL OF SCHOOL SUPPLIES, APPROXIMATELY 1500 PERSONAL HYGIENE ITEMS, 60 CASES OF DIAPERS AND AN ESTIMATED 450 OTHER ITEMS OF CLOTHING. IN FY 2023, WE PLACED THIRTY-ONE (31) HOUSEHOLDS INTO STABLE HOUSING UNDER THE TH -RRH PROGRAM. THIRTEEN (13) OF THESE HOUSEHOLDS GRADUATED FROM THIS TWO (20 YEAR PROGRAM WITHIN THE FISCAL YEAR. STONE HOUSE HAS AN ADDITIONAL HOUSING PLACEMENT AND STABILIZATION POSITION FUNDED BY VOCA THAT HAS BEEN RESPONSIBLE FOR PLACING AND OR SUSTAINING ANOTHER 33 FAMILIES IN STABILIZED HOUSING IN FY 2023. THESE FAMILIES ARE FOLLOWED FOR A YEAR, AFTER WHICH WE DO NOT TRACK THEIR STATUS; BUT ALL WERE HOUSED AT THE CONCLUSION OF THE FISCAL YEAR. IN ADDITION, WE HAVE 32 SURVIVOR HOUSEHOLDS LIVING IN OUR NEW BUILDING AT 1 WESTMINSTER AVENUE IN ROXBURY AND ALL ARE SURVIVOR FAMILIES ELIGIBLE FOR ONGOING SUPPORT Schedule I (Form 990) 232291 04-01-22

11050229 807818 ROX2418

2022.05060 ROXBURY STONE HOUSE, INC. ROX24181

Schedule I		ROXBU
Part IV	Supplemental	Information

SERVICES.

Schedule I (Form 990)

232291 04-01-22 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

ROX24181

51-0192418

ROXBURY STONE HOUSE, INC.

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

AND HEALTH OF THE COMMUNITY WE SERVE.

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

THE BOARD OF DIRECTORS AUTHORIZED THE AUDIT COMMITTEE TO REVIEW AND APPROVE

THE FORM 990 PRIOR TO ITS FILING. THE FORM 990 WAS THEN AUTHORIZED AND

SIGNED BY THE ORGANIZATION'S INTERIM CHIEF EXECUTIVE OFFICER.

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

THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A DISCLOSURE STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE DIS-INTERESTED BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS REQUIRED TO LEAVE THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PROCEDURES TO OBTAIN COMPETITIVE BIDS AND DILIGENCE ON FAIR MARKET VALUE WILL BE ESTABLISHED.

FORM 990, PART VI, SECTION B, LINE 15A: STONE HOUSE'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE STONE HOUSE CEO IN CONJUNCTION WITH THE BOARD OF DIRECTORS. THE CEO AND THE BOARD ARE RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION. THE CEO AND THE BOARD MEET AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES, AS APPROPRIATE. WITH RESPECT TO THE CEO, PERFORMANCE EVALUATION IS CONDUCTED AND REVIEWED, GENERALLY ON AN ANNUAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22 35

11050229 807818 ROX2418

2022.05060 ROXBURY STONE HOUSE, INC.

Name of the organization ROXBURY STONE HOUSE, INC.	Employer identification number 51-0192418
BASIS AND IS INTENDED TO ENSURE THAT THE COMPENSATION PRO	GRAM FOR THE CEO
FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES	FOR COMPARABLE
POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS. FOLLOWI	NG THIS REVIEW,
THE BOARD REVIEWS AND APPROVES, THE CEO'S BASE SALARY AND	ANNUAL INCENTIVE
ADJUSTMENTS, IF ANY. A SELECTED FEW MEMBERS OF THE BOARD	REVIEW AND
RECOMMEND TO THE BOARD SALARY APPROVAL AND INCENTIVE AWAR	RDS FOR THE CEO.
FORM 990, PART VI, SECTION C, LINE 19:	
ANOTHER WEBSITE AND UPON REQUEST	
232212 10-28-22 36	Schedule O (Form 990) 2022
050229 807818 ROX2418 2022.05060 ROXBURY STONE HOUS	E, INC. ROX24181

Page 2

Schedule O (Form 990) 2022

SCH	IEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

2022 Open to Public Inspection

Name of the organization

ROXBURY STONE HOUSE, INC.

Employer identification number 51 - 0192418

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
WESTMINSTERWASHINGTONNMTC, INC 83-2219995							
P.O. BOX 300039	SUPPORTING ORGANIZATION OF				ROXBURY STONE		
JAMAICA PLAIN, MA 02130	ROXBURY STONE HOUSE, INC.	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HOUSE, INC.		Х

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	ivity (c) (d) Legal domicile (state or foreign		g Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income		total Share of e end-of-year assets		(h) Disproportiona allocations?		amount in box 20 of Schedule		(j) General o managing partner?	Perce	k) entag ershi
		country)		sections	512-514)					Yes	No	K-1 (Form 10	65) Y	/es No	<u>40</u>	
	-															
	_															
	-															
	-															
	_															
IV Identification of Related C organizations treated as a c	Drganizations Taxable	as a Corpo	pration or Trust. C	omplete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	l 4, because it h	ad or	ne or m	nore re	late
(a)			(b)	(c)	(d)		(e))	(f)		(g)	((h)	(Sec	i)
Name, address, and of related organizat	EIN ion	Prim	ary activity	Legal domicile (state or foreign	Direct con entity		Type of entity (C corp, S corp, or trust)		ty Share of incom			Share of end-of-year assets	Perce own	entage ership	512(l cont	b)(13
				country)							_	233613			Yes	N
													1			

Schedule R (Form 990) 2022 ROXBURY STONE HOUSE, INC.

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

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	No		
1	During the tax year, did the organization engage in any of the following transactions		÷						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a		X X		
b	b Gift, grant, or capital contribution to related organization(s)								
с	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)				1h		X		
i	i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)							X		
-									
k	k Lease of facilities, equipment, or other assets from related organization(s)								
I.	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		Х		
n	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X		
	Sharing of paid employees with related organization(s)				10		X		
	5 1 1 5 ()								
p	Reimbursement paid to related organization(s) for expenses				1p		X		
	Reimbursement paid by related organization(s) for expenses				1q		X		
-	······································								
r	Other transfer of cash or property to related organization(s)				1r		X		
S	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on w					1	·		
	-			· · · · ·					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Mothed of determining amount inv	olvod				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTMINSTERWASHINGTONNMTC, INC.	D	206,327.	CONSTRUCTION BRIDGE LOAN
(2) WESTMINSTERWASHINGTONNMTC, INC.	К	69,996.	RENT PAID
_(3)			
(4)			
(5)			
_(6)	20		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes) ill (3) ? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- iate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes) ral or F ging ner? NO	(k) Percentage ownership

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Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

WESTMINSTERWASHINGTONNMTC, INC.

EIN: 83-2219995

P.O. BOX 300039

JAMAICA PLAIN, MA 02130

PRIMARY ACTIVITY: SUPPORTING ORGANIZATION OF ROXBURY STONE HOUSE, INC.

DIRECT CONTROLLING ENTITY: ROXBURY STONE HOUSE, INC.

232165 09-14-22

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