Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

OMB No. 1545-

Inspection

Internal Revenue Service

A Fo	or th	e 2021 c	alendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022						
		applicable:	C Name of organization HOMESTRETCH INC		D Employe	r identifi	cation number		
Address change Name change Initial return Final return/terminated Amended return Application pendir				58-205	58-2051038				
			Doing business as						
				E Telephone	E Telephone number				
			Number and street (or P.O. box if mail is not delivered to street address) Room/suite 89 GROVE WAY	2	(770) 6		5		
_			City or town, state or province, country, and ZIP or foreign postal code				<u>-</u>		
			ROSWELL, GA 30075		G Gross rece	ipts \$ 860	5,826		
			F Name and address of principal officer:	H(a) Is	this a group ret	urn for			
			ROBERT W HAGAN 89 GROVE WAY		bordinates? e all subordinat	.00	Yes 🔽 No		
			ROSWELL, GA 30075		cluded?	.03	☐Yes ☐ No		
I Ta	x-exe	mpt status	501(c)(3)		"No," attach a l				
J W	ebsi	te:▶ H	DMESTRETCH.ORG	H(c) Gr	oup exemption	number	•		
V 5				Vear of fo	ormation: 1991	M State o	f legal domicile: GA		
K Forr	n of c	organizatio	n: Corporation Trust Association Other	- rear or it	ormation: 1991	M State 0	i legal domicile: GA		
Pa	art I	Sun	nmary		<u>l</u>		_		
			escribe the organization's mission or most significant activities:						
			RETCH SUPPORTS AND GUIDES WORKING, HOMELESS FAMILIES TO						
			MENT, HOUSING AND FAMILY-LIFE. THEIR GOAL IS THAT EACH GR NABLE HOUSING WITH IMPROVED EMPLOYMENT, REDUCED DEBT A						
			EDGE TO PREVENT FUTURE HOMELESSNESS. HOMESTRETCH OFFER						
See.		A SAFE	PLACE TO LIVE WHILE HELPING THEM ADDRESS THE ROOT CAUSES	S OF TH	EIR SITUATIO	N AND	RETURN TO A		
<u> </u>			SELF-RELIANCE AND STABILITY. THROUGH THE WORK OF DEDICAT NG AND LIFESKILLS WORKSHOPS, FAMILIES ARE ARMED WITH IMF						
e e		COACHI	NG AND LIFESKILLS WORKSHOPS, FAMILIES ARE ARMED WITH IMP	OKTAN	I TOOLS THET	NEED	TO SUCCEED.		
9									
×8									
es.	_		his box $lacktriangle$ if the organization discontinued its operations or disposed of			1 1			
景			of voting members of the governing body (Part VI, line 1a)			3	1 4		
Activities & Governance	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	1 4			
q.	5	Total nu	umber of individuals employed in calendar year 2021 (Part V, line 2a) .		5	1 1			
	6	Total nu	ımber of volunteers (estimate if necessary)			6	300		
	7a	Total ur	related business revenue from Part VIII, column (C), line 12 · · · ·			7a	0		
	ь	Net unr	elated business taxable income from Form 990-T, Part I, line 11 · ·		7b	0			
					Prior Year		Current Year		
Ф	8	Contrib	utions and grants (Part VIII, line 1h)		873,24	3	511,619		
Revenue	9	Progran	n service revenue (Part VIII, line 2g)		188,51	. 3	325,999		
96	10	Investn	nent income (Part VIII, column (A), lines 3, 4, and 7d)		7	1	664		
ш	11	Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,31	. 6	8 7		
	12	Total re	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,060,51	.1	838,369		
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)			0	0		
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	1		0	0		
42	15	Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5–10	416,53	0	401,109			
Expenses	16a	Profess	ional fundraising fees (Part IX, column (A), line 11e)			0	0		
De			draising expenses (Part IX, column (D), line 25) 47,394						
页			xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		612,39	6	544,746		
			openses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1	1,028,92	_	945,855		
	19		e less expenses. Subtract line 18 from line 12		31,58		-107,486		
8 8			· ·	Begi	nning of Current		End of Year		
Net Assets or Fund Balances					Year		_		
Bal	20	Total as	ssets (Part X, line 16)		3,292,56	52	3,204,962		
E d	21	Total lia	abilities (Part X, line 26)		259,31	. 0	279,196		
ŽĨ	22	Net ass	2	2,925,766					
Pa	rt II	Sig	nature Block						
			perjury, I declare that I have examined this return, including accompany $\overline{\mathbf{r}}$						
			belief, it is true, correct, and complete. Declaration of preparer (other that mowledge.	n officer)) is based on all	ıntorma	tion of which		
ртера	101				2023-05-11				
Sign	1	Signa	ture of officer		Date				
Here			YA PARKER EXECUTIVE DIRECTOR						
		Туре	or print name and title						
			Print/Type preparer's name Preparer's signature Dat			IN			
Paid	ł			23-05-11	Check if PC	1253324			
Pre		er	Firm's name CARR RIGGS & INGRAM LLC		Firm's EIN ► 72-1	396621			
Use	-	<u></u>	Firm's address ▶ 4004 SUMMIT BLVD NE SUITE 800	+	Phone no. (770) 3	94-8000			
Jae	UI	···y			Filolie IIU. (770) 3	J-T-0000			
	_		ATLANTA, GA 30319						
May t	ho I	DC diccu	ss this return with the preparer shown above? (see instructions)			l lea	Yes No		

Pa	rt III Statem	nent of Program Service	Accomplishments		5
	Check if	Schedule O contains a response	or note to any line in this Part III		🔽
1	Briefly describe	the organization's mission:			
HOU HOU FUTU HELF THRO	SING AND FAMI SING WITH IMF JRE HOMELESSI PING THEM ADD DUGH THE WOR	ILY-LIFE. THEIR GOAL IS THA PROVED EMPLOYMENT, REDUC NESS. HOMESTRETCH OFFERS PRESS THE ROOT CAUSES OF	G, HOMELESS FAMILIES TOWA AT EACH GRADUATING FAMILY CED DEBT AND MOST IMPORTAL S HOMELESS PARENTS AND THI THEIR SITUATION AND RETURI UNTEER MENTOR TEAMS, JOB THEY NEED TO SUCCEED.	MOVES INTO PERMANENT, SUNTLY THE SKILLS AND KNOW BIR CHILDREN A SAFE PLACE N TO A LIFE OF SELF-RELIAN	STAINABLE LEDGE TO PREVENT TO LIVE WHILE CE AND STABILITY.
2	-	ation undertake any significant p 990 or 990-EZ?	orogram services during the year v	which were not listed on	✓ Yes N o
	If "Yes," descri	be these new services on Sched	ule O.		
3	_	ation cease conducting, or make	significant changes in how it cond	ducts, any program	☐Yes 🔽 No
	If "Yes," descri	be these changes on Schedule (D.		
4	Describe the or expenses. Sect	ganization's program service ac	complishments for each of its thre anizations are required to report t		
4a	(Code:) (Expenses \$	709,792 including grants of \$) (Revenue \$	326,086)
	RECOGNITION A HOUSING. WORK EMPLOYMENT WE ENSURE THAT DI EXPENSES SIMU ISSUES BY INCO WHOLE FAMILY E PLEASE SEE THE 100% OF THE GE SAVED MORE TH MOVEMENT ACTI	ND 90-DAY RECERTIFICATIONS TO ENSITY OF THE FIVE PILLARS OF FAMILE ENSURE OUR FAMILIES HAVE THE MAURING THEIR TWO-YEAR TENURE THEY DILTANEOUSLY WE WORK WITH OUR YOUR PORTAING SOCIAL EMOTIONAL LEARN MEETING EACH INDIVIDUAL WHERE BELOW: SIX FAMILIES SUCCESSFULLY RADUATE FAMILIES INCREASED THEIR AN TWO MONTHS OF LIVING EXPENSES	IAGEMENT MODEL THAT INCLUDES COACHURE OUR CLIENTS TRANSITION FROM OULY STABILITY, WELL-BEING, FINANCIAL MEKETABLE SKILL SETS NECESSARY TO EAR ARE PAYING DOWN DEBT, INCREASING TOTH TO ENSURE THEY ARE PERFORMING A ING IN OUR EDUCATIONAL AND RECREAT THEY ARE. TO HIGHLIGHT A FEW OF OUR GRADUATED OUR 2-YEAR SUPPORTIVE HWAGES, CREDIT SCORE AND PAID DOWN 5 THE CHILDREN IN OUR PROGRAM ENGIPATED IN CULTURAL STUDIES AND OUTDO	JR PROGRAM WITH THE ABILITY TO ACC ANAGEMENT, EDUCATION/TRAINING AF RN A LIVING WAGE. WHAT'S MORE, WE HEIR CREDIT SCORE AND SAVING AT L ATOR ABOVE GRADE LEVEL, THAT WE A TONAL PROGRAMS. OUR HOLISTIC NEW ORGANIZATIONAL AND CLIENT GRADU OUSING PROGRAM AND 2 QUALIFIED F DEBT DURING THE PROGRAM 100% AGED IN ROBOTIC LEARNING (EXTEND	QUIRE AND SUSTAIN ND CAREER AND WORK WITH FAMILIES TO EAST 3 MONTHS OF LIVING NE ADDRESSING BEHAVIOR MODEL ADDRESSES THE ATE ACCOMPLISHMENTS, OR HOMEOWNERSHIP OF THE GRADUATE FAMILIES ED), PARTICIPATED IN
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Couc.) (Expenses #	including grants of \$) (Nevenue \$,
	(0.1) (D	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		m services (Describe in Schedul	•) (D	,
	(Expenses \$		ng grants of \$) (Revenue \$)
4e	Total program	n service expenses 🕨	709,792		

Part IV Checklist of Required Sched	ules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥦	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Νo
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		Νο
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		Νo
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		Νο
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		Νo
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		Νo
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		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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)?	11f	Yes	
12a	ប់ដែ ^y អាច" ទម្សាធារាខ្លែង ទីត្រាច់ដូច្នោះ និក្សាចំនួន និក្សាចំនិង និក្សាចំនួន និក្សាចំនួន និក្សាចំនួន និក្សាចំនួន និក្សាចំនួន និក្សាចំនួន និក្សាចំនួន និក្សាចំនួន និក្សាចំនួន និក្សាចំនិង និក្សាចំន	12a	Yes	
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		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Νο
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		Νo
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20a		20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo

Part IV	Checklist of Required Schedules	(continued
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Form	990 (2021)			Page
Par	Checklist of Required Schedules (continued)	- 1	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	Yes	No
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			N o N o
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Νo
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		Νo
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? **F "You " complete School you!" Part II.	26		Νo
27	មីត្រី។ មាន ប្រជាព្យន៍ នៅ	27		Νo
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Νo
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Νο
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		Νο
31	ਓਂ ਰਿੱਖਿਆ ਰਿਜ਼ਾ ਰਿਜ਼ਾਸੀ ਦੀ ਜ਼ਿੰਦੀ ਹੈ ਜੀ ਜ਼ਿੰਦੀ ਹੈ ਦਿ, terminate, or dissolve and cease operations? If "Yes," complete schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	Yes	
34	พื้นรัชพิต Grogalata เริงครับใสเซ็ม โฮาลีกy tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot . \cdot .$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial							
U	ያርሮሃፅዳን! ንểnter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts							
5a	WBARNe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo				
u	If tes, indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	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							
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club Section 501(c)(12) organizations. Enter:							
a b	Gross income from members or shareholders							
	sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. 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							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Νo				
16	IS "thesohsæeizbeidnsanuetloostiomafilesEituntio47និយិង្គjechedulleeNsection 4968 excise tax on net investment income? • •	16		Νο				
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activithat would result in the imposition of an excise tax under section 4951, 4952, or 4953?							

Nο

Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax **1**a 1 4 Yearnere 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are 1b independent 1 4 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was Νo Blackher organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo Did the organization have members or stockholders? . . . 6 6 Nο Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the

year by the following: The governing body? 8a Yes Each committee with authority to act on behalf of the governing body? 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O $\,$.

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

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: ►TALAYA PARKER 89 GROVE WAY ROSWELL, GA 30075 (770) 642-9185

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

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

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

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

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

organization and any related organizations.

- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n		or gainiz	.uciOII			sate	u dil			
(A) Name and title	(B) Average hours per week (list any hours for related	more pers and	ition than on is a dir	one bot ect	no bo h a or/t	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization		
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	and related organizations
(1) ROBERT W HAGAN PRESIDENT	3.00	х		х				0	0	O
(2) KENNETH ALLEN VICE PRESIDENT	3.00	х		×				0	0	O
(3) SCOTT BURKE SECRETARY	2.00	х		×				0	0	0
(4) LYNN ADCOCK BOARD MEMBER	2.00	×						0	0	0
(5) MEG LAMB BOARD MEMBER	2.00	х						0	0	(
(6) GREG SOLHEIM BOARD MEMBER	1.00	х						0	0	C
(7) CHERYL GREENWAY BOARD MEMBER	1.00	х						0	0	C
(8) MARTICA JENKINS BOARD MEMBER	1.00	х						0	0	C
(9) PEGGY SHIPMAN BOARD MEMBER	1.00	х						0	0	C
(10) JERRY BAIAMONTE BOARD MEMBER	1.00	х						0	0	C
(11) LEE HOLLINGSWORTH BOARD MEMBER	1.00	х						0	0	C
(12) LYNN MCCHAREN BOARD MEMBER	1.00	х						0	0	C
(13) GEORGE WAITE BOARD MEMBER	1.00	х						0	0	C
(14) BECKY STONE CO-CHAIR	3.00	х		х				0	0	C
(15) TALAYA PARKER EXECUTIVE DIRECTOR	60.00			х				77,206	0	14,763
				1			1			

Form 990 ((2021)					Pag			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued									
	(A)	(B)	(C)	(D)	(E)	(F)			
	Name and title	Average hours per	Position (do not check more than one box, unless	Reportable compensation	Reportable compensation	Estimated amount of oth			

	(A) Name and title	(B) Average				not	: checl		(D) Reportable	(E) Reportable		(F) Estima	
hours per more than one to week (list person is both any hours for and a director,									compensation from the organization (W-	compensation from related organizations	С	nount o ompens from t	ation he
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)		ganizati relate rganiza	ed
	Sub-Total						*						
	Total (add lines 1b and 1c)						▶		77,206	0			14,763
2	Total number of individuals (includi \$100,000 of reportable compensat					d at	oove)	who	received more tha	า			
												Yes	No
3	Did the organization list any forme on line 1a? <i>If "Yes," complete Sched</i>							ee, o	r highest compens	ated employee	3		No
4	For any individual listed on line 1a, organization and related organizat												
	individual									. [4		No
5	Did any person listed on line 1a rec services rendered to the organizat						•		•	r individual for	5		N o
S	ection B. Independent Contr	actors											
1	Complete this table for your five h		ated in	depe	nder	nt co	ontrac	tors	that received mor	e than \$100,000	of		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2021) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or Unrelated Revenue excluded from exempt business function revenue ax under sections 512 - 514 revenue Contributions, Gifts, Grants, and OtherAmt Similar Amounts 1a Federated campaigns . 1a **b** Membership dues . . 1b 97,286 ${f c}$ Fundraising events . . 1c **d** Related organizations 1d e Government grants (contributions) 85,107 1e **f** All other contributions, gifts, grants, and similar amounts not included 329,226 1f above Noncash contributions included in lines 1a - 1f:\$ 37,375 1g h Total. Add lines 1a-1f 🕨 511,619 Business Code 177,47 2a AFFORDABLE HOUSING Program Service Revenue 148,522 148,522 b SUPPORTIVE HOUSING 531110 f All other program service revenue. **9 Total.** Add lines 2a-2f. . . . 3 Investment income (including dividends, interest, and 49inclareafrounts estment of tax-exempt bond proceeds 5 Royalties . . (i) Real (ii) Personal 6a Gross rents 6a b Less: rental 6b expenses **c** Rental 6c income or \mathbf{d} (loss) ental income or (loss). (ii) Other► (i) Securities 7a Gross amount from sales of assets other than inventory Less: cost or 7b other basis and sales expenses 7c Gain or (loss) \boldsymbol{d} Net gain or (loss) $\textbf{8a} \ \ \text{Gross income from fundraising events}$ (not including \$ 97,286 of contributions reported on line 1c). See Part IV, line 18 . . . 28 457 8a 28.457 8b **b** Less: direct expenses ${f c}$ Net income or (loss) from fundraising events . Gross income from gaming activities. 9a See Part IV, line 19 . b Less: direct expenses 9b c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less returns and allowances . . **10**a 10b b Less: cost of goods sold

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$		

	Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	77,206	58,665	8,939	9,602
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	240,206	182,521	27,810	29,875
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,055	3,203	487	365
9	Other employee benefits	56,547	44,672	6,786	5,089
10	Payroll taxes	23,095	18,245	2,771	2,079
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal	4,787		4,787	
c	: Accounting	79,335		79,335	
c	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,540	4,816	1,724	
12	Advertising and promotion	2,712		2,712	
13	Office expenses	21,975	10,865	11,110	
14	Information technology				
15	Royalties				
16	Occupancy	89,402	77,063	12,339	
17	Travel	6,502	557	5,945	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	15,324	15,136	188	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	125,597	124,294	1,303	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	33,280	23,352	9,928	
	a REPAIRS AND MAINTENANCE	36,596	36,596		
	b CLIENT WORKSHOPS	33,794	33,794		
	c TELECOMMUNICATIONS	26,121	19,484	6,637	
	d PROPERTY MANAGEMENT	20,558	20,558		
	e All other expenses	42,223	35,971	5,868	384
25	Total functional expenses. Add lines 1 through 24e	945,855	709,792	188,669	47,394
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

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Form 990 (2021)

Part X Balance Sheet

		Check if Schedule O contains a response or i	note to	any line in this Part IX .			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			414,729	1	407,819
	2	Savings and temporary cash investments			250,070	2	200,732
Assets	3	Pledges and grants receivable, net			17,750	3	16,817
	4	Accounts receivable, net			7,797	4	88,802
	5 6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons described.		5			
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		[8	
AS	9	Prepaid expenses and deferred charges .			7,633	9	4,787
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,106,366			
	b	Less: accumulated depreciation	10b	1,627,851	2,585,790	10 c	2,478,515
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, li	ne 11			12	
	13	Investments—program-related. See Part IV, I	ine 11			13	
	14	Intangible assets			8,793	14	7,490
	15	Other assets. See Part IV, line 11				15	
	16	Total assets: Add lines 1 through 15 (must e	qual li	ne 33)	3,292,562	16	3,204,962
	17	Accounts payable and accrued expenses .			31,825	17	39,643
	18	Grants payable				18	
	19	Deferred revenue			56,474	19	25,181
	20	Tax-exempt bond liabilities				20	
Ś	21	Escrow or custodial account liability. Complet	te Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t	contri	butor, or 35%		22	
\Box	23	Secured mortgages and notes payable to unre	elated	third parties	171,011	23	164,372
	24	Unsecured notes and loans payable to unrelate	ted thi	rd parties		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D		0	25	50,000	
	26	Total liabilities. Add lines 17 through 25 .			259,310	26	279,196
ces		Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.	ck her	e ► ✓ and complete			
alan	27	Net assets without donor restrictions			2,834,597	27	2,666,178
nd B	28	Net assets with donor restrictions			198,655	28	259,588
Fun		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌 and			
Net Assets or Fund Balances	29	complete lines 29 through 33. Capital stock or trust principal, or current fun				29	
set	30	Paid-in or capital surplus, or land, building or				30	
As	31	Retained earnings, endowment, accumulated i	income	e, or other funds		31	
let	32	Total net assets or fund balances			3,033,252	32	2,925,766
~	33	Total liabilities and net assets/fund balances			3,292,562	33	3,204,962

Form 990 (2021)	<u>Г</u>	
	3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
O N	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the
		If the organization changed either its oversight process or selection process during the tax year, explain in
Yes	2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
		Consolidated basis
		If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate
Yes	2b	Were the organization's financial statements audited by an independent accountant?
		Consolidated basis $igwedge$ Both consolidated and separate basis
		If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on
0 Z	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?
		Accounting method used to prepare the Form 990: Cash 💌 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on
Yes No		
	•	Financial Statements and Keporting Check if Schedule O contains a response or note to any line in this Part XII
2,925,766		Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column 10
0		Other changes in net assets or fund balances (explain in Schedule O)
		2
		9
3,033,252		Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
-107,486		Revenue less expenses. Subtract line 2 from line 1
945,855		, column (A), line 25)
838,369		, column (A), line 12)
∟		Check if Schedule O contains a response or note to any line in this Part XI

Software ID:

Software Version:

Special Condition Description

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

JITIL	.SIKLIC	IT INC					58-2051038		
Pa	rt I	Reason for Publi	c Charity St	t atus (All organiza	tions must co	mplete this p		ns.	
ne (organiz	ation is not a private fo	oundation beca	use it is: (For lines 1	through 12, che	eck only one bo	ox.)		
1		A church, convention of	of churches, or	association of churcl	nes described ir	section 170(b	o)(1)(A)(i).		
2		A school described in	section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form	າ 990).)			
3		A hospital or a cooper	ative hospital s	service organization o	lescribed in sec	tion 170(b)(1)	(A)(iii).		
4		A medical research org hospital's name, city, a		rated in conjunction w	rith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii)). Enter the	
5		An organization operat 170(b)(1)(A)(iv). (Co			versity owned o	or operated by a	a governmental unit d	escribed in section	
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1	L)(A)(v).		
7	~	described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust des	scribed in secti	on 170(b)(1)(A)(vi).	(Complete Part	t II.)			
9		An agricultural researd university or a non-lan							
0		An organization that n receipts from activitie from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ibject to certair able income (le	n exceptions, a ss section 511	nd (2) no more than 3	3 1/3% of its support	
1		An organization organi	•		•	•	509(a)(4).		
2		An organization organizone or more publicly s the box on lines 12a th	upported orgar	nizations described in	section 509(a)	(1) or section 5	509(a)(2). See sectio r	509(a)(3). Check	
а		Type I. A supporting o supported organization organization. You mus	rganization ope (s) the power	erated, supervised, or to regularly appoint o	controlled by it r elect a majorit	ts supported or	ganization(s), typicall	y by giving the	
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the s				-	
С		Type III functionally i supported organization						rated with, its	
d		Type III non-function not functionally integral (see instructions). You	ated. The orga	nization generally mu	st satisfy a dist	ribution require		` ·	
е		Check this box if the o integrated, or Type III					s a Type I, Type II, Ty	pe III functionally	
f	Enter	the number of support	ed organizatior	ns			<u> </u>		
g		Provide the following in							
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the o		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				msa ucaons))	Yes	No			

Sch	edule A (Form 990) 2021						Page
P	Support Schedule fo (Complete only if you of Part III. If the organiza	hecked the box	x on line 5, 7, o	or 8 of Part I o	r if the organiz	ation failed to	qualify under
S	ection A. Public Support	tion railed to q	uanily under the	e tests listed bi	elow, please co	implete Part II.)
	endar year	() 2017	(1) 2010	() 2010	(I) 2020	() 2024	(6) T
	fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	704 070	765 764	770 000	070.040	511 610	0 700 7
	membership fees received. (Do not	791,870	765,764	778,292	873,243	511,619	3,720,7
	include any "unusual grant.") . . Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	791,870	765,764	778,292	873,243	511,619	3,720,7
	Total. Add lines 1 through 3 The portion of total contributions by	791,670	703,704	776,292	673,243	511,019	3,720,7
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						16,0
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						3,704,7
S	ection B. Total Support						
	endar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	fiscal year beginning in)	791,870		778,292			3,720,7
8	Amounts from line 4 Gross income from interest,	791,870	703,704	778,292	873,243	311,019	3,720,7
0	dividends, payments received on						
	securities loans, rents, royalties	281,014			71	664	281,7
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or not		22,912				22,9
	the business is regularly carried on						
LO	Other income. Do not include gain						
_	or loss from the sale of capital	172,174		435	1,854	87	174,5
	assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10						4,199,9
L 2	Gross receipts from related activitie	s, etc. (see instr	uctions)			12	1,099,6
. 3	First 5 years. If the Form 990 is for t	he organization's	first, second, thi	rd, fourth, or fift	n tax year as a se	ection 501(c)(<u>3)</u> o	organization,
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.\ .\ .}$					▶□	
S	ection C. Computation of Pub	olic Support P	ercentage				
.4	Public support percentage for 2021 (line 6, column (f) divided by line :	11, column (f)) .		14	88.210
. 5	Public support percentage for 2020	Schedule A, Part	II, line 14			15	74.150
l6a	33 1/3% support test—2021. If the o	organization did n	ot check the box	on line 13, and I	ine 14 is 33 1/3%	or more, check t	
	and stop here. The organization qual	•					
b							
	box and stop here. The organization						▶□
.7a	10%-facts-and-circumstances test—	2021. If the orga	nization did not o	check a box on lir	ne 13, 16a, or 16	b, and line 14	
	is 10% or more, and if the organization mee						
	organization				•		▶□
b	100/ ft						
D	15 is 10% or more, and if the organ	_					
	Explain in Part VI how the organiza	ition meets the "	facts-and-circum	stances" test. Th	e organization qι	ıalifies as a publi	· —
	supported organization						▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you	checked the box	κ on line 10 of Part I or if the organization failed to qualify und	er Par
II If the erganization	faile to qualify up	inder the tests listed below, please complete Dart II)	

	II. If the organization	fails to qualify	under the te	ests listea beid	w, piease com	piete Part II.)	
	ection A. Public Support			•			1
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	fiscal year beginning in)	(,	(-,	(-)	(-,	(-,	(-7
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
	<u>.</u>						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified						
	persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
S	ection B. Total Support						
	ction b. Total Support						
Cale	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or i	ndar year fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1	ndar year fiscal year beginning in) Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or i	indar year fiscal year beginning in) Amounts from line 6 Gross income from interest,	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1	Andar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1	indar year fiscal year beginning in) Amounts from line 6 Gross income from interest,	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 LOa	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 LOa	indar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 LOa	indar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or t 9 LOa b	indar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 LOa b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or t 9 LOa b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 LOa b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 LOa b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 LOa b	indar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or 1 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c,		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale (or) 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.).						
Cale (or) 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for	the organization's	s first, second,	third, fourth, or	fifth tax year as	a section 501(c)	(3) organization,
Cale (or 1 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here	the organization's	s first, second,	third, fourth, or	fifth tax year as	a section 501(c)	(3) organization,
Cale (or 1 9 10a 11 12 13 14 Se	Indar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here	the organization's	s first, second,	third, fourth, or	fifth tax year as	a section 501(c)	(3) organization,
Cale (or 1 9 10a 11 12 13 14 Se	Indar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Puble	the organization's	s first, second,ercentage) divided by lin	third, fourth, or	fifth tax year as	a section 501(c)	(3) organization,
Cale (or 1 9 10a 11 11 11 11 11 11 11 11 11 11 11 11 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pub Public support percentage from 2021 (Public support percentage from 2021)	the organization's	s first, second, ercentage) divided by linart III, line 15	third, fourth, or	fifth tax year as	a section 501(c)	(3) organization,
Cale (or 1 9 10a 11 11 11 11 11 11 11 11 11 11 11 11 11	Indar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Puble	the organization's	s first, second, ercentage) divided by linart III, line 15	third, fourth, or	fifth tax year as	a section 501(c)	(3) organization,
Cale (or 1 9 10a 11 11 11 11 11 11 11 11 11 11 11 11 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pub Public support percentage from 2021 (Public support percentage from 2021)	the organization's	s first, second, ercentage) divided by line art III, line 15 me Percent	third, fourth, or e 13, column (f) age	fifth tax year as	a section 501(c)	(3) organization,
Cale (or 19 9 10 11 12 13 14 Se 15 16 Se 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here	the organization's Lic Support Police 8, column (for Schedule A, Police 8, column 1, police 1,	s first, second, ercentage) divided by linert III, line 15 me Percent lumn (f) divide A, Part III, line	third, fourth, or e 13, column (f) age d by line 13, column (f)	fifth tax year as	a section 501(c)	(3) organization,
Cale (or 19 9 10 11 12 13 14 Se 15 16 Se 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pub Public support percentage from 202 ection D. Computation of Investment income percentage for 2021.	the organization's Lic Support Police 8, column (for Schedule A, Police 8, column 1, police 1,	s first, second, ercentage) divided by linert III, line 15 me Percent lumn (f) divide A, Part III, line	third, fourth, or e 13, column (f) age d by line 13, column (f)	fifth tax year as	a section 501(c)	(3) organization,
Cale (or 19 9 10 11 12 13 14 Se 15 16 Se 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here	the organization's Lic Support Police Cline 8, column (for Schedule A, Police Control (line 10c, control (l	s first, second, ercentage) divided by linert III, line 15 me Percent lumn (f) divide A, Part III, line ot check the be	third, fourth, or e 13, column (f)	fifth tax year as) umn (f)) d line 15 is more	a section 501(c)	(3) organization, Implies the state of t
Cale (or 19 9 10 11 12 13 14 Se 15 16 Se 17 18	Indar year fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for incheck this box and stop here	the organization's Lic Support Policies 8, column (file 8, column file 8, column file 9, column file 10c, c	s first, second, ercentage) divided by line art III, line 15 me Percent lumn (f) divide A, Part III, line ot check the be organization of	third, fourth, or e 13, column (f) age d by line 13, column (f) e 17	fifth tax year as	a section 501(c)	(3) organization, ▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

whether the organization had excess business holdings).

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

	ked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A ked box 12d, of Part I, complete Sections A and D, and complete Part V.)			
Se	ection A. All Supporting Organizations			
			Yes	No
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).	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.	3a		
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.			
С	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.	3c		
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.	4a		
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.	4b		
С	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	4c		
5a	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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	5a		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
С	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 (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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			

Ľ	Supporting Organizations (continued)		1	
			Yes	No
11	, , , , , , , , , , , , , , , , , , , ,			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	, , , , , , , , , , , , , , , , , , , ,	11c		
9	<u>Part VI</u> Section B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
•	Section C. Type II Supporting Organizations			
	rection of Type 11 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	1		
•	Section Type III Supporting Organizations			
	Control of the contro		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 in 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	3		
9	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below.	ructio	ns):	
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.	ļ	Yes	No
	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		res	NO
	organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	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.	2b		
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 eversion a substantial degree of direction over the policies, programs and activities of each of 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b		

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	1		
Recoveries of prior-year distributions	7		
Other gross income (see instructions)	3		
	4		
	2		
Portion of operating expenses paid or incurred for production or collection of management, conservation, or maintenance of property held for production of income (see instructions)	9		
Other expenses (see instructions)	4		
(subtract lines 5, 6 and 7 from line 4)	8		
Section 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):	1		
Average monthly value of securities	1 a		
	1b		
Fair market value of other non-exempt-use assets	1c		
	14		
claimed for blockage or other factors			
Acquisition indebtedness applicable to non-exempt use assets	7		
	е		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	Ŋ		
	9		
Recoveries of prior-year distributions	7		
(add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	7		
Minimum asset amount for prior year (from Section B, line 8, Column A)	٣		
	4		
	2		
Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	9		

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021				Page 7
Part V Type III Non-Functionally Integrat	ed 509(a)(3) Support	ing	(continue	ed)
Section D ^{Orอสรนัสอิปัติชิกิร}				Current Year
1 Amounts paid to supported organizations to accompli	sh exempt purposes	1		
2 Amounts paid to perform activity that directly further	s exempt purposes of suppo	rted		
organizations, in	o exempt purposes or suppo	2		
excess of income from activity				
3 Administrative expenses paid to accomplish exempt	nizations 3			
4 Amounts paid to acquire exempt-use assets	4			
5 Qualified set-aside amounts (prior IRS approval requir				
6 Other distributions (describe in Part VI). See instruc	tions	6		
7 Total annual distributions. Add lines 1 through 6.		7		
8 Distributions to attentive supported organizations to	which the organization is re	sponsive		
(provide		8		
details in Part VI). See instructions				
9 Distributable amount for 2021 from Section C, line 6		9		
10 Line 8 amount divided by Line 9 amount		10	<u> </u>	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistrib Pre-202		(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021				
(reasonable cause required explain in Part VI				
). See instructions.				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2021 distributable amount				
 Carryover from 2016 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				
b Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>				
See instructions.				
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2022. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

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

Facts And Circumstances Test

Schedule A (Form 990) 2021

Explanation

Software ID:

Software Version:

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HOMESTRETCH INC

Employer identification number

			58-2051038
Pa	rt I Organizations Maintaining Donor		unds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(h) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad- the organization's property, subject to the organizat	-	
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor advisor, or for any other purp	ose conferring
Par	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreat		n historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
_			
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	ld a qualified conservation contribution in t	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	S	2b
С	Number of conservation easements on a certified his	• •	2c
d	Number of conservation easements included in (c) a historic structure listed in the National Register . $$	•	2d
3	Number of conservation easements modified, transfetax year	erred, released, extinguished, or terminate	d by the organization during the
4	Number of states where property subject to conserv	vation easement is located 🟲	
5	Does the organization have a written policy regarding violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspear	specting, handling of violations, and enforc	cing conservation easements during the
7	Amount of expenses incurred in monitoring, inspect \$\blacktriangleright* \\$	ing, handling of violations, and enforcing c	conservation easements during the year
8	Does each conservation easement reported on line (B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financia	•
Par	Organizations Maintaining Collecti Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h service, provide, in Part XIII, the text of the footno	eld for public exhibition, education, or rese	earch in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	d for public exhibition, education, or resear	
(i) Revenue included on Form 990, Part VIII, line 1 .		> \$
(i	i) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, his following amounts required to be reported under FA	storical treasures, or other similar assets fo	·
а	Revenue included on Form 990, Part VIII, line 1.		• \$

Par	t IIII Organizations I	1aintaining Co	llections	of A	rt, Histo	rical ⁻	Treasu	res, or	Other Sir	nilar A	ssets (continue
3	Using the organization's ac		n, and othe	er reco	rds, check	any of	the follo	wing that	are a signif	ficant use	e of its
а	collection items (check all Public exhibition	that apply):			d □	Loan	or oveh	ange prog	rame		
	Public exhibition										
b	Scholarly research				e	Othe	r				
С	Preservation for future	generations									
4	Provide a description of the Part XIII.	e organization's co	llections an	id expl	ain how the	y furth	er the o	rganizatio	n's exempt	purpose	in
5	During the year, did the or assets to be sold to raise f	-			•					☐ Yes	□ No
Pa	Complete if the o Part X, line 21.	stodial Arrang	ements.		·						
1a	Is the organization an ager included on Form 990, Par				•					Yes	□ No
b	If "Yes," explain the arrang	nement in Part VII	I and comp	lata th	e following	tahla:			Δ	mount	
C	Beginning balance				_			1c		inounc	
d	Additions during the year .							1d			
e	- ,							1e			
f	Distributions during the ye Ending balance							1f			
•	_							L			No
2a	Did the organization includ	e an amount on Fo	orm 990, Pa	art X, I	ine 21, for	escrow	or custo	odial acco	unt liability	?L Yes	∐ NO
b	If "Yes," explain the arrang	gement in Part XII	I. Check hε	ere if th	ne explanat	ion has	s been pi	rovided in	Part XIII	🗀	
Pa	rt V Endowment Fur	 nds.									
	Complete if the o		vered "Yes	s" on l							
		ا, ا	(a) Current	t year	(b) Prior	year	(c) Two	years back	(d) Three ye	ears back	(e) Four years back
1a	Beginning of year balance										
b	Contributions	L									
С	Net investment earnings, ga	ins, and losses									
d	Grants or scholarships .	1							I		
	Other expenditures for facil	-									
	and programs										
f	Administrative expenses .										
g	End of year balance										
2	Provide the estimated perc	entage of the curr	ent year en	d balaı	nce (line 1g	, colun	nn (a)) h	eld as:			
а	Board designated or quasi-	endowment 🕨									
b	Permanent endowment 🕨										
С	Term endowment 🕨	-									
	The percentages on lines 2	a, 2b, and 2c sho	uld equal 1	100%.							
За	Are there endowment funds	not in the posses	sion of the	organi	zation that	are he	ld and ad	dministere	ed for the		
	organization by:									_	Yes No
	(i) Unrelated organizations									3a 3a	
b	(ii) Related organizations If "Yes" on 3a(ii), are the r										b
		• •								<u> </u>	
4	Describe in Part XIII the in			ion's e	ndowment 1	unds.					
Pa	rt VI Land, Buildings			o" on l	Farm 000	Dort	TV/ line	112 Co	o Form 00	0 Dort	V line 10
	Complete if the o	(a) Cost or other			or other basi				depreciation		A, IIIIE 10. 1) Book value
	Description of property	(investment									,
12	Land		+			545,77	5				545,77
					3	,423,15			1,511,311		1,911,84
	Buildings					,0,10	-		_,511,511		1,511,04
	Leasehold improvements		+			111,11	1		90,214		20,89
	Equipment		\longrightarrow			26,32	_		26,326		20,89
_ e	Other					20,32	<u> </u>		20,320		

Part IX	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 900, Part IV,	art X, line 15.		
	(a) Description	(b) Book value		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col.(B) line 15.)			
Doub V	Other Linkilities			

(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.

(a) Description of liability

See Form 990, Part X, line 25.

(b) Book value

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔽

Ра	Return. Complete if the organization answered 'Yes' on Form 990,			enue per	
1	Total revenue, gains, and other support per audited financial statements		•	1	866,826
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	2	28,457	
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	838,369
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			
C	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3	12.) .		. 5	838,369
Pai	EXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered 'Yes' on Form 990,			penses pe	er Return.
1	Total expenses and losses per audited financial statements			. 1	974,312
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				2,2.2.
- а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		28,457	
u	· · · · · · · · · · · · · · · · · · ·			10,437	
е	Add lines 2a through 2d			2e	28,457
3	Subtract line 2e from line 1			3	945,855
4	Amounts included on Form 990, Part IX, line 25, 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			
b		4b			1
ь с 5	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	945,855

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE AGENCY IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2022 AND 2021. THE AGENCY UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2022 AND 2021, THE AGENCY HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 28,457.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 28,457.

Software ID:

Software Version:

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

HOMESTRETCH INC

Employer identification number

OMB No. 1545-0047

Open to Public

58-2051038

_	ers are not requir		_		on Form 990, Fait 1	v, iiile 17.						
1 Indicate whether the orga	anization raised fund	ds throug	gh any of	the following activities.	Check all that apply.							
a Mail solicitations				e Solicitation of non-government grants								
b Internet and email sol	licitations			f Solicitation of government grants								
c Phone solicitations				g Special fundraising events								
d In-person solicitation	S											
 Did the organization have or key employees listed in services? If Yes, list the 10 higher to be compensated at lea 	e a written or oral ag n Form 990, Part Vi st paid individuals o	II) or ent or entitie	tity in co s (fundra	nnection with profession	al fundraising Y	es No						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization						
		Yes	No									
1												
2												
3												
4												
5												
6												
7												
8												
9												
1 0												
Fotal			•									
3 List all states in which the registration or licensing.	organization is regi	stered or	licensed	to solicit contributions	or has been notified it is	exempt from						

"Yes" on Form 990, Part IV, line 18, or reported is income on Form 990-EZ, lines 1 and 6b. List		aising event contribut		Par
(add col. (a) through col. (c))	(b) Event #2 TEA (event type)	(a)Event #1 ROAD RACE (event type)	events with gross receipts g	
				Revenue
55,887 125,743	55,887	69,856	1 Gross receipts	
46,741 97,286	46,741	50,545	2 Less: Contributions	
9,146 28,457	9,146	19,311	3 Gross income (line 1 minus line 2)	
	•		4 Cash prizes	
			5 Noncash prizes	**
			6 Rent/facility costs	Direct Expenses
			7 Food and beverages	xpe
			8 Entertainment	to E
9,146 28,457	9,146	19,311	9 Other direct expenses	Dire
▶		through 9 in column (d)	10 Direct expense summary. Add lines 4	
0			11 Net income summary. Subtract line 1	
1 990, Part IV, line 19, or reported more than	res on Form 990, P		Gaming. Complete if the or \$15,000 on Form 990-EZ, lin	Pai
essive col.(a) through col.(c)	(b) Pull tabs/Instant bingo/progressive bingo	(a) Bingo		Revenue
	J		1 Gross revenue	Re
			2 Cash prizes	ses
				Expenses
			3 Noncash prizes	页
			4 Rent/facility costs	Direct
	_	_	5 Other direct expenses	Ω
	☐ Yes% ☐ No	Yes% No	6 Volunteer labor	
<u> </u>		2 through 5 in column (d)	7 Direct expense summary. Add lines 2	
	mn (d)	ct line 7 from line 1, colu	Net gaming income summary. Subtra	
				_
es?				a
			If "No," explain:	b
ted during the tax year? Tyes No				10a
				U
ted during the tax year? Yes	mn (d)	ct line 7 from line 1, colu ation conducts gaming ac gaming activities in eac licenses revoked, suspen	R Net gaming income summary. Subtra Enter the state(s) in which the organization licensed to conduct If "No," explain: Were any of the organization's gaming If "Yes," explain:	b 10a

sche	Page Page
.1	Does the organization conduct gaming activities with nonmembers?
L 2	İs the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
. 3	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
L 4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name •
	Address
.5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name Name
	Address
L 6	Gaming manager information:
	Name >
	Gaming manager compensation ► \$
	Description of services provided
	•
	☐ Director/officer ☐ Employee ☐ Independent contractor
L 7	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent
	in the organization's own exempt activities during the tax year > \$
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See
	Instructions. Peturn Deference

Software ID: Software Version:

Additional Data

Schedule G (Form 990) 2021

Return to Form

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

OMB No. 1545-0047 2021

Open to Public Inspection

Name of the organization HOMESTRETCH INC

Types of Property

Employer identification number 58-2051038

Art—Historical treasures			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	(d Method of d noncash contrib	etermin	_	ts
3 Att—Fractional Interests .	1	Art—Works of art							
4. Books and publications 5. Clothing and household goods 6. Clothing and household goods 7. Boots and planes 8. Intellectual property 9. Securities—Publichy traded X 9,543 FMV 10. Securities—Publichy traded X 9,543 FMV 11. Securities—Partnership, LLC, or trust interests 12. Securities—Partnership, LLC, or trust interests 13. Qualified conservation contribution—This result in the state of t	2	Art—Historical treasures .							
5. Cliching and household goods	3	Art—Fractional interests							
Goods Cars and other vehicles Boats and planes Boats B	4	Books and publications							
6 Cars and other vehicles	5	_							
7 Boats and planes . 8 Intellectual property . 9 8 Intellectual property . 9 9 Securities—Publicly traded . X 9,543 FMV 10 Securities—Closely held stock . 9 11 Securities—Partnership, LLC, or trust interests . 9 12 Securities—Miscellaneous . 9 13 Qualified conservation contribution—Historic structures	6						-		
Intellectual property Securities—Publicity traded									
9. Securities—Publicity traded Securities—Closely held stock 11. Securities—Partnership, LLC, or trust interests Or trust interest O		•							
10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Commercial . 16 Real estate—Commercial . 17 Real estate—Commercial . 18 Collectibles . 19 Food inventory . 19 Food inventory . 20 Drugs and medical supplies . 21 Taxidermy . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 25 Other F (SUPPLIES) X 0 0 27,832 FMV 27 Other F (———————————————————————————————————					0. 542	EM V			
Securities—Partnership, LLC, or trust interests		•			9,543	Γ I ^M I V			
or trust interests		Securities—Closely field stock							
12 Securities—Miscellaneous	11	• • • • • • • • • • • • • • • • • • • •							
contribution—Historic structures	12								
14 Qualified conservation contribution—Other contribution contribution contribution contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Step 1	13	contribution—Historic							
16 Real estate—Commercial	14	Qualified conservation							
17 Real estate—Other	15	Real estate—Residential .							
18 Collectibles	16	Real estate—Commercial							
19 Food inventory	17	Real estate—Other							
Taxidermy	18	Collectibles							
Taxidermy	19	Food inventory							
22 Historical artifacts	20	Drugs and medical supplies .							
23 Scientific specimens	21	Taxidermy							
24 Archeological artifacts	22	Historical artifacts							
25 Other ▶ (SUPPLIES) X 0 27,832 FMV 26 Other ▶ ()	23	Scientific specimens							
26 Other ► ()	24	Archeological artifacts							
27 Other > () 28 Other > () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Version 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Version 8283 received by the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30 No b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No 32 No b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	25	Other ► (<u>SUPPLIES)</u>	Χ	0	27,832	FMV			
28 Other \(\bigcup (\bigcup) \\ 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes ror the entire holding period? 30a No b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 No 32a No b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	26	Other ▶ ()							
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a No b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No b If "Yes," describe in Part II. 32 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	27	Other ▶ ()							
for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No	28	Other ▶ ()							
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a No b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 No b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	29					29			
it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a No b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 No b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.								Yes	No
b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	30a	it must hold for at least three year	s from the	date of the initial contribut					
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.							30a		Νo
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	b	If "Yes," describe the arrangemen	t in Part II.						
contributions?	31	Does the organization have a gift	acceptance	policy that requires the re	eview of any nonstandard c	ontributions?	31		Νo
If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		contributions?			to solicit, process, or sell r	noncash • • •	32a		N o
describe in Part II.	b								
	33	•	amount in	column (c) for a type of pr	operty for which column (a)) is checked,			

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Explanation

Schedule M (Form 990) (2021)

Software ID:

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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 990-EZ.

www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

58-2051038

Explanation

HOMESTRETCH, INC. INTRODUCED ROBOTIC LEARNING TO OUR YOUTH PROGRAM (HOMESTRETCH UNIVERSITY OF

LINDSEY, GREENWAY & MCINTIRE (LGM) ACCOUNTING FIRM MANAGES THE FINANCIALS.

SELECTED MEMBERS FROM THE EXECUTIVE AND FINANCE COMMITTEE REVIEW PORTIONS OF THE 990.

NEW EMPLOYEES AND NEW MEMBERS OF THE BOARD OF DIRECTORS SIGN THE CONFLICT OF INTEREST POLICY INITIALLY.

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE FINANCE COMMITTEE AND VOTED ON BY THE GENERAL

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON

Software ID:

Software Version:

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

2021

OMB No. 1545-0047

en to Public Inspection

Internal Revenue Service Name of the organizat Department of the Treasury

► Attach to Form 990. Form 900 for instructions and the latest information.		op C
	Fmplover identification number	-

Name of the organization HOMESTRETCH INC				Employer identification number	cation number	
				58-2051038		
Part I Identification of Disregarded Entities. Complete if the		organization answered "Yes" on Form 990, Part IV, line 33.	Form 990, Part IN	/, 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	
800 FORREST LLC 89 GROVE WAY ROSWELL, GA 30075 47-4921036	HOUSING	Ą	84,906	527,030 HOMESTRETCH	IESTRETCH	Ī
						ı
						1
						1
						ı
Part II Identification of Related Tax-Exempt Organizations. Co or more related tax-exempt organizations during the tax year.	ons. Complete if th ax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line ar.	wered "Yes" on Fc	ırm 990, Part IV,	line 34 because it had one	a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 50135Y	5Y		Schedule R (Form 990) 2021	021

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.

(k) Percentage ownership					V, line	(i) Section 512(b)(13) controlled entity?	No				0) 2021
	ON				00, Part I	Section 5 controlle	Yes				Schedule R (Form 990) 2021
(j) General or managing partner?	Yes				Form 99	(h) Percentage ownership					Schedule F
Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)					"Yes" on						,
(h) Disproprtionate allocations?	No				answered	(g) Share of end- of-year	assets				
Disprol alloc	Yes				ınization	(f) Share of total income					
(g) Share of end-of- year assets					he orga ax year		£)				
(f) Share of total income					nplete if t ring the t	Typ.	corp, or trust)				
(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)					Corporation or Trust. Complete if the organ as a corporation or trust during the tax year.	(d) Direct controlling entity					
(d) Direct controlling entity					r poration (s a corporati	(c) Legal domicile	ate or foreign country)				
(c) Legal domicile (state or foreign country)					asaCo reated as	go Fe	(state o				
(b) Primary activity					s Taxable nizations t	octivity					
					nizations ated orgal	(b) Primary activity					
(a) Name, address, and EIN of related organization					Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization					
					Ра						

	5.
	${f ns.}$ Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	'Yes" on Fo
	answered "
	he organization
	. Complete if tl
	<u>.</u>
	ransactions With Related Organizat
2021	ons With R
Schedule R (Form 990) 2021	Transacti
Schedule R	Part V

2021	(066	Schedule R (Form 990) 2021			
1	1				
D	involved	(d) dethod of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
		hips and transaction thresholds.	covered relationships	complete this line, including	If the answer to any of the above is "Yes," see the instructions for information on who must complete
					Other transfer of cash or property from related organization(s) · · · · · · · · · · · ·
					Other transfer of cash or property to related organization(s) · · · · · · · · · · · · ·
					Reimbursement paid by related organization(s) for expenses · · · · · · · · · · ·
	L				Reimbursement paid to related organization(s) for expenses · · · · · · · · · · ·
			•		
		· ·	•		Originity of facilities, equipment, manning mass, of other assets with related organization(s)
					Charica of facilities of an inequal mailing light of the court with alled acceptants (2)
		- ;			Performance of services or membership or fundraising solicitations for related organization(s)
		i i		•	
		· · · · · · · · · · · · · · · · · · ·			lease of facilities equipment or other assets from related organization(s)
		11			Lease of facilities, equipment, or other assets to related organization(s) · · · · · · · ·
		· · · ·			Exchange of assets with related organization(s) · · · · · · · · · · · · · · · · ·
					Purchase of assets from related organization(s) · · · · · · · · · · · · · ·
		. 19			Sale of assets to related organization(s) · · · · · · · · · · · · · · · · · · ·
					Dividends from related organization(s)
					Loans or loan guarantees by related organization(s) · · · · · · · · · · · · · · ·
					Loans or loan guarantees to or for related organization(s) · · · · · · · · · · ·
					Gift, grant, or capital contribution from related organization(s) \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot
					Gift, grant, or capital contribution to related organization(s) · · · · · · · · · · · ·
					Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity · · ·
		-IV?	listed in Parts II	lated organizations	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
§	Yes				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated,		(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?) al or aging ner?	(k) Percentage ownership
			excluded from tax under sections 512- 514)	'	o Z			Yes	o Z	K-1 (Form 1065)	Yes	o Z	
										Š	Schedule R (Form 990) 2021	(Form 9	90) 2021

Part VII	Part VII Supplemental Information	ormation
	Provide additional info	Provide additional information for responses to questions on Schedule R. See instructions.
Retu	Return Reference	Explanation
		Schedule R (Form 990) 2021

Schedule R (Form 990) 2021

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Additional Data