Neighborhood Cooperative Ministries, Inc.

Public Inspection Copy For the Year Ended December 31, 2021

TAX RETURNS



NEIGHBORHOOD COOPERATIVE MINISTRIES, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2021

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD, P.C. 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2022. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the

	form, visit www.irs.gov/e-file-providers/e-file-f		• •	structions). For more di	etans	s on th	e electronic			
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).							
-	ions required to file an income tax return oth orm 7004 to request an extension of time to fi		•	20-C filers), partnershi	ps, F	REMIC	s, and trusts			
Type or print	Name of exempt organization or other filer, see in	structions.		Taxpayer identification no	umbe	er (TIN)				
File by the due date for	NEIGHBORHOOD COOPERATIVE MINI Number, street, and room or suite no. If a P.O. bo			58-179241	4					
filing your return. See instructions.	500 PINNACLE COURT #510 City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORCROSS, GA 30071									
Enter the R	eturn Code for the return that this application	is for (file	a separate application f	or each return)			0 1			
Application		Return	Application				Return			
Is For		Code	Is For				Code			
	r Form 990-EZ	01	Form 1041-A	i di. dd IV			08			
Form 4720 Form 990-P	,	03	Form 4720 (other that Form 5227	n individual)			10			
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11			
	(trust other than above)	06	Form 8870				12			
	(corporation)	07	1 01111 0070				12			
If the orgIf this is ffor the whole	500 PINNACLE COUNTER No. ► 770 263-0013 In anization does not have an office or place of large of la	lbusiness ir ur digit Gro f it is for pa	Fax No. ►	ck this box (GEN)			his is			
	e names and TINs of all members the extension of time and		11 /15 200) o to file the every	+ 0 = 0		tion notion			
for the	est an automatic 6-month extension of time un e organization named above. The extension is calendar year 2021 or			22, to file the exemp	t org	janizat	ion return			
>	tax year beginning tax year entered in line 1 is for less than 12 m				20 ₋ n	·				
	Change in accounting period				_					
nonref	application is for Forms 990-PF, 990-T, fundable credits. See instructions.				3a	\$	NONE			
estima	application is for Forms 990-PF, 990-T, ated tax payments made. Include any prior yeace due. Subtract line 3b from line 3a. In	ır overpayn	nent allowed as a credit	<u>.</u>	3b	\$	NONE			
	EFTPS (Electronic Federal Tax Payment System	-		o, ii roquirou, by	3с	\$	NONE			
Caution: If you instructions.	ou are going to make an electronic funds withdraw	al (direct de	ebit) with this Form 8868,	see Form 8453-TE and Fo	orm 8	3879-TE	for payment			
For Privacy	Act and Panerwork Reduction Act Notice see instr	uctions			Forr	n 8868	(Pay 1-2022)			

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

Form **8868** (Rev. 1-2022)

Electronic Return Acknowledgement

Tax Year: 2021 Return No: 3202NL

Taxpayer: NEIGHBORHOOD COOPERATIVE MINISTRIES, INC.

ID No : 58-1792414

Return Identification Number : 67983820221305000003

Return Type : 8868

Filing Type Description : FEDERAL EXTENSION

Tax Period End Date : 12/31/2021

Electronic Postmark : 5/10/2022 8:46:00 PM

Return Status :

Status Date : 05/10/2022

ELECTRONIC POSTMARK: IS THE DATE AND TIME (CENTRAL TIME ZONE) THE ELECTRONIC FILE IS RECEIVED AT OUR HOST COMPUTERS.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning ______ and ending

nding _____

2021

OMB No. 1545-0047

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

EIN or SSN 58-1792414 NEIGHBORHOOD COOPERATIVE MINISTRIES, INC Name and title of officer or person subject to tax SHIRLEY CABE, EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3, 406, 917. Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)............2b Form 1120-POL check here . > b Tax based on investment income (Form 990-PF, Part V, line 5). 4b Form 990-PF check here Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b Form 4720 check here Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)8b Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b Form 8038-CP check here b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above entity or | I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize 11 7 2 5 9 as my signature SMITH & HOWARD, to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 11/15/2022 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. |6|7|9|8|3|8|5|8 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I

am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Beturns.

Date ► <u>11/15/2022</u>

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or th	e 202	1 calendar year, or tax year beginning	and endi	ing				
_			C Name of organization			D Employer ide	entification	number	
Вс	heck if ap	plicable:	NEIGHBORHOOD COOPERATIVE MINISTRIES, INC.						
	Addre		Doing Business As			58-1792	2414		
	7 -	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone n			
	+	return	500 PINNACLE COURT #510			(770)26	63 – 001	3	
	Termi		City or town, state or province, country, and ZIP or foreign postal code			(770)20	75 001.		
	Amen					G Gross receip	te ¢	2 6 5 0	620
-	return Applio		NORCROSS, GA 30071 F Name and address of principal officer: SHIRLEY CARE			H(a) Is this a grou		Yes	,638.
	pendi	ng	Silitable Cribb			subordinates	?	—	X No
			500 PINNACLE COURT #510, NORCROSS, GA 30071			H(b) Are all subord		Yes	No
<u> </u>		empt st		or 52	27	If "No," attac	ch a list. (see i	nstructions)	
			WWW.OURNCM.ORG			H(c) Group exemp			
		<u> </u>	nization: X Corporation Trust Association Other	L Year	of format	ion: 1988 M	State of leg	al domicile	GA
P	art I	Su	mmary						
	1	Briefly	y describe the organization's mission or most significant activities: $_$ $_$ $_$ $_$ \bot \bot \bot	INISTRY	Y_IS_	A_FAITH-B	ASED, 1	ION-PR	OFIT
e		ECUI	MENICAL MINISTRY DEDICATED TO PROVIDING EMERGE	NCY ASS	SISTA	NCE AND			
ă		PRO	GRAMS TO CITIZENS OF NORCROSS, GA AND SURROUND	ING ARE	EAS.				
Je.	2		k this box ▶ if the organization discontinued its operations or disposed			of its net assets	 S.		
Governance	3	Numb	per of voting members of the governing body (Part VI, line 1a)				3		18
	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)				4		18
ties			number of individuals employed in calendar year 2021 (Part V, line 2a)				5		13
Activities &			number of volunteers (estimate if necessary)				6		150
Act	72	Total	unrelated business revenue from Part VIII, column (C), line 12				7a	-	3,243.
			nrelated business taxable income from Form 990-T, line 34				7b		L,805.
		ivet u	interaced business taxable income from Form 990-1, line 34			Prior Year		Current Y	
		04-	ibutions and marks (Dort VIII line Als)		_				
ne	8	Contr	ibutions and grants (Part VIII, line 1h)	for	1	3,517,60		3,219	,486.
Revenue			am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), lines 3, 4, and 7d)	SPECTION	ıl		ONE		NONE
Re			90.		5,636.				
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			199,96			<u>,795.</u>
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			3,718,66			,917.
			s and similar amounts paid (Part IX, column (A), lines 1-3)			1,518,28	16.	1,356	,959.
			its paid to or for members (Part IX, column (A), line 4)				ONE		NONE
S			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			459,24	ł5.	530	,226.
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)			NO	ONE	23	3,113.
od x	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶59,993.						
Ш			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			340,85	55.	239	,939.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,318,38	36.	2,150	,237.
			nue less expenses. Subtract line 18 from line 12			1,400,28	31.	1,256	,680.
or			·			ning of Current Y		End of Ye	
ets	20	Total	assets (Part X, line 16)			3,636,69	1.	4.838	,922.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)		-	109,14			,985.
E e	22		ssets or fund balances. Subtract line 21 from line 20		·	3,527,55			,937.
	rt II		gnature Block		•	3,327,33	70.1	1,770	,,,,,,,
			of perjury, I declare that I have examined this return, including accompanying schedul	les and state	ements a	and to the hest of	mv knowle	dae and h	elief it is
			complete. Declaration of preparer (other than officer) is based on all information of whic						
						11/-	15/2022)	
Sig	n		Signature of officer			Date	15/2022	<u> </u>	
He				CIIMITI I	DIDE				
			SHIRLEY CABE EXECUTION TO SHIRLEY CABE EXECUTION TO SHIRLEY CABE	CUTIVE	DIRE	CTOR			
		Deint		Dota			DTIN		
Paic	i	Print/	Type preparer's name Preparer's signature	Date		Check	if PTIN		
	parer	SAB	RE J LINAHAN SUU ON WANT	11/1	5/202	2 self-employ	ed P01	372980	
	Only	Firm's	sname SMITH & HOWARD, P.C.			Firm's EIN	58-12	250486	
_	,	Firm's	s address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363			Phone no.	404-8	374-62	44
May	the II	RS dis	cuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	<u> </u>	х	Yes	No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.					Form 99	0 (2021)

NEIGHBORHOOD COOPERATIVE MINISTRIES, INC. 58-1792414 Form 990 (2021) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: THE MINISTRY IS A FAITH-BASED, NON-PROFIT, ECUMENICAL MINISTRY DEDICATED TO PROVIDING EMERGENCY ASSISTANCE AND PROGRAMS DESIGNED TO TRANSFORM THE LIVES OF CITIZENS AND FAMILIES IN NORCROSS, GEORGIA AND SURROUNDING AREAS OF GWINNETT COUNTY, GEORGIA. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ______ Yes __X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,862,103. including grants of \$ 1,356,959.) (Revenue \$ **4a** (Code:) (Expenses \$ THE MINISTRY IS DEDICATED TO PROVIDING EMERGENCY ASSISTANCE TO FAMILIES BY PROVIDING FOOD, CLOTHING AND LIMITED FINANCIAL ASSISTANCE TO FAMILIES IN CRISIS. DURING THE YEAR ENDED 12/31/2021 THE MINISTRY SERVED 20,732 PEOPLE BY DISTRIBUTING 245,205 POUNDS OF FOOD AND 12,932 POUNDS OD CLOTHING AND 505 BOOK BAGS. IN ADDITION, 14,000 CHILDREN RECEIVED CHRISTMAS GIFTS. **4b** (Code: including grants of \$ **4c** (Code: including grants of \$) (Revenue \$

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

4e Total program service expenses ▶ 1,86

) (Revenue \$

1,862,103.

Form 990 (2021) Page **3**

rar	Checklist of Required Schedules		V	NI-
	Letter and the first described in certific 504/2)(0) on 4047/2)(4) /ettern them apprints form define)0 // /////		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	3.7	
2	complete Schedule A	1	X	
2	Did the organization required to complete <i>Schedule B, Schedule of Contributors?</i> See instructions.	2	X	
3	candidates for public office? If "Yes," complete Schedule C, Part I	,		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
ıza	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	- 1	
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 (Δ), line 12 If "Ves." complete Schedule I, Parts Land II	21		Y

1E1021 1.000

Form 990 (2021) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			21
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		21
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	v	Λ
29	• • •	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27		30		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			_ X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> <u>1</u>			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring 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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4-		77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 5		37
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	·			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069	. .		

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58-1792414 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management	• • •				21
	g				Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
ıa	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	shin with			
_	any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or un					
•	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e					
, a	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
D	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions und					
Ū	the year by the following:	Citare	ar during			
•	The governing body?			8a	Х	
a b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inter-				.)	
	· · · · · · · · · · · · · · · · · · ·				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iiig tii	e ioiiii: .			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
b	rise to conflicts?		•	12b	Х	
^	Did the organization regularly and consistently monitor and enforce compliance with the p					
С	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written whistleblower policy?			14	X	
	Did the process for determining compensation of the following persons include a review at					
15			-			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х	
a	The organization's CEO, Executive Director, or top management official			15b	- 21	X
b	Other officers or key employees of the organization			.05		21
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a tayable patitudizing the very	ır arra	ngemeni	16a		Х
L	with a taxable entity during the year?	to 014	aluata ita	. vu		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure	• • •		100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ GA,					
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable)	900	and 000 T	(600	ion F	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on So	ply.		(Sec	.1011 3	01(6)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's SHIRLEY CABE 500 PINNACLE COURT #510 NORCROSS, GA 30071	oooks	and record	s >		

770-263-0013

Form **990** (2021)

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

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

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

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

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

<u> </u>								,	, ,	
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SHIRLEY CABE	40.00									
EXECUTIVE DIRECTOR	NONE	1		x				76,120.	NONE	NONE
(2) ELIZABETH GROSS	2.00			21				70,120.	IVOIVE	110111
PRESIDENT	NONE	X						NONE	NONE	NONE
(3) TYE HANNA	2.00							1.01.2	110111	1.01.2
VICE PRESIDENT	NONE	X						NONE	NONE	NONE
(4) YOLANDA HENDERSON	2.00							-	_	
SECRETARY	NONE	Х						NONE	NONE	NONE
(5) DARCY COPELAND	2.00									
TREASURER	NONE	Х						NONE	NONE	NONE
(6) SUSAN BARDI	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(7) GARY BRACE	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) DAVID COPELAND	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) MIKE DICKINSON	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) STEVE DOROUGH	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(11) TOM FISHBURNE	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(12) PRUDENCE FRANKLIN	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(13) WEARE GRATWICK	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) LYNETTE HOWARD	1.00	1								
BOARD MEMBER	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinue		Page o
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average			Pos	sition			Reportable	Reportat	ole	Es	stimated	
	hours per					e than o is both		compensation	compensatio			nount of	f
	week (list any hours for					or/truste		from the	related organizati			other pensati	on
	related	or a	Ins	Off	Ze je	Hig	For	organization	(W-2/1099-I			om the	
	organizations	livid	titut	Officer	/ em	hes	Former	(W-2/1099-MISC)	`	´	•	anizatio	
	below dotted line)	tor la	ona		Key employee	ee c						d related anization	
		Individual trustee or director	Institutional trustee		ee	npei					Ū		
		9	stee			Highest compensated employee							
-2.	1 00					ed.							
15) MELVIN MELTON	1.00	37						NONE		NIONIE			NT ONTE
BOARD MEMBER	NONE	X						NONE		NONE			NONE
16) CLARA RICHARDSON-OLGUIN EXECUTIVE DIRECTOR	NONE NONE	X						NONE	,	MONTE			NT (NT I
17) KEN SHUMARD	1.00	_ A						NONE	1	NONE			NONE
BOARD MEMBER	NONE	X						NONTE	,	MONTE			NIONIE
	1.00							NONE	1	NONE			NONE
18) BETH STRICKLAND BOARD MEMBER	NONE	X						NONTE	,	MONTE			NIONIE
19) LEE TUCKER	1.00							NONE	1	NONE			NONE
BOARD MEMBER	NONE	X						NONE	,	NONE			NONE
20) GARY WALDERICH	1.00							NONE	1	NONE			INOINE
BOARD MEMBER	NONE	X						NONE	,	NONE			NONE
DOARD PIEPIDER	NONE	- 21						NONE		IVOIVE			IVOIVE
	-+	1											
	-†	1											
		1											
]											
1b Sub-total							\blacktriangleright	76,120.		NONE			NONE
c Total from continuation sheets to Part VII,							\blacktriangleright	NONE		NONE			NONE
d Total (add lines 1b and 1c)							>	76,120.		NONE			NONE
2 Total number of individuals (including but no		hose	liste	d al	bove	e) who	re	eceived more than	\$100,000 o	f			
reportable compensation from the organizati	on >				NO:	NE							
												Yes	No
3 Did the organization list any former of													
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ind	lividu	ual	• •					• •	3		X
4 For any individual listed on line 1a, is the													
organization and related organizations of								complete Schedu	ıle J for s	uch			
individual										• •	4		X
5 Did any person listed on line 1a receive of											_		37
for services rendered to the organization? If 'Section B. Independent Contractors	yes, comple	te Sci	neau	iie J	ı tor	sucn	per	son			5		X
Complete this table for your five highest co	mnensated i	nden	ande	nt	con	tracto	re t	that received more	than \$100	000 0	f		
compensation from the organization. Report													
year.	1					, -	Ī	J :	3		•		
(A)							Τ	(B)			(C)		
Name and business a	ddress							Description of se	ervices	С	ompens		
							+	·			-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright NONE

Part VIII Statement of Revenue

(A) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 211,498. c Fundraising events 1c d Related organizations 393,230. Government grants (contributions) . . 1e All other contributions, gifts, grants, 2,614,758. and similar amounts not included above ... 1f g Noncash contributions included in 529,445 lines 1a-1f 1g \$ Total. Add lines 1a-1f 3,219,486 **Business Code** Program Service Revenue 2a е All other program service revenue NONE Investment income (including dividends, interest, and 5,057. 5,057 NONE 4 Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal 368,578 Gross rents 6a 185,969 6b **b** Less: rental expenses 182,609. Rental income or (loss) 6c NONE d Net rental income or (loss)... 182,609. 179,366. 3,243. (ii) Other Gross amount from (i) Securities sales of assets 10,548. other than inventory 7a b Less: cost or other basis Other Revenue 7b 9,969 and sales expenses . . 579. c Gain or (loss) 7c 579. 579. d Net gain or (loss) 8a Gross income from fundraising 211,498. events (not including \$ _ of contributions reported on line 18,969. 1c). See Part IV, line 18 8a 55,783 8b **b** Less: direct expenses -36,814. -36,814. c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 NONE 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE Gross sales of inventory, less 10a returns and allowances NONE Net income or (loss) from sales of inventory NONE **Business Code** Miscellaneous Revenue MANAGEMENT FEE 36,000 36,000 11a b d All other revenue 36,000. Total. Add lines 11a-11d Total revenue. See instructions 3,406,917. 3,243. 215,366 -31,178 12

58-1792414

Form 990 (2021)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	IN THIS PART IX		
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.	I otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,356,959.	1,356,959.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	EC 100	50 452	10 625	4 010
	trustees, and key employees	76,120.	59,473.	12,635.	4,012
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NONE			
_	persons described in section 4958(c)(3)(B)	NONE	214 120	((722	21 547
	Other salaries and wages	402,410.	314,130.	66,733.	21,547.
8	Pension plan accruals and contributions (include	NONE			
_	section 401(k) and 403(b) employer contributions)	NONE			
	Other employee benefits	51,696.	38,475.	11,778.	1,443.
10	Payroll taxes	31,090.	30,473.	11,770.	1,443.
11	(1) /	NONE			
	Management	NONE			
	D Legal	22,207.		22,207.	
	capaciting	NONE		22,207.	
	Professional fundraising services. See Part IV, line 17	23,113.			23,113.
	f Investment management fees	NONE			237113.
	Other. (If line 11g amount exceeds 10% of line 25, column	110112			
•	(A), amount, list line 11g expenses on Schedule O.)	NONE			
12	Advertising and promotion	12,263.	12,263.		
13	Office expenses	61,282.	9,670.	46,205.	5,407.
14	Information technology	2,571.	1,286.	771.	514.
15	Royalties	NONE			
16	Occupancy	55,738.	17,500.	34,617.	3,621.
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	28,905.	27,171.	1,734.	
23	Insurance	NONE			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
á	REPAIRS	49,588.	24,335.	25,253.	
k	DUE	5,703.		5,703.	
(MISCELLANEOUS	1,682.	841.	505.	336
C					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,150,237.	1,862,103.	228,141.	59,993.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				Form QQ0 (2021)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	234,476.	1	417,980.
	2	Savings and temporary cash investments	800,641.	2	2,141,863.
	3	Pledges and grants receivable, net	627,791.	3	320,018.
	4	Accounts receivable, net	5,378.	4	10,723.
	5	Loans and other receivables from 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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	27,728.	9	34,422.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,175,776.			
	b	Less: accumulated depreciation	1,940,677.	10c	1,913,916.
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	NONE	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,636,691.	16	4,838,922.
	17	Accounts payable and accrued expenses	28,276.	17	32,979.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
J	23	Secured mortgages and notes payable to unrelated third parties	37,990.	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	42,875.		29,006.
	26	Total liabilities. Add lines 17 through 25	109,141.	26	61,985.
Section		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	3,233,750.	27	3,773,699.
Ä	28	Net assets with donor restrictions	293,800.	28	1,003,238.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	3,527,550.	32	4,776,937.
Ž	33	Total liabilities and net assets/fund balances	3,636,691.	33	4,838,922.
_			-,,		Form 990 (2021)

Form **990** (2021)

orm 990 (2021) Page **12**

OIIII Ju	70 (2021)				1 4	JC • =
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	, 4	06,	<u>917</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	<u>, 1</u>	50,	<u>237</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.,2	56,	<u>680</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	5,5	27,	<u>550</u> .
5	Net unrealized gains (losses) on investments	5			6,	<u> 107</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			13,	<u>400</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	.,7	76,	<u>937</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at			3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

st. OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	of the	ne organization					Employer identifi	cation number
NE	GHI	BORHOOD COOPERATIVE	MINISTRIES,	INC.			58-1	792414
Pa		Reason for Public Cha			comple	te this pa		
		anization is not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to		a college or universi	ty owne	d or ope	rated by a governme	ental unit described ir
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Щ	A federal, state, or local go	•			•		
7	X	An organization that norma	•	·	apport fro	om a gov	vernmental unit or fro	om the general public
		described in section 170(b)		·				
8	\sqsubseteq	A community trust describe			-			
9		An agricultural research org	=			-	=	
		or university or a non-land-	grant college of ac	griculture (see instruc	tions). E	nter the r	name, city, and state o	f the college or
40		university:	Illy receives (4) me	are then 224/20/ of its	aum n a rt	from com	tributions moonsbarab	in face and areas
10		An organization that norma receipts from activities rela	ted to its exempt f	functions, subject to c	ertain ex	ceptions	: and (2) no more than	n 331/3 % of its
		support from gross investm	nent income and u	nrelated business tax	able inco	omė (less	s section 511 tax) from	businesses
11		acquired by the organization An organization organized						
12	\vdash	An organization organized a	•	•	•		. , , ,	rv out the purposes of
		one or more publicly suppo	•	•				• • •
		the box on lines 12a through	-					
а		Type I. A supporting orga		**			•	· · · · ·
_		the supported organization	•	•	-		• , ,	
		supporting organization.	. , .	• • • • • • • • • • • • • • • • • • • •		, ,		
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
		control or management of	of the supporting o	organization vested in	the sam	e person	s that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	lly integrated with,
	_	_ its supported organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally			-			- , ,
		that is not functionally into	-	-	-		•	d an attentiveness
		requirement (see instruct		-				
е		☐ Check this box if the orga						II, Type III
	г.,	functionally integrated, or				organizat	on.	
'		ter the number of supported ovide the following information	_					
<u>g</u>		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	ante of supported organization	(11) = 111	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
					163	140		
(A)								
(D)								
(B)								
(C)								
(0)								
(D)								
(E)								
Tota	ıl							

Schedule A (Form 990) 2021 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	
membership fees received. (Do not include any "unusual grants.")	al
organization's benefit and either paid to or expended on its behalf	8,144.
furnished by a governmental unit to the organization without charge	NONE
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	NONE
shown on line 11, column (f)	8,144.
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) To Amounts from line 4	7,005.
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) To 7 Amounts from line 4	.,235.
7 Amounts from line 4	 al
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,144.
activities, whether or not the business	1,606.
is regularly carried on	7,895.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . SEE SUPP PAGE 39,600. 36,000.	5,600.
11 Total support. Add lines 7 through 10	3,245.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.	
Section C. Computation of Public Support Percentage	
11 1 3 , (//	1 %
, , , , , , , , , , , , , , , , , , , ,	9 %
16a 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this	37
box and stop here . The organization qualifies as a publicly supported organization	X
b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check	
this box and stop here. The organization qualifies as a publicly supported organization	
10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in	
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported	
organization	
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	ш
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain	
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported	
organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	
instructions	

Schedule A (Form 990) 2021 Page **3**

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A Post in Community				<u> </u>	,	
	tion A. Public Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(I) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, 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						
3	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						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				5:50		<u> </u>
14	First 5 years. If the Form 990 is for	•			•		```
<u></u>	organization, check this box and stop here.						🚩 🔃
	tion C. Computation of Public Supp Public support percentage for 2021 (line 8,			ump (f\)		45	0/
15		٠,	•			15	%
16 Sec	Public support percentage from 2020 Schettion D. Computation of Investment					16	%
	-			42 and man (f))		47	0/
17 10	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	% and line
19 a	331/3% support tests - 2021. If the org	-					
1.	17 is not more than 331/3%, check this		_				
b	331/3% support tests - 2020. If the orga						
0.0	line 18 is not more than 331/3%, check		•				
20	Private foundation. If the organization of	iiu not check	a box on line '	14, 19a, or 19b	, check this bo	ix and see instru	ICHONS 📂

JSA 1E1221 1.000 Schedule A (Form 990) 2021 Page 4

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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 l class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(I purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and El numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such actio (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actic was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entiwith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
erning ed by			
	1		
status p <i>orted</i>			
	2		
nswer	3a		
6) and w the			
	3b		
(2)(B)	3с		
ר")? <i>If</i>	4a		
oreign cretion			
	4b		
nation used (2)(B)			
-	4c		
"Yes," ad EIN action; action			
aotion	5a		
lready			
	5b 5c		
	30		
es) to efited ort or			
	6		
ibutor entity			
-	7		
n line	8		
more			
ations			
	9a		
which	9b		
enefit	9с		
ection			
grated	10-		
20, to	10a		
	10b		
Schedul	e A (Fo	rm 990)) 2021

Schedule A (Form 990) 2021 Page 5

Part	Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
50011	on billypo i cupporting organizations		Yes	No
1	Did the governing hady members of the governing hady officers eating in their official capacity or membership of one or			
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
2004	supervised, or controlled the supporting organization.	2		
secti	on C. Type II Supporting Organizations		Yes	No
	Ware a majority of the arganization's directors or tructors during the tay year also a majority of the directors		163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 in:	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_	·	_u		
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. <i>Answer lines 3a and 3b below.</i>			
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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Schedule A (Form 990) 2021 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S					
1								
Section A - Adjusted Net Income (A) Prior Year								
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ction C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
_	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization				
	(see instructions).							

Schedule A (Form 990) 2021

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(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 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>.</u>	Carryover from 2016 not applied (see instructions)				
<u>j</u> _	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 Remainder. Subtract lines 4a and 4b from line 4.				
C					
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
O	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. 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				
	Excess from 2019				

Schedule A (Form 990) 2021

Excess from 2020 Excess from 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER IN	NCOME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MANAGEMENT FEE EXPENSE REIMBURSEMENT				36,000. 3,600.	36,000.	72,000. 3,600.
TOTALS				39,600.	36,000.	75,600.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

NEIGHBORHOOD COOPERA	TIVE MINISTRIES, INC.		58-1792414			
Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organic	zation				
	4947(a)(1) nonexempt charitable trus	t not treated as a private fou	ndation			
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trus	t treated as a private foundat	ion			
	501(c)(3) taxable private foundation					
	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for	both the General Rule and a S	Special Rule, See			
instructions.), (o), or (ro) organization can effect boxes for	bout the General Rule and a c	pedial Rule. Occ			
General Rule						
	filing Form 990, 990-EZ, or 990-PF that receiver property) from any one contributor. Complete ontributions.					
Special Rules						
regulations under s 16b, and that recei	described in section 501(c)(3) filing Form 990 ections 509(a)(1) and 170(b)(1)(A)(vi), that che ved from any one contributor, during the year, ton (i) Form 990, Part VIII, line 1h; or (ii) Form	ecked Schedule A (Form 990) otal contributions of the great	, Part II, line 13, 16a, or ter of (1) \$5,000; or			
contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing the year, total contributions of more than \$1,00 and purposes, or for the prevention of cruelty to instead of the contributor name and address), I	00 <i>exclusively</i> for religious, ch o children or animals. Complet	aritable, scientific,			
contributor, during contributions totale during the year for General Rule applie	described in section 501(c)(7), (8), or (10) filing the year, contributions exclusively for religious, and more than \$1,000. If this box is checked, entering exclusively religious, charitable, etc., purpose to this organization because it received nonexpanded during the year	charitable, etc., purposes, burer here the total contributions e. Don't complete any of the pactusively religious, charitable	t no such that were received parts unless the , etc., contributions			
	isn't covered by the General Pule and/or the S					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

NEIGHBORHOOD COOPERATIVE MINISTRIES, INC.

Employer identification number 58-1792414

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I if	additional space is nee	ded.

	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$ \$ 360,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1E1253 2.000

Name of organization Emplo

Employer identification number

	NEIGHBORHOOD COOPERATIVE MINIST	RIES, INC.	58-1792414
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

1E1253 2.000

Payroll

Noncash
(Complete Part II for noncash contributions.)

\$_

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number NEIGHBORHOOD COOPERATIVE MINISTRIES, INC. 58-1792414 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

and section 170(h)(4)(B)(ii)?

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

organization's accounting for conservation easements.

Schedule D (Form 990) 2021

8

Sche	dule D (Form 990) 2021 NEIGHBORI	HOOD COO	OPERATIVE	MINIS	TRIES	, INC.		58-1	792414	Page 2
Pa	rt Organizations Maintaining Coll						r Similar A)
3	Using the organization's acquisition, acce	ssion, and	other recor	ds, check	any of	the follo	wing that n	nake sigr	nificant use	of its
	collection items (check all that apply):			_						
а	Public exhibition		d _	Loan	or excha	nge progr	am			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's	s collection	ns and expla	ain how t	hey furt	ther the c	organization'	's exemp	t purpose	in Part
	XIII.									
5	During the year, did the organization solicit									
	assets to be sold to raise funds rather than		ntained as pa	rt of the c	organiza	tion's coll	ection?	<u> L</u>	Yes	No
Pa	rt IV Escrow and Custodial Arrange									
	Complete if the organization and	swered "Y	es" on For	m 990, P	Part IV, I	line 9, or	reported a	n amour	nt on Form	า
	990, Part X, line 21.									
1 a	Is the organization an agent, trustee, cus			_				ets not		
_	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part X	III and con	nplete the fo	llowing tab	ole:					
	5					-		Amount		
С.	Beginning balance					1c				
a	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance Did the organization include an amount on					1f	al account lic	hilitu?	Yes	No
	If "Yes," explain the arrangement in Part X									
	rt V Endowment Funds.	III. CHECK	ilele il tile e.	лріапаціоп	nas bee	ii provide	u Uli Falt All	<u>' </u>		
га	Complete if the organization an	swered "Y	es" on For	m 990 F	Part IV	line 10				
	· · · · · · · · · · · · · · · · · · ·	urrent year	(b) Prio			years back	(d) Three y	ears back	(e) Four yea	ars back
4 -		,	(4,7111	. ,	. ,		(4)		(-,	
	Beginning of year balance	,231,820.								
b	Outilibations	,, ,,								
С	Net investment earnings, gains, and losses									
٨	Grants or scholarships									
	Other expenditures for facilities									
·	and programs	228,582.								
f	Administrative expenses									
g		,003,238.								
2	Provide the estimated percentage of the c	urrent veai	r end balanc	e (line 1a.	column	(a)) held a	ns:			
а	Board designated or quasi-endowment >_			, 5,		<i>、</i>				
b	Permanent endowment ▶ NONE %									
С	Term endowment ▶ 12.0000 %									
	The percentages on lines 2a, 2b, and 2c s	hould equa	l 100%.							
3a	Are there endowment funds not in the poss	session of	the organiza	tion that	are held	l and adm	inistered for	the		
	organization by:								Ye	s No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
	If "Yes" on line 3a(ii), are the related organ		•			?			3b	
4	Describe in Part XIII the intended uses of t		ation's endo	wment fur	nds.					
Pa	rt VI Land, Buildings, and Equipment Complete if the organization an	ι. Iswered "`	Yes" on For	m 990. F	Part IV.	line 11a	See Form	990, Pa	rt X, line	10.
	Description of property	(a) Cost	or other basis	(b) Cost of	or other bas	sis (c) A	ccumulated) Book value	-
4 -	Lond	(inve	estment)		ther)		preciation		400	000
_	Land				100,00		160 220			000.
b	Buildings Leasehold improvements			1,5	58,32	٠.	169,239.		1,389,	000.
Ч	Equipment			1	42,28	2	55,384.		26	898.
u		1		1 -	, _ 0	- • 1	JJ, JUT.	(00,	

1,913,916. Schedule D (Form 990) 2021

37,932.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

75,169.

Schedule D (Form 990) 2021 NEIGHBORHOOD C	OOPERATIVE MINI	STRIES, INC. 5	8-1792414 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financ	ial derivatives			
(2) Closely	y held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII			D . N. II	5 ()((6)
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🔔 🕨			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Fede	eral income taxes	•		
	LL TAXES PAYABLE			7,315
	T SECURITY DEPOSITS			21,691
(4)				==,05=
(5)				
(6)				
(7)				

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 29,006. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

(8)

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,644,086.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 231,061.		
	Add lines 2a through 2d	2e	237,169.
e	Subtract line 2e from line 1	3	3,406,917.
3			3,400,517.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	investment expenses het included en remisses, rait vin, inte re		
b	Other (Becombe in Fart Att.)	40	
С 5	Add lines 4a and 4b	4c 5	2 406 017
Part		_	3,406,917.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,394,698.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	244,461.
3	Subtract line 2e from line 1	3	2,150,237.
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.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,150,237.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		
-			

FORM 990, SCH D, PART V, LINE 4

NEIGHBORHOOD COOPERATIVE MINISTRY, INC. MAINTAINS ASSETS SUBJECT TO DONOR-IMPOSED RESTRICTIONS THAT ARE TEMPORARY IN NATURE, SUCH AS THOSE THAT WILL BE MET BY THE PASSAGE OF TIME OR OTHER EVENTS SPECIFIED BY THE DONOR. THESE FUNDS HAVE BEEN BUILT TO PROVIDE LONG-TERM FUNDING FOR THE ORGANIZATION'S BUILDING CAMPAIGN.

FORM 990, SCH D, PART X, #2

NEIGHBORHOOD COOPERATIVE MINISTRIES INC. IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX
POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX
POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX
POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING
STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE
ORGANIZATION IS SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING
AUTHORITIES. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO TAX
EXAMINATIONS FOR TAX YEARS ENDING BEFORE DECEMBER 31, 2018.

Part XIII Supplemental Information (continued)

FORM 990, SCH D, PART XI, LINE 2D

EXPENSES REPORTED IN PART VIII

EXPENSES RELATED TO DEBT-FINANCED RENTAL PROPERTY 185,969

FUNDRAISING EVENT EXPENSES 45,092

TOTAL 231,061

FORM 990, SCH D, PART XII, LINE 2D

EXPENSES REPORTED IN PART VIII

EXPENSES RELATED TO DEBT-FINANCED RENTAL PROPERTY 185,969

FUNDRAISING EVENT EXPENSES 45,092

BAD DEBT EXPENSE 13,400

TOTAL 244,461

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

2021	
Open to Public Inspection	

Employer identification number

NEIGHBORHOOD COOPERATIVE MINIS	58-1792414									
Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.				
1 Indicate whether the organization rais				activities. Check a	all that apply.					
a Mail solicitations e X Solicitation of non-government grants										
b Internet and email solicitations	government grants	s								
c Phone solicitations	ising events									
c Phone solicitations g X Special fundraising events d In-person solicitations										
2a Did the organization have a written or	2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,									
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No										
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the o	iduals or entities					fundraiser is to be				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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				
SEE SUPPLEMENT INFORMATION		Yes No			coi. (i)					
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
3 List all states in which the organizat registration or licensing.	ion is registered o	or licensed	to solicit	NONE contributions or		NONE it is exempt from				
GA,										

Schedule G (Form 990) 2021 NEIGHBORHOOD COOPERATIVE MINISTRIES, INC 58-1792414 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. **(b)** Event #2 (a) Event #1 (c) Other events (d) Total events AUCTION (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 230,467. 230,467. 2 Less: Contributions3 Gross income (line 1 minus 211,498. 211,498. 18,969. 18,969. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 38,700. 38,700. 8 Entertainment 9 Other direct expenses 17,083. 17,083. 10 Direct expense summary. Add lines 4 through 9 in column (d) 55,783. 11 Net income summary. Subtract line 10 from line 3, column (d). -36,814.Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а Nο If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a

Schedule G (Form 990) 2021

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2021 NEIGHBORHOOD COOPERATIVE MINISTRIES, INC. 58-1792414 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
ı J a	
b	revenue? Yes No If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
b	amount of gaming revenue retained by the third party > \$
c	If "Yes," enter name and address of the third party:
	The Foot, which make address of the ania party.
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	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 to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES ______

NAME:

WELLSPRING NONPROFT RESOURCE

ADDRESS:

2870 PEACHTREE RD NW, STE 614 ATLANTA, GA 30305

ACTIVITY :

BLDG CAMPGN CONSULTANT

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 28,113.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: NONE

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

NEIGHBORHOOD COOPERATIVE MINISTR	IES, INC.					58-1792414	
Part I General Information on Grants a	and Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. Part II Grants and Other Assistance to	ants or assistand cedures for mo	ce? nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient	t that received	more than \$5	,000. Part II can l	be duplicated if a	additional space is r	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	•	•					

1E1288 1.000

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FOOD & PERSONAL CARE ASSISTANCE	622	68,870.			
2LODGING ASSISTANCE (HOTEL/MOTEL)	6,531	267,460.			
3RENT ASSISTANCE	10,366	425,769.			
4utilities assistance	1,659	69,080.			
5medical assistance	207	6,564.			
6 miscellaneous other assistance	104	10,430.			
7 GROCERIES/CLOTHING	21,244		364,286.	FMV	GROC/CLOTHES

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 merry market	14,482		144,500.	FMV	GIFTS
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

MONITORING PROCEDURES

ASSISTANCE PAID TO THIRD-PARTY PROVIDER FOR BENEFIT OF QUALIFYING

HOUSEHOLDS.

SCHEDULE I, PART III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
_ 3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

NEIGHBORHOOD COOPERATIVE MINISTRIES, INC. (NCM) PROVIDES ASSISTANCE TO

QUALIFIED CLIENT HOUSEHOLDS TO HELP MEET THEIR BASIC NEEDS. THE

ASSISTANCE IS IN THE FORM OF FOOD AND CLOTHING, AND PAYMENTS FOR EVICTION

PREVENTION, UTILITIES, TEMPORARY LODGING, AND MEDICAL SERVICES. IN

ADDITION, NCM PROVIDES SERVICES TO ASSIST CLIENTS MOVING TOWARD

SELF-SUFFICIENCY, SUCH AS JOB SEARCH ASSISTANCE, FINANCIAL MANAGEMENT

CLASSES, AND REFERRAL SERVICES TO CLIENTS WITH THE COMMUNITY. NCM

PROVIDES THIS ASSISTANCE VIA ITS CLIENT ASSISTANCE PROGRAM. DURING 2021,

ASSISTANCE PROVIDED THROUGH THE PROGRAM FOR THE CATEGORIES LISTED IN PART

III TOTALLED \$848,173.

Schedule I (Form 990) (2021)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART III-NUMBER OF RECIPIENTS

THE NUMBER OF RECIPIENTS LISTED FOR EACH ASSISTANCE CATEGORY REPRESENTS NCM'S ESTIMATES BASED ON BAGS OF FOOD, LODGING BILLS, RENT AND UTILITY PAYMENTS, MEDICAL REFERRALS AND PRESCRIPTIONS, AND COUNTS OF CHILDREN AND JOB SEEKERS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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 instructions and the latest information.

Employer identification number Name of the organization

NEIGHBORHOOD COOPERATIVE MINISTRIES, INC. 58-1792414 **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 6 Cars and other vehicles 7 Intellectual property 8 Securities - Publicly traded 1 9,968. STOCK MKT 9 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 351,354. Other ►(LBS OF FOOD Χ 210,392 FMV 25 26 Other ▶ (CLOTHING Χ 12,932 12,932. FMV Other ▶(TOYS/GIFTS Х 1,862 144,500. FMV 27 Other ▶(AUCTION ITEMS Χ 42 10,691. FMV 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 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 30a to be used for exempt purposes for the entire holding period?................... Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ contributions? b 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.

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

Schedule M (Form 990) 2021

Part II Supplement

Supplemental Information. 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.

SCHEDULE M, COL B

THE INFORMATION REPORTED ON SCHEDULE M, COL B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32A

STOCK DONATIONS ARE LIQUIDATED FOR CASH UPON RECEIPT BY THE ORGANIZATION'S BROKER.

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

Employer identification number 58-1792414

NEIGHBORHOOD COOPERATIVE MINISTRIES, INC

FORM 990, PART V, LINE 7B

VALUE OF GOODS OR SERVICES PROVIDED IN EXCHANGE FOR CONTRIBUTIONS-THE VALUE OF ANY GOODS OR SERVICES RECEIVED WERE NEGLIGIBLE.

FORM 990, PART VI, LINE 2

ONE MARRIED COUPLE HAS A BOARD SEAT, HOWEVER, THE COUPLE SHARES ONE VOTE.

FORM 990, PART VI, LINE 4

NCM'S BOARD WILL ULTIMATELY BE MADE UP OF 3 ELECTED CHURCH COUNCIL MEMBERS AND BETWEEN 10-15 COMMUNITY LEADERS IN BUSINESS, GOVERNMENT, AND CIVIC AFFAIRS. A BOARD NOMINATING COMMITTEE RECOMMENDS POTENTIAL BOARD CANDIDATES. THE CHURCH COUNCIL CURRENTLY SERVES AS A NONVOTING, ADVISORY COUNCIL TO THE ORGANIZATION.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS: THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND PROVIDES COPIES TO THE BOARD MEMBERS FOR THEIR REVIEW.

FORM 990, PART VI, LINE 12C

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS: THE BOARD MEMBERS AND EMPLOYEES REVIEW AND ATTEST NO CONFLICTS OCCUR OR DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15

COMPENSATION REVIEW & APPROVAL PROCESS-DIRECTOR & TOP MANAGEMENT: THE BOARD REVIEWS OUTSIDE DATA FOR COMPENSATION COMPARABILITY PRIOR TO APPROVAL OF EXECUTIVE SALARIES.

FORM 990, PART VI, LINE 19

DOCUMENTS PUBLICLY AVAILABLE:

THE ORGANIZATION SUBMITS FINANCIAL STATEMENTS WITH A STATE-REQUIRED COST

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

REPORT TO THE STATE OF GEORGIA. THE ORGANIZATION MAKES FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES AVAILABLE UPON REQUEST.

FORM 990, PART VIII, LINE 1E

IN APRIL 2020, THE ORGANIZATION OBTAINED THE SMALL BUSINESS

ADMINISTRATION LOAN UNDER THE PAYCHECK PROTECTION PROGRAM ("PPP") IN THE AMOUNT OF \$92,600. THE PPP LOAN BORE INTEREST AT 1.00% AND REQUIRED REPAYMENT UNDER CERTAIN CIRCUMSTANCES. UNDER THE TERMS OF THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ACT (THE "CARES ACT") AND THE PAYCHECK PROTECTION PROGRAM FLEXIBILITY ACT ("PPPFA"), THE ORGANIZATION APPLIED WITH THE LENDING INSTITUTION FOR PPP LOAN PROCEEDS USED WITHIN A SPECIFIED TIME PERIOD TO BE FORGIVEN SINCE THE PROCEEDS WERE USED TO COVER CERTAIN PAYROLL AND OTHER EXPENSES AS DEFINED BY THE CARES ACT AND THE PPPFA. WHILE THE LOAN WAS FULLY FORGIVEN DURING 2021, THE ORGANIZATION RECOGNIZED ALL PPP PROCEEDS WITHIN REVENUE ON ITS CONSOLIDATED STATE OF ACTIVITIES AS OF DECEMBER 31, 2020. THEREFORE, NOTHING RELATED TO THE FORGIVEN PPP LOAN IS INCLUDED IN 2021 AMOUNTS.

FORM 990, PART VIII, LINE 1G

NEIGHBORHOOD COOPERATIVE MINISTRIES (NCM) RECEIVES NUMEROUS DONATED ITEMS
OF FOOD AND CLOTHING THROUGHOUT THE YEAR. IN 2021, THE ORGANIZATION
DISTRIBUTED 245,205 POUNDS OF DONATED PRODUCTS AND 12,932 ITEMS OF
CLOTHING. BASED ON RESEARCH CONDUCTED BY NCM, THE APPROXIMATE AVERAGE
WHOLESALE VALUE OF ONE POUND OF DONATED PRODUCT WAS DETERMINED TO BE
\$1.67 AND THE APPROXIMATE AVERAGE VALUE PER PIECE OF CLOTHING WAS
DETERMINED TO BE \$1.00. NCM RECORDED IN-KIND DONATIONS FOR DONATED FOOD
AND CLOTHING IN THE AMOUNT OF \$365,286 FOR 2021.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

FORM 990, PART XI, LINE 9

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

PLEDGES ORIGINATING BEFORE 2021 WRITTEN OFF AS BAD DEBT 13,400

Name of the organization	Employer identification number
NEIGHBORHOOD COOPERATIVE MINISTRIES, INC.	58-1792414
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID INSURANCE	34,422.
TOTALS	34,422.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization NEIGHBORHOOD COOPERATIVE MINISTRIES, INC. Employer identification number 58-1792414

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

(a) Name, address, and EIN (if app	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) 500 PINNACLE COURT, LLC	84-2989023					
500 PINNACLE COURT STE 510	NORCROSS, GA 30071	REAL ESTATE	GA	182,609.	2,111,719.	NCM
(2)						
(3)						
(4)						
(5)						
]				
(6)						
• •		1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
						Yes	No
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
							20) 2004

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

Schedule R (Form 990) 2021

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. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(i Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	ij) eral or aging tner?	(k) Percentage ownership
		oouy,		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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. Part IV

				, , , ,		1		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

NOT	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	160	3 140					
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?								
а	ipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
		grant, or capital contribution to related organization(s)									
		grant, or capital contribution from related organization(s)									
	Loans or loan guarantees to or for related organization(s)				1d						
	Loans or loan guarantees by related organization(s)				1e						
Ĭ	25ans or lean guarantees by related enganization (e)										
f	Dividends from related organization(s)				1f						
	Sale of assets to related organization(s)				1g						
	Purchase of assets from related organization(s).				1h						
	Exchange of assets with related organization(s).				1i						
	Lease of facilities, equipment, or other assets to related organization(s).			+	1j						
J	Lease of facilities, equipment, of other assets to related organization(s)				•						
L	Lease of facilities, equipment, or other assets from related organization(s)				1k						
	Lease of facilities, equipment, or other assets from related organization(s)										
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	+					
					1n						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10						
0	Sharing of paid employees with related organization(s)			• • • • •	10						
	Details and a side of the selection of t				1n						
	p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q						
					4-						
	Other transfer of cash or property to related organization(s)				1r	+					
<u>s</u>	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t	hio line including cove	rod relationships and trans	ootion throat	1s						
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of	(d) f determir	ning					
	·	type (a-s)		amoun	t involved	ı					
41											
(1)											
رم،											
(2)											
(3)											
(4)											
(5)											
(6)											

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

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) (c) Legal domici (state or forei country)	(c) Legal domicile (state or foreign	income (related,	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				from tax under sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)														
(2)														
(3)														
(4)														
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(16)														
(10)														

Schedule R (Form 990) 2021