

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

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

2024

Open to Public  
Inspection

<b>A</b> For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PAYNESVILLE AREA LIVING AT HOME BLOCK NURSE PROGRAM</b> Doing business as <b>ROSE Center</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1105 W Main Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Paynesville, MN 56362</b> <b>F</b> Name and address of principal officer: <b>Inez Jones</b> <b>14955 County Road 180, Paynesville, MN 56362</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number
<b>D</b> Employer identification number <b>41-1960870</b>	<b>E</b> Telephone number <b>320-243-5144</b>
<b>G</b> Gross receipts \$ <b>315,241</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: <b>www.paynesvilleroosecenter.org</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>MN</b>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Provide services to help seniors remain safely at home.</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> <b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> <b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) . . . . . <b>5</b> <b>3</b>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> <b>82</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> <b>2,555</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . <b>7b</b> <b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>192,976</b> <b>288,439</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . . <b>21,067</b> <b>18,925</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <b>3,767</b> <b>3,749</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . <b>2,718</b> <b>2,555</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . <b>220,528</b> <b>313,668</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . <b>0</b> <b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <b>0</b> <b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . <b>104,702</b> <b>105,956</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <b>0</b> <b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) . . . . . <b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . <b>190,615</b> <b>140,825</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . <b>295,317</b> <b>246,781</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . . <b>-74,789</b> <b>66,887</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . . <b>99,630</b> <b>166,517</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . . <b>0</b> <b>0</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . . <b>99,630</b> <b>166,517</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer <b>Inez Jones, Director</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

**1** Briefly describe the organization's mission: Provide services to help seniors remain safely at home.

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

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 43,858 including grants of \$ 39,385) (Revenue \$ 44,649)

Provide transportation, chore and homemaker services to 104 seniors with the assistance of 47 volunteers providing 1723 volunteer hours.

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**4b** (Code: \_\_\_\_\_) (Expenses \$ 56,408 including grants of \$ 88,154) (Revenue \$ 88,154)

Provide a variety of services to 330 seniors to help them remain healthy and safely at home with the assistance of 54 volunteers providing 1024 volunteer hours.

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**4c** (Code: \_\_\_\_\_) (Expenses \$ 1,730 including grants of \$ 0) (Revenue \$ 500)

Provided disabled or temporarily disabled individuals under the age of 60 with 196 volunteer hours with the assistance of 23 volunteers.

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**4d** Other program services (Describe on Schedule O.) See Schedule O, Statement 1

(Expenses \$ 129,719 including grants of \$ 121,610) (Revenue \$ 54,554)

**4e** Total program service expenses 231,715