Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

75-2233200

Another Chance House

Net Asset / Fund Balance at Beginning	of Year			2,122,018
Revenue				
Contributions		679,475		
Program service revenue		406,704		
Investment income		9,283		
Capital gain / loss		8,873		
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income		1,437		
Total revenue			1,105,772	
Expenses				
Program services		950,472		
-		103,627		
Management and general Fundraising		123,839		
Total expenses		123,033	1,177,938	
-				-72,166
Excess / (deficit)				-72,100
Changes				-24,242
Net Asset / Fund Balance	a at End of Voor			2,025,610
Reconciliation of Revenue per financial statements	-24,242	Less: Do Prid Los Oth Plus:	nated services or year adjustments sses	ements 1,177,938
Other		Oth	ner	<u> </u>
Total revenue per return	1,105,772		Total expenses per retu	
	Beginning 2,144,802 22,784	Balance She Ending 2,109,	Difference 734	ces
Liabilities Net assets	22,784 2,122,018	2,025,	124 610 -96	5,408
	Miscellaneous ended return urn / extended due da		5/2 3	
	ure to file penalty			

Form 8879-TF

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No. 1545-00-	47
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Department of the Treasury

For calendar year 2022, or fiscal year beginning, 2022, and ending, 20 Do not send to the IRS. Keep for your records.

2022

Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer Another Chance House 75-2233200 Name and title of officer or person subject to tax Les Hoyt President Part I 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. 1,105,772 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 3a Form 1120-POL check here 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) **9b** 10a Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, 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) , (EIN) and that I have examined a copy of the 2022 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 lauthorize _ Victor B Glenn, CPA to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 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 2022 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. 11/15/23 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 75673156922 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 Returns. 11/15/23 ERO's signature _

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Α	For the	е 2022 с	alendar year, or tax year beginning		, and ending				
В	Check if ap	pplicable:	C Name of organization					D Employe	r identification number
	Address ch	change	Another Ch	nance Ho	use				
百	Name chai	enne	Doing business as						233200
\equiv			Number and street (or P.O. box if mail is not deliver	ed to street addre	ss)		Room/suite	E Telephon	
-	Initial return		209 S. Jackson City or town, state or province, country, and ZIP or to	oroign poetal cod	^			806-	681-1370
	terminated			• .					1 105 000
	Amended	return	Amarillo F Name and address of principal officer:	TX 7910	<u> </u>		Т	G Gross red	ceipts \$ 1,105,899
Ħ	Application	nonding	·				H(a) Is this a gr	oup return for :	subordinates? Yes X No
ш	Арріісаціон	i pending	Steve Smart					·	H., H.,
			209 S. Jackson		E0101		H(b) Are all sub		See instructions
			Amarillo		79101	$\overline{}$	- II No,	attach a list.	See instructions
<u> </u>	Tax-exem			ert no.)	4947(a)(1) or	527	4		
<u>J</u>	Website:		ww.anotherchancehouse	–			H(c) Group exe		
		organization:	X Corporation Trust Association	Other		L Y	ear of formation: 1	988	M State of legal domicile: TX
P	Part I		mmary						
	1 B	Briefly de	scribe the organization's mission or most rofit provider of emerger	significant ac	ctivities:				
e		Nonp	rofit provider of emergen	ncy shel	ter and pe	ermanent,	low-inco	me ren	tal
Jan		hous	ing to homeless males.						
Governance									
Ó	2 0	Check thi	s box if the organization discontinued	its operation	s or disposed of	more than 25%	of its net asse	ts.	1
⋖ŏ	3 N		of voting members of the governing body (15
ies	4 1	Number o	of independent voting members of the government	erning body (Part VI, line 1b) _.			4	14
Activities	5 T	Total num	nber of individuals employed in calendar ye	ear 2022 (Pa	rt V, line 2a)			5	41
Act	6 T	Total nun	nber of volunteers (estimate if necessary)					. 6	200
	7a ⊺	Total unre	elated business revenue from Part VIII, co	lumn (C), line	: 12			7a	0
	b N	Net unrel	ated business taxable income from Form 9	990-T, Part I,	line 11	<u></u>			0
						-	Prior Ye		Current Year
ě	8 0	Contributi -	ons and grants (Part VIII, line 1h)					6,514	679,475
Revenue								4,753	406,704
Re.	10 lr	nvestmer	nt income (Part VIII, column (A), lines 3, 4	, and 7d)				5,842	18,156
	1		enue (Part VIII, column (A), lines 5, 6d, 8d			I		3,185	1,437
			enue – add lines 8 through 11 (must equal				1,15	294	1,105,772
			nd similar amounts paid (Part IX, column (0
	l		paid to or for members (Part IX, column (A				<u></u>	4 740	607.077
es	15 8	Salaries,	other compensation, employee benefits (Final fundraising fees (Part IX, column (A), draising expenses (Part IX, column (D), lin	art IX, colum	ın (A), lines 5–10) 	63	4,748	687,077
xpenses	16a P	Profession	nal fundraising fees (Part IX, column (A),	ine 11e)	100				0
					123,8	339	42	4 410	400.061
Ш			penses (Part IX, column (A), lines 11a-11d					4,418	490,861
	1		enses. Add lines 13–17 (must equal Part		.), line 25)			9,166	1,177,938
<u> </u>		Revenue	less expenses. Subtract line 18 from line	12			Beginning of Cu	1,128	-72,166 End of Year
Net Assets or	ĕ 20 T	Fotal ass	ets (Part X, line 16)			<u> </u>		4,802	2,109,734
ASSE	20 T					l l		2,784	84,124
Net.	21 1		s or fund balances. Subtract line 21 from					2,018	2,025,610
	Part II		nature Block	III 20		<u></u>	2,12	<u> </u>	2/025/010
			perjury, I declare that I have examined this retu	n including ac	companying schedu	ulae and etatama	nte and to the he	et of my kr	nowledge and helief it is
			emplete. Declaration of preparer (other than offi						lowledge and belief, it is
Sig	nn	Signature	of officer					Date	
He	-	T.eg	Hoyt		Pre	sident			
. 16			rint name and title		116	<u> </u>			
_		<u> </u>	preparer's name	Preparer's sign	ature		Date	Check	X if PTIN
Pai	d	"	B Glenn						P00056922
	parer		Wigton D Clone	רַים.					75-2148435
	e Only	Firm's nar	2700 S Western		<u> </u>		F	irm's EIN	13-4110133
	,	Figure 1	7manilla TV	79109-				lhana	806-358-8997
May	v the IP	Firm's add	s this return with the preparer shown above				<u> </u>	Phone no.	X Yes No
·via	,		rotain mui uio proparoi onowii abut						22 193 1110

Pa	rt III Statement of Program Service	e Accomplishments response or note to any line in thi	e Part III	П
	Briefly describe the organization's mission: onprofit provider of emerousing to homeless males	rgency shelter and pe		e rental
	·			
2	Did the organization undertake any significant proprior Form 990 or 990-EZ?	gram services during the year which were		Yes X No
	If "Yes," describe these new services on Schedule	e O.		
3	Did the organization cease conducting, or make s services? If "Yes," describe these changes on Schedule O.		. •	Yes X No
4	Describe the organization's program service according expenses. Section 501(c)(3) and 501(c)(4) organization	mplishments for each of its three largest p	= -	
	the total expenses, and revenue, if any, for each			
t e o A p	CH provides several types owards slef-sufficiency. o provide shelter, food a xpanding it housing serve ffered as low income houselcoholics Anonymous, Narograms, employment references a select number of collaboration with the	Currently ACH owns and other services for ices by acquiring more sing. Program service cotics Anonymous, records, vocational trained beds for America's	facilities that all or 55 men. ACH is the properties that the estimates include case made overy programs, remains and transports veterans. This p	lows them continually can be magement, spect
	·			
N				
	(Code:) (Expenses \$ / A	including grants of \$) (Revenue \$)
	*			
	•			

	•			
	•			
4d	Other program services (Describe on Schedule O	D.)		
	(Expenses \$ including	ng grants of \$ 950,472) (Revenue \$)
4e	Total program service expenses	JJU,4/4		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		х
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Λ
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vos." complete Schodule D. Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		21
'	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? <i>If "Yes,"</i>	·· <u>'</u>		
Ü	complete Schoolule 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	•		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt as a station as a size of M. Was II as a state of D. Dest IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
. •	as in guasi and sumanta? If "Vac " complete Schoolule 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		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in 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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any 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			٦,
	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			7.7
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			7.7
00	If "Yes," complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	. 20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

_ [(Checklist of Required Scheddles (Continued)					\Box	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	als on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22	2		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the							1
	organization's current and former officers, directors, trustees, key employees, and highest compensations	ed						1
	employees? If "Yes," complete Schedule J				23	3		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than							1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin	es 24	4b					
	through 24d and complete Schedule K. If "No," go to line 25a				24	-		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24	b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the	year						1
	to defease any tax-exempt bonds?				24	-		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		ofi		24	a		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess transaction with a discussified parameter section with a discussified parameter section.	ss ber	ieii	L	25			х
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9							1
	If "Yes," complete Schedule L, Part I	30 L2	-:		25	h		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any		 ⊇nt			_		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	ouric	J. 10					1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				26	6		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust-	ee, ke	 ev					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		•					1
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the	se						1
	persons? If "Yes," complete Schedule L, Part III				27	7		X
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	dule L	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 contribut	or? If						1
	"Yes," complete Schedule L, Part IV				28	а		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28	b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	lf						
	"Yes," complete Schedule L, Part IV				28			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu				29	9	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualific	ed						
	conservation contributions? If "Yes," complete Schedule M		· <u>·</u> ·		30	-		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ıle N,	Pa	nrt I	31	1		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"							v
22	complete Schedule N, Part II				32	2		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg				3,	,		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I				33	+		
34	an IV and Dark V line 4				34	,		х
35a	Did the appropriation have a controlled antihy within the propriation of continue (AO(h)/AO()				25	-		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		• • •			<u>u</u>		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line	2			35	ь		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		• • •			_		
	related organization? If "Yes," complete Schedule R, Part V, line 2				36	6		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	nizatio	on					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, I				37	7		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines							
	19? Note: All Form 990 filers are required to complete Schedule O.				38	В	X	1
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>		<u></u>		Ш
			1				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a		0				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b		0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and							
	reportable gaming (gambling) winnings to prize winners?				10	C I		X

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
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	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
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 A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns 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 g	goods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received funds are advised funds.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			•		
a	Pid the annual and an annual action made a great translate distributions and demand in A0000			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:			O.D		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413	>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		4.		37
14a				14a		X
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4-		~
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	inac	•2	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	incom	⊌:	10		- 22
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	ities				
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022) Another Chance House 75-2233200 Page 6 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 14 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)

17	List the states with which a copy of this Form 990 is required to be	filed None

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

Steve Smart Amarillo

209 S. Jackson

TX 79101 806-681-1370

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current of
--

<u> </u>		-					_	<u> </u>		
(A) Name and title	(B) Average hours per week	box	, unle	ess pe	ition more rson i	than on s both a or/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) Steve Smart										
Executive Director	40.00	x		x				71,424	0	0
(2) James F Bayless	0.00							,1,121		
	1.00									
Board Member	0.00	Х						0	0	0
(3) Curt Besselman	1 00									
Director	1.00	x		x				0	0	0
(4) Ross Clopton	0.00	<u> </u>		<u> </u>						
(,,====================================	1.00									
Board Member	0.00	X						0	0	0
(5) Debbie Duncan										
	1.00									
Board Member	0.00	Х						0	0	0
(6) Tony Freeman	1.00									
Treasurer	0.00	x						0	0	0
(7) Gabrielle Griff:										
(,, , , , , , , , , , , , , , , , , , ,	1.00									
Board Member	0.00	X		x				0	0	0
(8) Les Hoyt										
· · · · · · · · · · · · · · · · · · ·	1.00									
President	0.00	Х		Х		\vdash		0	0	0
(9) John Kangerga	1.00									
Board Member	0.00	x						0	0	0
(10) Alisha Platts	0.00									<u> </u>
•	1.00									
Vice President	0.00	Х						0	0	0
(11) Vicky Richmond										
<u> </u>	1.00	,						_	_	
Secretary	0.00	X						0	0	Earm 990 (2022)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week	bo	x, unle ficer a	Pos check ess pe ind a	erson i directo	than dis both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) imated a of othe ompensa	er	
	(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)	orç	from th ganization ed organ	e n and	
(12) James S Roger	1.00							0	0				_
Past President (13) Rick Sandifor	0.00 d 1.00	Х		X				0	0				C
Board Member	0.00	X						0	0				(
(14) Sheila Sims	1.00								_				
Board Member (15) Dale Williams	0.00	X		<u> </u>	<u> </u>			0	0				C
(15) Dale Williams	1.00												
Board Member	0.00	X						0	0				C
1b Subtotal								71,424					_
c Total from continuation shee	•							71,424					
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not I	imite							\$100,000 of			<u> </u>	_
3 Did the organization list any for employee on line 1a? If "Yes,"											3		<u>ю</u>
4 For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of rother	epor	table 50,00	con	npen: If "Ye	satio s," c	n and other compensation complete Schedule J for su	from the ch				
individualDid any person listed on line 1	1a receive or ac	crue		nens	atio	 n fror	 m an	ny unrelated organization or	· individual	·····	4	-	X
for services rendered to the or											5		X
1 Complete this table for your five	ve highest comp												
compensation from the organiz	Zation. Report co (A) business address	ompe	ensa	ion i	or tr	ne ca	ilena 		in the organization's tax years. (B) ion of services	ear.		(C) npensation	_
Name and	business address							Descript	ion of services		Com	pensation	
													_
2 Total number of independent or received more than \$100,000								se listed above) who	0				

Part VIII Statement of Revenue	Part VIII	Statement	of	Revenue
--------------------------------	-----------	-----------	----	---------

		Check if	Sch	edule O conta	ains a	a respo	nse or note	to any line in this	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated camp	aigns	<u> </u>	1a						
ran		Membership due			1b						
ĞĔ,		Fundraising ever			1c						
ifts ır⊿		Related organiza			1d						
nilsi G		Government grants (co			1e						
Sir		All other contributions,			16						
utic Jer		and similar amounts no			1f		679,475				
d: GE	g	Noncash contributions i			1g	\$	75,773				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines						679,475			
							Business Code				
a)	2a	_						324,190	324,190		
Program Service Revenue	b	From CSA I		 -				82,514	82,514		
Sel	С	•						-	-		
am	d	4									
.0gr	е	e e									
Ы	f	f All other program service revenue									
	g	Total. Add lines						406,704			
	3	Investment incor									
		other similar amounts)						9,283	9,283		
	4				ı						
	5	Royalties				•					
		, i		(i) Real		1	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incom		(loss)							
	7a	Gross amount from		(i) Securities		1 (ii) Other				
		sales of assets	7a				9,000				
<u>o</u>	b										
enn	_	basis and sales exps.	7b				127				
ev	c	Gain or (loss)	7c				8,873				
ř	d	Net gain or (loss				-	-,	8,873	8,873		
Other Revenue	8a	Gross income from		aising events		<u> </u>					
٥		(not including \$									
		of contributions rep	orted i	on line							
		1c). See Part IV, lin			8a						
	b				8b						
		Net income or (le				:					
		Gross income from		_							
		activities. See Pa			9a						
	h	Less: direct expe			9b						
		Net income or (le				1					
		Gross sales of ir				<u> </u>					
		returns and allow		20	10a						
	b	Less: cost of goo			10b						
		Net income or (le									
			, •				Business Code				
ous	11a	Other Incom	me					1,346	1,346		
ane	b	Adjustment						91	91		
eve eve	C			9. 							
Miscellaneous Revenue	d	All other revenue					1 1				
_		Total. Add lines						1,437			
		Total revenue.						1,105,772	426,297	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 67,609 33,805 23,663 10,141 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 510,895 419,254 37,676 53,965 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 63,852 50,622 6,469 6,761 9 Payroll taxes 44,721 35,023 4,742 4,956 Fees for services (nonemployees): a Management **b** Legal 12,266 12,266 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column <u>1</u>,100 (A) amount, list line 11g expenses on Schedule O.) 1,100 16,1872,606 13,581 12 Advertising and promotion 4,365 3,418 463 484 13 Office expenses 13,709 13,709 14 Information technology Royalties 100,162 77,440 10,345 12,377 16 Occupancy 20,785 16,278 2,204 2,303 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 16,888 1,016 Conferences, conventions, and meetings 25,520 7,616 19 20 Interest Payments to affiliates 21 59,40459,404 Depreciation, depletion, and amortization 22 38,413 30,008 4,110 4,295 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.) 155,309 154,690 303 316 Supplies Miscellaneous 31,082 30,325 370 387 1,6187,175 5,557 Dues & Subscriptions 2,956 2,956 Bad Debt Expense 2,428 2,428 e All other expenses 1,177,938 950,472 103,627 123,839 Total functional expenses. Add lines 1 through 24e 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)

Part X Balance Sheet

	ait /	Check if Schedule O contains a response or note	to any line	in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			204,248	1	69,616		
	2	Savings and temporary cash investments			716,410	2	508,908		
	3	Pledges and grants receivable, net		· · · · · · · · · · · · · · · · · · ·		3	40,000		
	4	Accounts receivable, net		· · · · · · · · · · · · · · · · · · ·	30,484	4	20,012		
	5	Loans and other receivables from any current or forme	r officer, dir	ector,					
		trustee, key employee, creator or founder, substantial of	contributor,	or 35%					
		controlled entity or family member of any of these personal	ons			5			
	6	Loans and other receivables from other disqualified per							
Ŋ		under section 4958(f)(1)), and persons described in se	ction 4958(c)(3)(B)		6			
Assets	7	Notes and loans receivable, net			7				
Ä	8	Inventories for sale or use			5,963	8	11,489		
	9	Donasid surrences and defermed absences		2,901	9	4,714			
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	1,753,249					
	b	Less: accumulated depreciation	800,369	1,028,861	10c	952,880			
		The construction of the Park Construction of the construction of t		154,904	11	172,540			
		Investments—other securities. See Part IV, line 11			12				
	13	Investments—program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·		13				
	14	Intangible assets			14				
	15	01		1,031	15	329,575			
	16	Total assets. Add lines 1 through 15 (must equal line 3		2,144,802	16	2,109,734			
	17	Accounts payable and accrued expenses			22,784	17	84,124		
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete Part IV				21			
s	22	Loans and other payables to any current or former office							
Liabilities		trustee, key employee, creator or founder, substantial of							
abil		controlled entity or family member of any of these personal				22			
Ξ	23	Secured mortgages and notes payable to unrelated thin	rd parties	Γ		23			
	24	Unsecured notes and loans payable to unrelated third				24			
	25	Other liabilities (including federal income tax, payables							
		parties, and other liabilities not included on lines 17-24)	. Complete	Part X					
		of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			22,784	26	84,124		
		Organizations that follow FASB ASC 958, check he							
Ses		and complete lines 27, 28, 32, and 33.							
auc	27	Net assets without donor restrictions		L	1,796,870	27	1,838,212		
Bal	28			325,148	28	187,398			
nd		Organizations that do not follow FASB ASC 958, ch	eck here						
교		and complete lines 29 through 33.	_						
ō	29	Capital stock or trust principal, or current funds			29				
sets	30	Paid-in or capital surplus, or land, building, or equipment				30			
Ass	31		Retained earnings, endowment, accumulated income, or other funds						
Net Assets or Fund Balances	32			2,122,018	32	2,025,610			
_	33	Total liabilities and net assets/fund balances	2,144,802	33	2,109,734				

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				_
	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	1,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	77,9	938
3	Revenue less expenses. Subtract line 2 from line 1	3		72,:	166
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,1	22,0	018
5	Net unrealized gains (losses) on investments	5	-:	24,2	242
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,0	25,6	510
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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 audited on a				
	separate basis, consolidated basis, or both:				
	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 oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

75-2233200

Open to Public Inspection

Another Chance House Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	check only	one box	.)							
1		A church, cor	nvention of churches, or ass	ociation of churches described i	in sectio i	170(b)(1)(A)(i).							
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)									
3		A hospital or	a cooperative hospital servi-	ce organization described in sec	ction 170	(b)(1)(A)	(iii).							
4		A medical res	search organization operated	I in conjunction with a hospital of	described	in sectio	on 170(b)(1)(A)(iii). Enter the h	nospital's name,						
		city, and state	e:											
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in							
	_	section 170	(b)(1)(A)(iv). (Complete Part	II.)										
6	Ш			overnmental unit described in s										
7	X		on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II.)	om a gove	ernmental	unit or from the general public							
8	Ц	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	II.)									
9	Ш	-	_	cribed in section 170(b)(1)(A)(i			=	ge						
			or a non-land-grant college of	of agriculture (see instructions). I	Enter the	name, ci	ty, and state of the college or							
		university:												
10	Ш	-	•	more than 33 1/3% of its supp				SS						
		•		pt functions, subject to certain end unrelated business taxable in	•	. ,								
			S .	0, 1975. See section 509(a)(2).	,		,							
11	П		· ·	exclusively to test for public safe			'							
12	П	Ū	•	exclusively for the benefit of, to	•		` ' '	ses of						
	ш	•		ions described in section 509(a										
		the box on lin	nes 12a through 12d that des	scribes the type of supporting or	ganizatio	n and cor	nplete lines 12e, 12f, and 12g.							
	а													
			I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving upported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the orting organization. You must complete Part IV, Sections A and B. II. A supporting organization supervised or controlled in connection with its supported organization(s), by having											
	b						.,,,							
			•	ting organization vested in the s Part IV, Sections A and C.	same pers	sons that	control or manage the support	ea						
	С		•	supporting organization operated	l in conne	action with	and functionally integrated w	vith						
	C			structions). You must complete				тит,						
	d		=	I. A supporting organization ope				on(s)						
		that is no	ot functionally integrated. The	e organization generally must sa	atisfy a di	stribution	requirement and an attentiven	ess						
		requireme	ent (see instructions). You r	nust complete Part IV, Section	s A and	D, and P	art V.							
	е			eived a written determination fro n-functionally integrated support			s a Type I, Type II, Type III							
	f	Enter the nur	mber of supported organizati	ons										
	g	Provide the fo	ollowing information about the	ne supported organization(s).										
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount o	of					
	or	ganization		(described on lines 1–10	-	ur governing ment?	support (see	other support (see					
				above (see instructions))	Yes	No No	instructions)	instructions)						
(A)					100									
(,,														
(B)														
(-)														
(C)														
(0)														
(D)														
(E)														
Tota	ı													

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

Cupport Conceder for Ciganizations Described in Occitons 170(b)(1)(A)(1) and 170(b)(1)(A)(1)
(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.)

Sec	tion A. Public Support	, ,		, <u>, , , , , , , , , , , , , , , , , , </u>	•	,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	779,650	954,976	964,232	1,034,171	679,475	4,412,504
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	779,650	954,976	964,232	1,034,171	679,475	4,412,504
5	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)						22,086
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support						4,390,418
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	779,650	954,976	964,232	1,034,171	679,475	4,412,504
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	120,913	138,275	141,346	153,820	0/9,4/3	554,354
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		4,573	108,254	11,633		124,460
11	Total support. Add lines 7 through 10						5,091,318
12	Gross receipts from related activities, etc.						417,424
13	First 5 years. If the Form 990 is for the or	•	econd, third, fourth	i, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop her						
	tion C. Computation of Public St					1 1	
14	Public support percentage for 2022 (line 6			n (f))			86.23 %
15	Public support percentage from 2021 Scho						83.73 %
16a	33 1/3% support test—2022. If the organ box and stop here. The organization qual			4:			X
b	33 1/3% support test—2021. If the organ					ore check	
-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa						
	organization		-				
b	10%-facts-and-circumstances test—202						
	15 is 10% or more, and if the organization	n meets the facts-ar	nd-circumstances t	est, check this box	and stop here. E	Explain	
	in Part VI how the organization meets the						
	organization						L
18	Private foundation. If the organization did instructions						

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

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

Sec	tion A. Public Support			· •	•	,							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")												
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose												
3	Gross receipts from activities that are not an unrelated trade or business under section 513												
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
5	The value of services or facilities furnished by a governmental unit to the organization without charge												
6	Total. Add lines 1 through 5												
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons												
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year												
С	Add lines 7a and 7b												
8	Public support. (Subtract line 7c from line 6.)												
Sec	etion B. Total Support												
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
9	Amounts from line 6	, ,	, ,	`,	, ,	, ,	.,						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources												
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975												
С	Add lines 10a and 10b												
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						_						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)												
13	Total support. (Add lines 9, 10c, 11, and 12.)												
14	First 5 years. If the Form 990 is for the o	rganization's first,	second, third, fourt	n, or fifth tax year	as a section 501(d	c)(3)							
	organization, check this box and stop her	e		•	,	····							
Sec	tion C. Computation of Public Se												
15	Public support percentage for 2022 (line 8						%						
16_	Public support percentage from 2021 School					16	%						
	ction D. Computation of Investme			2			01						
17 40													
18 19a	Investment income percentage from 2021 3 33 1/3% support tests—2022. If the organization of the support tests—2022 is the support tests—20						%_						
134	17 is not more than 33 1/3%, check this b												
b	33 1/3% support tests—2021. If the orga		=										
20			_	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									

Part IV **Supporting Organizations**

(Complete only if you checked a box on 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 by class or purpose, describe the designation. If historic and continuing relationship, explain.

Another Chance House

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b 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)(B) 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")? If "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 b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	40		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
Sche	10b dule A	(Form 9	990) 2022

<u>Par</u>	t IV Supporting Organizations (continued)			
			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,			
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion 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	ion 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 instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions).	
2	Activities Test. Answer lines 2a and 2b below.	ĺ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
_	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	~		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b		54		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizati	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20, 19	970 (explain in Part VI).	See
instructions. All other Type III non-functionally integrated supporting organizations mu	ust comple	ete Sections A through E	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) FIIOI Teal	(optional)
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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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-functionally integrated		supporting organization	•
(see instructions).	71	11 - 3 - 3 - 3	

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide deta	ails 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 organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 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) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>n</u>	Applied to 2022 distributable amount				
<u>-</u>	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Forn	n 990) 2022		Anot	her	Chance	e Ho	ouse				75-2233	3200	Page 8
Part VI	Supplement III, line 12; B, lines 1 a	Part IV, 3 and 2; Pa ; Part V,	Section A rt IV, Section 1; Pa	Prov h, lines ction (art V,	ide the execution ide the execution idea (idea) idea (kplana , 3c, 4 Part I\ , line	tions req b, 4c, 5a /, Section 1e; Part	a, 6, 9a n D, lin V, Sect	, 9b, 9c, es 2 and tion D, li	11a, 11 d 3; Part nes 5, 6	; Part II, line b, and 11c; IV, Section and 8; and ructions.)	Part IV, E, lines	17b; Part Section 1c, 2a, 2b,
Part II	I, Line	10 -	Other	Tn	come D	eta:	i 1						
	. .			· .	·····								
							\$	124	4,460				
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Schedule B (Form 990)

Schedule of Contributors

2022

Employer identification number

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.

2022

Another Chance House 75-2233200 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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).

totaling \$5,000 or more during the year \$

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions

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

Schedule B (Form 990) (2022)

Employer identification number

75-2233200 Another Chance House Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 1.... Amarillo Area Foundation Person 500 S Taylor, Ste 101 Payroll 123,912 Noncash Amarillo TX 79101 (Complete Part II for noncash contributions.) (c) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution High Plains Christian Ministries 2.... Foundation Person 701 Park Place Pavroll 60,000 Noncash Amarillo TX 79101 (Complete Part II for noncash contributions.) (b) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. 3 Stanley & May Smith Charitable Trust Person 770 Tamalpais Dr, Ste 309 Payroll 80,000 Noncash Corte Madera CA 94925 (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 4.... Texas Housing Foundation Person 1110 Broadway Payroll 15,000 Noncash Marble Falls TX 78654 (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 5 The Ware Foundation Person X P 0 Box 1 Payroll 80,000 Noncash Amarillo TX 79105 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 6,... Harvest Connexion Church Person Payroll 22,488 Noncash (Complete Part II for noncash contributions.)

Employer identification number Another Chance House 75-2233200 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 7.... Amarillo Business Foundation Person Payroll 25,000 Noncash (Complete Part II for noncash contributions.) (c) (d) (a) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

A	nother Chance House		75-2233200
	rt I Organizations Maintaining Donor Advised Fu		,
	Complete if the organization answered "Yes" on		(h) Fundo and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	•	
5	Did the organization inform all donors and donor advisors in writing the		П., П.,
_	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or dor		П., П.,
Do	conferring impermissible private benefit? rt II Conservation Easements.	·····	Yes No
Г	rt II Conservation Easements. Complete if the organization answered "Yes" on	Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization (check		
'	Preservation of land for public use (for example, recreation or edu		, important land area
	Protection of natural habitat	Preservation of a certified h	•
		Freservation of a certified in	iistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conseasement on the last day of the tax year.	ervation contribution in the form of a cons	
_			Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified historic structure inc		2c
d	Number of conservation easements included in (c) acquired after July	25, 2006, and not on a	
_			
3	Number of conservation easements modified, transferred, released, ex	ktinguished, or terminated by the organiza	ation during the
	tax year		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo		П., П.,
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation ease	ments during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easen		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that	describes the
_	organization's accounting for conservation easements.	Historia I Tanana and Other	O'as'lan Assats
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		Similar Assets.
	·		and the standard
Ίа	If the organization elected, as permitted under FASB ASC 958, not to		
	of art, historical treasures, or other similar assets held for public exhib		e or public
	service, provide in Part XIII the text of the footnote to its financial state		also at consider of
D	If the organization elected, as permitted under FASB ASC 958, to represent the control of the co		
	art, historical treasures, or other similar assets held for public exhibition	in, education, or research in furtherance of	or public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treasures, of	- ·	rovide the
	following amounts required to be reported under FASB ASC 958 relati	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Pa	rt III Organizations Maintaining	Collections of	Art, Historical Tre	easures, or Othe	er Similar As	sets	(continu	ıed)		
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	, check any of the follo	wing that make signi	ficant use of its					
а	Public exhibition	d 🗍 I	Loan or exchange prog	ram						
b										
С										
4										
	XIII.									
5	During the year, did the organization solicit	or receive donations of	of art, historical treasure	es, or other similar			_	_	_	
	assets to be sold to raise funds rather than		part of the organization's	s collection?			Yes	š	No	
Pa	ert IV Escrow and Custodial Ar	•								
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form 990, Par	t IV, line 9, or rep	orted an am	ount oi	n Form			
1a	Is the organization an agent, trustee, custod		•					_	,	
							Yes	<u>ا</u> د	No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				A 1			
							Amount			
C										
d	Additions during the year				1d					
e	Distributions during the year									
f	Ending balance	000 Dart V line	04 for an array or aver		<u> 1f </u>			\neg	T	
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII						Yes	· -	No	
	rt V Endowment Funds.	. Official field if the CA	cpianation has been pre	Maca on Fait All						
	Complete if the organization	answered "Yes"	on Form 990. Part	t IV. line 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back	(e) Four	years	back	
1a	Beginning of year balance	171,717	147,747	129,892	73	,115		78,	647	
b				100	37	,750	0			
С										
	losses	-23,970	24,874	18,233	19	,505		-5,	214	
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses	894	904	478		478			318	
g	End of year balance	148,641	171,717	147,747	129	, 892		73,	115	
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) h	neld as:						
а		10.00 %								
b	Permanent endowment 90.00 %									
С	Term endowment %									
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held and a	administered for the			Г		·	
	organization by:						$\overline{}$	Yes X	No	
	(i) Unrelated organizations						3a(i)		v	
	(ii) Related organizations						3a(ii)		Х	
D	If "Yes" on line 3a(ii), are the related organiz						3b			
Pa	Describe in Part XIII the intended uses of the lart VI Land, Buildings, and Equ		wment tunas.							
16	Complete if the organization		on Form 990 Part	· IV line 11a See	Form 990	Part X	line 10	1		
	Description of property	(a) Cost or other b			Accumulated		(d) Book v			
		(investment)	(other	1 ''	epreciation		(-,			
1a	Land		9	3,953			9	3.	953	
	Buildings			5,225	643,108				117	
С	Leasehold improvements		<u>, , , , , , , , , , , , , , , , , , , </u>	-	-					
	Equipment		17	9,452	142,711		3	6,'	741	
	Other			4,619	14,550				069	
Total	I. Add lines 1a through 1e. (Column (d) must								880	

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV li	ne 11h See Form 990 P	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial			,	
(2) Closely he	derivatives eld equity interests		_	
(Δ)			_	
			_	
			_	
			<u> </u>	
(F)				
(G)				
	on /h) must sound Form 000. Part V. cal. /D) line 10.			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	Form 000 Port IV/ Ii	no 110 Soo Form 000 D	art V lina 12
	Complete if the organization answered "Yes" on			
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
			Cost of end-of-year	i illaiket value
(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 "Yes" on	Form 990, Part IV, II	ne 11d. See Form 990, P	
	(a) Description			(b) Book value
<u>(1)</u>	Construction in Progres	SS		325,17
(2)	Other Current Assets			4,27
(3)	Bloomerang Fundraising	Software		13
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15.)			329, 57
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the foc	otnote to the organization	s financial statements that reno	rts the
-	liability for uncertain tax positions under FASB ASC 740. Chec	=		
organization S	nability for direction tax positions under FASD ASC 740. Chec	AN TIOLO II HIE IEKLUI HIE I	pomote has been provided in P	ωι ΛΙΙΙ

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 001 530
1	3	1	1,081,530
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	40	
а	Net unrealized gains (losses) on investments 2a -24,26	42	
b		_	
C			
d	,		04 040
е	• • • • • • • • • • • • • • • • • • • •	2e	-24,242
3	Subtract line 2e from line 1	3	1,105,772
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	, , , , , , , , , , , , , , , , , , , ,	_	
b	(2		
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	1 105 772
5 Do			1,105,772
Га	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Keturn	•
1		1	1,177,938
2		'	1/1///550
a			
a b			
C			
d		2e	
е 3	• • • • • • • • • • • • • • • • • • • •	3	1,177,938
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	•	1/1///550
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Other (Describe in Part XIII.) Add lines 4a and 4b	40	
С	Add lines 4a and 4b	4c	1,177,938
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1,177,938
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	. 5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	. 5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, lin	е

Schedule D (Fo	orm 990) 2022	Another	Chance	House	75-2233200	Page 5
Part XIII	Supplementa	al Information	on (continue	d)		
_						
_						
•					 	
•					 	
•					 	

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number Another Chance House 75-2233200

Pa	art I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	ı		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	unts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()	X	6	75,773				
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by	the organi	zation during the tax yea	ar for contributions for				
	which the organization completed Fo	rm 8283,	Part V, Donee Acknowle	edgement	29			
							Yes	No
30a	During the year, did the organization	receive by	y contribution any prope	rty reported in Part I, lines 1	l through			
	28, that it must hold for at least 3 year	ars from th	ne date of the initial cont	ribution, and which isn't req	uired to be			
	used for exempt purposes for the en	tire holdin	g period?			30a		X
b	If "Yes," describe the arrangement in	Part II.						
31	Does the organization have a gift ac	ceptance ¡	policy that requires the re	eview of any nonstandard				
	contributions?					31		X
32a	Does the organization hire or use thi							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an an	nount in co	olumn (c) for a type of p	roperty for which column (a)) is checked,			
	describe in Part II.		•	, ,				

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

75-2233200 Another Chance House Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is provided to all board members for their review prior to filing Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Officers and directors complete a form annually to ensure compliance Form 990, Part VI, Line 15a - Compensation Process for Top Official A committee of board members performs an annual evaluation of the executive director's compensation Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization makes it tax returns available to the public upon request at its office

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information. OMB No. 1545-0172

Attachment Sequence

Department of the Treasury Internal Revenue Service Name(s) shown on return

Another Chance House

Identifying number 75-2233200

	ess or activity to which this form relates								
	ndirect Depreciat								
Pa	art I Election To Exper								
	Note: If you have a	any listed property	<u>/, complete Pa</u>	rt V before	you c	complete Part	l.		
1	Maximum amount (see instruction							1	1,080,000
2	Total cost of section 179 property		2						
3	Threshold cost of section 179 pro	perty before reduction	n in limitation (see	instructions)				3	2,700,000
4	Reduction in limitation. Subtract lin							4	
_5	Dollar limitation for tax year. Subtract lin		or less, enter -0 If m	1				5	
6	(a) Description	of property		(b) Cost (bus	iness use	only) (c)	Elected cost		
7	Listed property. Enter the amount	from line 29				7			
8	Total elected cost of section 179 p			nes 6 and 7 $_{\cdot}$				8	
9	Tentative deduction. Enter the sm							9	
10	Carryover of disallowed deduction	from line 13 of your	2021 Form 4562					10	
11	Business income limitation. Enter							11	
12	Section 179 expense deduction. A					1 1		12	
13	Carryover of disallowed deduction					13			
	: Don't use Part II or Part III below				/Dan 14	Linglanda linta	J		a inatorationa \
	art II Special Depreciati				•		ı propen	.y. 56	e instructions.)
14	Special depreciation allowance for		ther than listed pr	operty) place	d in ser	vice		ا ا	
	during the tax year. See instructio							14	
15	Property subject to section 168(f)(1) election						15	3,314
16 Da	Other depreciation (including ACR							16	3,314
Pa	art III MACRS Depreciat	ion (Don't includ		ion A	Structio	ons.)			
47	MACDS deductions for secretarile	and in consider in tax						17	56,090
17	MACRS deductions for assets place							17	30,090
18	If you are electing to group any assets placed Section B—4	ssets Placed in Ser					eciation S	vstem	
	ocolion B 7	(b) Month and year	(c) Basis for depre		Recovery	Concrar Bepr		yotom	
	(a) Classification of property	placed in service	(business/investmer only-see instruct	nt use ` '	period	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property	SCIVICO	orny occ monder	10110)					
b	5-year property								
	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property			2	5 yrs.		S/L		
h	Residential rental				.5 yrs.	MM	S/L		
	property				.5 yrs.	MM	S/L		
ī	Nonresidential real				9 yrs.	MM	S/L		
	property					MM	S/L		
	Section C—As	sets Placed in Serv	ice During 2022	Γax Year Us	ing the	Alternative Dep	reciation	Syster	n
20a	Class life						S/L		
b	12-year			1:	2 yrs.		S/L		
	30-year				0 yrs.	ММ	S/L		
d	40-year				0 yrs.	ММ	S/L		
Pa	art IV Summary (See ins	structions.)	•		•	•	•		
21	Listed property. Enter amount from	•						21	
22	Total. Add amounts from line 12,		ines 19 and 20 in	column (g), a	and line	21. Enter			
	here and on the appropriate lines				e instru	ictions		22	59,404
23	For assets shown above and place	•	•						
	portion of the basis attributable to	SECTION ZOJA COSTS.			23	I			

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior 18	MACRS: Sidewalks, Curbs & Parking Lot - Victory Γ	5/16/12	41,111		41,111	30 HY S/L	13,238	1,370
19	Parking Lot Pavement - Victory Duplexes	5/16/12	12,815	X	6,407		12,349	466
20	Sprinkler System - Victory Duplexes	8/12/12	7,290	X	3,856		3,434	365
21	Sod & 41 Trees - Victory Duplexes	8/12/12	12,364		12,364		3,882	412
22 23	Sidewalks, Curbs & Parking Lot - Victory I Sprinkler System, Sod & Trees - Victory Du		27,449 38,982	X	27,449 22,109	30 HY S/L 20 HY S/L	7,924 16,873	915 1,949
26	209 S. Jackson	7/01/89	22,000	71	22,000		22,000	0
27	207 S. Van Buren	7/01/89	11,000		11,000		11,000	0
28 29	GAZEBO 207 S. Van Buen - Remodel	7/01/94 12/01/90	265 6,216		265 6 216	10 HY S/L 27 MM S/L	265 6,217	$\begin{array}{c} 0 \\ 0 \end{array}$
30	207 S. Van Buen - Remodel	2/08/91	9,000		9,000		9,000	0
31	209 S. Jackson - Remodel	6/30/92	3,307			27 MM S/L	3,307	0
32	207 S. Van Buren - Rear	7/01/89	388		388		388	0
33 34	203 S. Van Buren 209 S. Van Buren	8/12/92 1/01/92	2,500 17,500		2,500 17,500	27 MM S/L 27 MM S/L	2,500 17,500	$\begin{array}{c} 0 \\ 0 \end{array}$
35	1000 N Adams	8/13/92	300			27 MM S/L	300	ő
37	1609 N. Adams	8/15/93	300		300		300	0
39 42	1609 N. Adams - Rear 1000 N Adams - Rear	8/15/93 8/15/93	257 258		257 258	27 MM S/L 27 MM S/L	257 258	$\begin{array}{c} 0 \\ 0 \end{array}$
43	200 S. Harrison	10/03/92	3,000			27 MM S/L 27 MM S/L	3,000	0
44	305 W. 2nd Street	10/01/92	3,000		3,000	27 MM S/L	3,000	0
46	209 W. 2nd Street	10/03/92	3,000			27 MM S/L	3,000	0
47 50	207 W. 2nd Street 209 S. Jackson - Fence	10/01/92 10/06/93	3,000 895		3,000 895		3,000 895	$\begin{array}{c} 0 \\ 0 \end{array}$
51	311 W. 2nd Street	10/01/92	13,500		13,500		13,500	ŏ
52	313 W. 2nd Street	2/02/93	500			27 MM S/L	500	0
53 54	101 S. Harrison - Rear #2 101 S. Harrison - Rear #2	2/02/93 2/02/93	800 300		800 300	27 MM S/L 27 MM S/L	800 300	$\begin{array}{c} 0 \\ 0 \end{array}$
55	205 S. Jackson	4/05/99	7,000		7,000		5,055	222
56	205 S. Jackson Rear	4/07/99	7,000		7,000		5,055	222
57 58	203 Jackson Trailer - 209 S. Jackson	6/18/07 5/31/08	23,978		23,978	27 MM S/L 27 MM S/L	12,645 9,609	872 707
59	209 S. Van Buren	9/30/92	19,450 5,605		19,450 5,605		5,605	0
60	1000 N. Adams	10/01/92	837		837	27 MM S/L	837	0
61	1000 N. Adams - Rear	10/30/92	1,511		1,511		1,511	0
62 63	209 S. Van Buren - Remodel VA House Kitchen Remodel - Initial Payme	5/01/95 12/30/14	3,141 10,000		3,141 10,000		3,045 2,546	96 364
64	Roof	10/20/07	1,500			27 MM S/L	773	54
65	Roof	9/29/07	2,000		2,000		1,037	72
66 67	207 S. Van Buren 209 S. Jackson - Kitchen Remodel	1/01/09 11/30/10	133,531 88,975		133,531 88,975	27 MM S/L 27 MM S/L	63,113 35,866	4,856 3,235
68	S. Van Buren St. Vicotry Duplex 5&6	5/01/12	110,479		110,479	27 MM S/L 27 MM S/L	38,828	4,017
69	S. Van Buren St. Victory Duplex 7&8	5/01/11	110,479		110,479	27 MM S/L	39,011	4,017
70	S. Van Buren St. Victory Duplex 9&10	5/01/12	110,479		110,479		38,828	4,017
71 72	S. Van Buren St. Victory Duplex 1&2 S. Van Buren St. Victory Duplex 3&4	12/16/12 12/16/12	102,834 102,834		102,834 102,834	27 MM S/L 27 MM S/L	33,960 33,960	3,739 3,739
73	2nd Steet Vicory Duplex - 11 & 12	5/01/13	105,800		105,800	27 MM S/L	33,336	3,848
74	St. Thomas Victory Duplex - 13 & 14	5/01/13	66,177			27 MM S/L	20,851	2,407
76 77	2 Gas Line Heating Units VA House Kitchen Remodel - Final Paymer	2/26/07 1/13/15	5,352 8,895			27 MM S/L 27 MM S/L	2,887 2,251	195 323
78	VA House Laundry Room Remodel	1/13/15	3,400		3,400	27 MM S/L	860	124
79	VA House New Sub Floor and Armstrong F		27,145		27,145	27 MM S/L	6,869	987
80 81	Stater Construction Dell Computer	8/26/16 12/26/07	2,740 449	X	1,370 449		2,731 449	$\begin{array}{c} 0 \\ 0 \end{array}$
83	Video - Images of Hope	9/30/08	14,500	X	7,250		14,500	0
84	Upright Piano	1/31/09	1,200	X		15 HY S/L	1,033	40
85	Sold/Scrapped: 1/01/22 Heater for House #8	6/01/92	412		412	7 HY S/L	412	0
86	Furniture	9/26/07	500		500	7 HY S/L	500	0
87	Furniture	9/30/08	3,750	X	1,875	5 HY S/L	3,750	0
88 89	Craftsman Lawnmower	10/31/08 10/31/08	250 125	X X	125 62	7 HY S/L 5 HY S/L	250 125	$\begin{array}{c} 0 \\ 0 \end{array}$
90	Washer & Dryer Armoire, Sofa & Chairs	10/31/08	950	X	475	5 HY S/L	950	0
92	Kenmore Regrigerator	5/31/09	550	X	275	5 HY S/L	550	0
93	LG Washer - Main Home	6/21/11	1,615	X	0		1,615	0
	LG Washer, VA House LG Dryer - Main House	6/21/11 6/21/11	1,615 1,615	X X	0		1,615 1,615	$\begin{array}{c} 0 \\ 0 \end{array}$
96	LG Dryer - VA House	6/15/11	1,615	X	0	5 HY S/L	1,615	0
97	Canon IR 1025 Copier	5/13/11	1,304	X	0	5 HY S/L	1,304	0
98	Folding Machines - 3	5/16/11	515	X	0	5 HY S/L	515	0
l								

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		Date		Bus	Sec	Basis			
Asset	Description	In Service	Cost	<u>%</u>	179 Bonus	for Depr	Per Conv Meth	Prior 7.10	Current
99 100	Frididaire Range - VA House Frigidaire Microwave - VA House	6/23/11 6/23/11	549 259		X X	0	5 HY S/L 5 HY S/L	549 259	$0 \\ 0$
101	Furniture for Victory Duplexes 200, 204 &	6/01/12	16,595		X	8,297	5 HY S/L	16,314	0
102 103	Appliances for Victory Duplexes 5-10 TV for Victory Duplexes 5-10	6/01/12 8/25/12	4,525 974		X X	2,263 487	5 HY S/L 5 HY S/L	4,448 974	$0 \\ 0$
	Furniture for Victory Duplexes	5/01/13	22,124		X	11,062	5 HY S/L	22,104	0
105	Maytag Washer & Dryer with Pedestals &		2,398		X	1,199	5 HY S/L	2,397	0
106 107	Maytag Washer & Dryer with Pedestals & 120HZ TV	12/01/14	2,399 812		X X	1,199 406	5 HY S/L 5 HY S/L	2,398 812	$0 \\ 0$
108	Joe Latham	7/31/16	950		X	475	5 HY S/L	949	0
109 111	Sams - TIme Clocks 1999 For Van - Diesel	12/12/16 12/01/07	444 4,500		X	222 4,500	5 HY S/L 5 HY S/L	444 4,500	$0 \\ 0$
111	Brown Leather Sofa	2/22/16	1,799		X	4,300 899	5 HY S/L	1,790	0
117	209 S. Jackson	5/31/08	28,227			28,227	27 MM S/L	13,942	1,027
120 121	VA Sprinkler WiFi Setup	2/28/17 4/18/17	1,975 2,519		X X	987 1,259	5 HY S/L 5 HY S/L	1,912 2,372	63 147
122	Mini-fridge for Duplex 9	5/23/17	329		X	164	5 HY S/L	303	26
123	Sprinkler Installation	6/05/17	1,975		X	987	5 HY S/L	1,807	168
125 126	ED Desk & Chairs Printer and Supplies	7/11/17 7/11/17	255 595		X X	127 298	7 HY S/L 5 HY S/L	163 533	37 62
127	Computer Monitors	7/25/17	395		X	197	5 HY S/L	351	44
128 129	Awning and Table Cover 2 Trimmers	9/20/17 9/28/17	1,825 330		X X	912 49	7 HY S/L 5 HY S/L	1,116 281	261 49
130	Chairs & Tables	9/28/17 10/06/17	170		X	49 67	5 HY S/L 7 HY S/L	103	24
131	Refrigerator Duplex #10	10/13/17	329		X	51	5 HY S/L	278	51
132 133	Printer VA House Printer	11/01/17 12/01/17	304 170		X X	50 31	5 HY S/L 5 HY S/L	254 139	50 31
134	207 Van Buren Hot Water Heater Upstairs		1,487		Α	1,487	27 HY S/L	217	54
135	205 S Jackson Rear	12/31/17	46,877		v	46,877	27 HY S/L	6,823	1,705
136 137	Lenovo Mix Laptop TV	1/04/17 1/04/17	963 600		X X	481 300	5 HY S/L 5 HY S/L	962 599	1 1
138	Heating Unit	2/07/17	5,155		X	2,577	5 HY S/L	5,050	105
139 140	Computer Desks ED Computer	4/11/17 8/16/17	359 685		X X	179 342	7 HY S/L 5 HY S/L	242 600	52 85
140	Office Chair	11/01/17	99		X	40	7 HY S/L	59	14
142	2 File Cabinets	11/01/17	314		X	127	7 HY S/L	187	45
143 144	VA Washing Machine Trailer TV	11/09/17 12/06/17	799 704		X X	137 131	5 HY S/L 5 HY S/L	662 573	137 131
145	Sofa and Rocker Recliner	5/30/17	1,008		X	504	7 HY S/L	661	144
147 148	Hot Water Heater, Unit #9	8/02/18 12/18/18	1,700 6,000		X X	666 2,354	5 HY S/L 5 HY S/L	1,034 3,646	340 1,200
148	Rekey Buildings Tablet/Surface Pro	2/17/18	769		X	2,334 174	5 HY S/L	595	1,200
150	VA Computer	7/06/18	750		X	226	5 HY S/L	524	150
151 153	Washer & Dryer Med Cabinet	8/30/18 5/24/18	1,200 679		X X	398 189	5 HY S/L 5 HY S/L	802 490	240 136
154	Office Monitor Stand	5/30/18	350		X	99	5 HY S/L	251	70
155	Full Size Bed VA House Staff	6/06/18	309		X	88	5 HY S/L	221	62
157 158	Desktop Computer Phone	1/14/19 1/18/19	783 1,150		X X	551 810	10 HY S/L 10 HY S/L	232 340	78 115
159	Hoshizaki Ice Maker	2/15/19	1,500		X	1,068	10 HY S/L	432	150
160 161	Double Door Commerial Freezer Smoker	2/15/19 4/18/19	900 5,500		X X	641 4,011	10 HY S/L 10 HY S/L	259 1,489	90 550
162	Bose L1 Compact PA System	8/01/19	675		X	442	7 HY S/L	233	97
163	2 Honda Commercial Mowers	8/14/19	1,902		X	1,254	7 HY S/L	648	272
	Laptop Computer Phone	8/29/19 9/20/19	1,577 1,250		X X	1,049 842	7 HY S/L 7 HY S/L	528 408	225 178
166	Laptop for Development	11/26/19	1,319		X	924	7 HY S/L	395	189
168 169	Copier Duct work for 205 S. Jackson	6/19/19 6/14/19	1,800 2,500		X X	1,148 2,075	7 HY S/L 15 HY S/L	652 425	258 167
	Landscaping	6/14/19 6/20/19	2,500 8,321		X X	2,075 7,267		425 1,054	416
171	Roof for 209 S. Jackson	12/28/19	4,750			4,750	40 HY S/L	239	119
172 176	2 Ductless HVAC Units Roof for 205 S. Jackson	9/30/19 4/30/20	1,800 4,950		X		10 HY S/L 40 HY S/L	406 207	180 124
177	Hot Water Heater for 209 S. Van Buren	5/14/20	2,193		X	1,835	10 HY S/L	358	220
178	Wiring & Labor Peak Petio & Pond at 200 S. Jackson	7/24/20	951		X		10 HY S/L	137	95 164
179 180	Back Patio & Pond at 209 S. Jackson Appliance Shed/Event Storage	8/03/20 12/04/20	2,463 3,822		X X	2,231 3,548	15 HY S/L 15 HY S/L	232 274	164 255
181	HVAC for 209 S. Jackson	3/27/20	15,059		X	13,287	15 HY S/L	1,772	1,004
183 184	Kitchen Equipment Commercial Freezer	2/26/20 5/14/20	890 3,018		X X	726 2,525	10 HY S/L 10 HY S/L	164 493	89 302
185	Built-In Oven for 205 S. Jackson #2	7/30/20	1,100		X	943	10 HY S/L	157	110
186	GoPro Max	8/11/20	724		X	623	10 HY S/L	101	72

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		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost	% 179 Bonus	for Depr	Per Conv Meth	Prior	Current
187	Laptop for Case Mgmt (Anne)	10/14/20	750	X	659	10 HY S/L	91	75
		=	1,573,584		1,468,535		708,270	56,090
	Depreciation:	- 10.1 10	- 00		~ 00			
$\frac{1}{2}$	209 S. Jackson Land 207 S. Van Buren Land	7/01/87 7/01/89	500 500		500 500	0 Land 0 Land	0	$\begin{array}{c} 0 \\ 0 \end{array}$
3	203 S. Van Buren Land	8/12/82	500		500	0 Land	0	0
4	209 S. Van Buren Land	1/01/92	500		500	0 Land	0	0
5 6	1000 N. Adams Land 1000 N. Adams - Rear Land	8/13/92 8/13/92	250 250		250 250	0 Land 0 Land	0	$\begin{array}{c} 0 \\ 0 \end{array}$
7	1609 N. Adams Land	8/13/92	250		250	0 Land	0	ő
8	1609 N. Adams - Rear Land	8/15/92	250		250	0 Land	0	0
9 10	202 S. Harrison Land 311 W. 2nd Street Land	10/01/92 10/03/92	500 500		500 500	0 Land 0 Land	0	$\begin{array}{c} 0 \\ 0 \end{array}$
11	W. 1st Street Land	10/03/92	500		500	0 Land	ő	ő
12	205 S. Jackson Land	4/07/99	500		500	0 Land	0	0
13 14	205 S. Jackson - Rear Land 203 Jackson Land	4/07/99 6/18/07	500 1,000		500 1,000	0 Land 0 Land	0	$\begin{array}{c} 0 \\ 0 \end{array}$
15	200 S. Van Buren Land	3/06/10	1,250		1,250	0 Land	ő	ő
16	204 S. Van Buren Land	3/06/10	1,000		1,000	0 Land	0	0
17 24	Stellae Mae Lucky Property 215 & 219 South Jackson Lots	10/01/11 1/07/14	1,500 18,020		1,500 18,020	0 Land 0 Land	0	$\begin{array}{c} 0 \\ 0 \end{array}$
25	320 SW 3rd Avenue - Land & Bldg	2/09/13	65,683		65,683	0 Land	0	0
175	Roof for 203 S. Jackson	4/30/20	4,950		4,950	40 MO S/L	201	124
188 189	Water Heater-Duplex #10	3/02/21 5/23/21	1,757 1,009		1,757 1,009	40 MO S/L 40 MO S/L	294 123	44 26
190	Plumbing Work - 209 S. Jackson 3 ton, 2 Head Mini Split System	7/21/21	8,120		8,120	40 MO S/L 40 MO S/L	365	203
193	Electrical Outlets on Buildings	12/01/21	5,850		5,850	40 MO S/L	99	147
	Heat/Cool Window Unit for 203 S. Van Bur		599 2 040		599	10 MO S/L	116	60
196 197	Computer & Accessories Routers	3/16/21 5/05/21	3,049 652		3,049 652	10 MO S/L 10 MO S/L	305 65	305 65
198	Freezer	6/30/21	4,125		4,125	10 MO S/L	299	412
199	Lawn Equipment	7/16/21	775		775	10 MO S/L	51	78
200 201	Repairs on Fridge in Main House Dell Inspiron Laptop - Amanda Weatherforc	9/28/21 8/02/21	1,830 520		1,830 520	10 MO S/L 10 MO S/L	46 22	183 52
202		11/24/21	1,256			10 MO S/L	10	126
203	Christmas Lights	9/30/21	3,150		3,150	10 MO S/L	79	315
204 205	Washer & Dryer Pair Administration Desk	10/07/21 10/18/21	600 450		600 450	10 MO S/L 10 MO S/L	15 8	60 45
206		10/27/21	562		562	10 MO S/L	9	57
207	ϵ	11/22/21	675		675	10 MO S/L	6	67
208 209	Case Management Desk Christmas Nativity Scene	11/22/21 11/22/21	675 850		675 850	10 MO S/L 10 MO S/L	6 7	67 85
210	Administration Filing Cabinet	11/24/21	320			10 MO S/L 10 MO S/L	3	32
211	Printer for Management Office	11/30/21	340			10 MO S/L	3	34
	Printer for Fundraising Office Development Director Desk	11/30/21 12/15/21	340 760		340 760	10 MO S/L 10 MO S/L	3 6	34 76
	VA Shelter Stove	1/13/21	849			10 MO S/L 10 MO S/L	0	85
	Case management desk	1/20/22	620		620	10 MO S/L	0	57
217	Paint spray rig Lawn mower	7/05/22 7/08/22	729 3 870			10 MO S/L	0	36 194
	Lawn mower Lawn Equipment	7/08/22 7/29/22	3,870 667		,	10 MO S/L 10 MO S/L	0	28
220	Lawn Equipment	7/30/22	1,479		1,479	10 MO S/L	0	62
221	Hearing Protection	8/04/22	511			10 MO S/L	0	21
222 223	Note tablet (Steve) Note pad (Ruth)	8/16/22 8/22/22	549 603			10 MO S/L 10 MO S/L	$0 \\ 0$	18 20
224	Tools for Kentucky and Shop	9/01/22	523		523	10 MO S/L	0	17
225	Lawn mower	9/21/22	500			10 MO S/L	0	13
228 229	TV for duplex #12 meeting room Winsupply	11/22/22 1/13/22	560 605		560 605	10 MO S/L 10 MO S/L	$0 \\ 0$	5 61
	Total Other Depreciation		149,232		149,232		2,141	3,314
	Total Other Depreciation	_	1.5,202			•		5,521
	Total ACRS and Other Deprec	iation =	149,232		149,232		2,141	3,314
Listed	Property:							
110	Chevy Van - 1989	12/23/06	7,000		7,000	5 HY S/L	7,000	0
113	2004 Ford F150 2012 Padas Para 1500	3/14/14	10,414	X	5,207	5 HY S/L	10,414	0
114	2012 Dodge Ram 1500	4/27/15	16,192	X	8,096	5 HY S/L	16,192	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
119	Sold/Scrapped: 2/18/22 2009 Toyota Sienna	10/01/14 -	14,219 47,825		X	7,109 27,412	5 HY S/L	14,213 47,819	0
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs - =	1,770,641 17,392 0 1,753,249		- -	1,645,179 8,696 0 1,636,483		758,230 17,225 0 741,005	59,404 40 0 59,364

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
214	VA Shelter Stove Winsupply	1/13/22 1/13/22	849 605 1,454		X X	0 0	5 HY 200DB	0 0	849 605 1,454
215 217 218 219 220 221 222 223 224 225	Case management desk Paint spray rig Lawn mower Lawn Equipment Lawn Equipment Hearing Protection Note tablet (Steve) Note pad (Ruth) Tools for Kentucky and Shop Lawn mower TV for duplex #12 meeting room	1/20/22 7/05/22 7/08/22 7/29/22 7/30/22 8/04/22 8/16/22 8/22/22 9/01/22 9/01/22 11/22/22	620 729 3,870 667 1,479 511 549 603 523 500 560		X X X X X X X X X X	0 0 0 0 0 0 0 0 0 0	7 HY 200DB	0 0 0 0 0 0 0 0 0 0	620 729 3,870 667 1,479 511 549 603 523 500 560 10,611
18 19 20 21 22 23 27 28 29 30 31 32 33 34 43 5 5 5 5 5 5 6 6 6 6 6 6 6 6 7 7 7 7	MACRS: Sidewalks, Curbs & Parking Lot - Victory I Parking Lot Pavement - Victory Duplexes Sprinkler System - Victory Duplexes Sod & 41 Trees - Victory Duplexes Sidewalks, Curbs & Parking Lot - Victory I Sprinkler System, Sod & Trees - Victory Do 207 S. Van Buren GAZEBO 207 S. Van Buren - Remodel 207 S. Van Buren - Remodel 209 S. Jackson - Remodel 209 S. Jackson - Remodel 209 S. Van Buren 209 S. Van Buren 209 S. Van Buren 209 S. Van Buren 200 N. Adams 200 N. Adams 200 N. Adams 200 N. Adams - Rear 200 N. Adams - Rear 200 S. Harrison 305 W. 2nd Street 209 W. 2nd Street 209 W. 2nd Street 209 W. 2nd Street 209 S. Jackson - Fence 201 W. 2nd Street 201 S. Harrison - Rear #2 201 S. Harrison - Rear #2 205 S. Jackson 205 S. Jackson 205 S. Jackson 207 S. Van Buren 209 S. Van Buren - Remodel 207 S. Van Buren 209 S. Van Bur	5/16/12 8/12/12 8/12/12 8/12/12 8/12/12 5/02/13 5/01/13 7/01/89 7/01/94 12/01/90 2/08/91 6/30/92 7/01/89 8/12/92 1/01/92 8/15/93 8/15/93 8/15/93 10/03/92 10/01/92 10/06/93 10/01/92 2/02/93 2/02/93 2/02/93 4/05/99 4/07/99 6/18/07 5/31/08 9/30/92 10/01/92 10/30/92 5/01/95	41,111 12,815 7,290 12,364 27,449 38,982 11,000 265 6,216 9,000 895 388 2,500 17,500 300 3,000 3,000 3,000 3,000 3,000 3,000 3,000 257 300 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 13,500 800 300 7,000 23,978 19,450 5,605 837 1,511 3,141 5,352 1,500 2,000 133,531 88,975 110,479		X X	265 6,216 9,000 895 388 2,500 17,500 300 3,000 3,000 3,000 3,000 7,000 7,000 7,000 23,978 19,450 5,605 837 1,511 3,141 5,352 1,500 2,000 133,531 88,975 110,479 110,479 110,479 110,479 110,479 102,834 105,800	10 HY S/L 20 HY S/L 30 HY S/L 30 HY S/L 40 HY S/L 40 MM S/L 27 MM S/L	13,018 12,174 3,463 3,915 7,777 16,567 8,926 265 4,824 6,947 661 315 1,836 13,107 220 213 182 213 2,191 2,191 2,191 2,191 2,191 2,191 3,191 2,191 1,191 4,104 611 1,103 2,091 1,370 775 1,039 62,921 35,994 38,668 42,685 38,668 42,685 38,668 33,811 33,811 33,183 20,755	1,371 641 191 412 915 1,121 275 0 155 225 22 10 62 437 8 7 7 7 75 75 75 75 75 75 75 75 75 75 75

A o o o o	Dogarintian	Date	Coat	Bus		Basis	Do:	Conv. Moth	Drior	Curront
Asset	Description	In Service	Cost	%_	<u>179</u> Bonus			Conv Meth	Prior	Current
76 77	2 Gas Line Heating Units VA House Kitchen Remodel - Final Paymer	2/26/07 1/13/15	5,352 8,895			5,352 8,895		MM S/L MM S/L	2,895 2,251	195 323
	VA House Laundry Room Remodel	1/13/15	3,400			3,400		MM S/L	860	124
79	VA House New Sub Floor and Armstrong F		27,145			27,145		MM S/L	6,869	987
80	Stater Construction	8/26/16	2,740		X	1,370		HY S/L	2,740	0
81 83	Dell Computer Video - Images of Hope	12/26/07 9/30/08	449 14,500		X	449 7,250		HY S/L HY S/L	449 14,500	$0 \\ 0$
84	Upright Piano	1/31/09	1,200		X	600		HY S/L	1,000	20
	Sold/Scrapped: 1/01/22		,						,	
85	Heater for House #8	6/01/92	412			412		HY S/L	412	0
86 87	Furniture Furniture	9/26/07 9/30/08	500 3,750		X	500 1,875		HY S/L HY S/L	500 3,750	$0 \\ 0$
88	Craftsman Lawnmower	10/31/08	250		X	125		HY S/L	250	ő
90	Armoire, Sofa & Chairs	10/31/08	950		X	475		HY S/L	950	0
92	Kenmore Regrigerator	5/31/09	550		X	275		HY S/L	550	0
93 94	LG Washer - Main Home LG Washer, VA House	6/21/11 6/21/11	1,615 1,615		X X	0		HY S/L HY S/L	1,615 1,615	$0 \\ 0$
95	LG Dryer - Main House	6/21/11	1,615		X	0		HY S/L	1,615	0
96	LG Dryer - VA House	6/15/11	1,615		X	0		HY S/L	1,615	0
97	Canon IR 1025 Copier	5/13/11	1,034		X	0		HY S/L	1,034	0
98 99	Folding Machines - 3 Frididaire Range - VA House	5/16/11 6/23/11	515 549		X X	0		HY S/L HY S/L	515 549	$0 \\ 0$
100	Frigidaire Microwave - VA House	6/23/11	259		X	0		HY S/L	259	0
101	Furniture for Victory Duplexes 200, 204 & 1	6/01/12	16,595		X	8,297	5	HY S/L	16,595	0
102	Appliances for Victory Duplexes 5-10	6/01/12	4,525		X	2,263		HY S/L	4,525	0
103 104	TV for Victory Duplexes 5-10	8/25/12 5/01/13	974 22,124		X X	487 11,062		HY S/L HY S/L	974 22,124	$0 \\ 0$
104	Furniture for Victory Duplexes Maytag Washer & Dryer with Pedestals & F		2,398		X	1,199		HY S/L	2,398	0
106	Maytag Washer & Dryer with Pedestals & F		2,399		X	1,199		HY 150DB	2,399	Ö
107	120HZ TV	12/01/14	812		X	406		HY 150DB	812	0
108	Joe Latham	7/31/16	950		X	475		HY S/L	950 442	0
109 111	Sams - TIme Clocks 1999 For Van - Diesel	12/12/16 12/01/07	444 4,500		X	222 4,500		HY S/L HY S/L	443 4,500	$0 \\ 0$
	Brown Leather Sofa	2/22/16	1,799		X	899		HY S/L	1,799	Ö
117	209 S. Jackson	5/31/08	28,227			28,227		MM S/L	13,985	1,027
120 121	VA Sprinkler	2/28/17 4/18/17	1,975 2,519		X X	987 1,259		HY S/L HY S/L	1,778 2,267	197 252
121	WiFi Setup Mini-fridge for Duplex 9	5/23/17	2,319		X	1,239		HY S/L	2,207	0
123	Sprinkler Installation	6/05/17	1,975		X	987		HY S/L	1,778	197
	ED Desk & Chairs	7/11/17	255		X	127		HY S/L	164	18
126 127	Printer and Supplies	7/11/17 7/25/17	595 395		X X	298 197		HY S/L HY S/L	535 356	60 39
127	Computer Monitors Awning and Table Cover	9/20/17	1,825		X	912		HY S/L	1,173	131
129	2 Trimmers	9/28/17	330		X	33		HY S/L	297	7
130	Chairs & Tables	10/06/17	170		X	61		HY S/L	109	9
131 132	Refrigerator Duplex #10	10/13/17	329 304		X	33 30		HY S/L	296 274	7
132	Printer VA House Printer	11/01/17 12/01/17	170		X X	17	5	HY S/L HY S/L	153	6 4
134		12/27/17	1,487			1,487		HY S/L	243	54
135	205 S Jackson Rear	12/31/17	46,877			46,877		HY S/L	7,671	1,704
136 137	Lenovo Mix Laptop TV	1/04/17 1/04/17	963 600		X X	481 300		HY S/L HY S/L	867 540	96 60
138	Heating Unit	2/07/17	5,155		X	2,577		HY S/L	4,640	515
139	Computer Desks	4/11/17	359		X	179	7	HY S/L	231	25
140	ED Computer	8/16/17	685		X	342		HY S/L	617	68
141 142	Office Chair 2 File Cabinets	11/01/17 11/01/17	99 314		X X	35 112		HY S/L HY S/L	64 202	5 16
	VA Washing Machine	11/01/17	799		X	87		HY S/L	712	17
144	Trailer TV	12/06/17	704		X	71	5	HY S/L	633	15
145	Sofa and Rocker Recliner	5/30/17	1,008		X	504		HY S/L	648	72
147 148	Hot Water Heater, Unit #9	8/02/18 12/18/18	1,700		X X	729 2,572		HY 150DB HY 150DB	971 3.428	208 735
	Rekey Buildings Tablet/Surface Pro	2/17/18	6,000 769		X	192		HY 150DB	3,428 577	128
	VA Computer	7/06/18	750		X	187	5	HY 150DB	563	125
151	Washer & Dryer	8/30/18	1,200		X	300		HY 150DB	900	200
153 154	Med Cabinet Office Monitor Stand	5/24/18 5/30/18	679 350		X X	291 87		HY 150DB HY 150DB	388 263	83 58
	Full Size Bed VA House Staff	6/06/18	309		X	132		HY 150DB	203 177	36 37
157	Desktop Computer	1/14/19	783		X	0	5	HY 200DB	783	0
158	Phone	1/18/19	1,150		X	0		HY 200DB	1,150	0
159 160	Hoshizaki Ice Maker Double Door Commerial Freezer	2/15/19 2/15/19	1,500 900		X X	0		HY 200DB HY 200DB	1,500 900	$0 \\ 0$
100	Double Door Commental Freezer	411111	700		Λ	U	,	111 20000	700	U

		D-4-		D	D:-			
Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
161	Smoker	4/18/19	5,500	X	0	7 HY 200DB	5,500	0
	Bose L1 Compact PA System	8/01/19	675	X	0	5 HY 200DB	675	0
163 164	2 Honda Commercial Mowers	8/14/19 8/29/19	1,902 1,577	X X	0	5 HY 200DB 5 HY 200DB	1,902 1,577	$\begin{array}{c} 0 \\ 0 \end{array}$
165	Laptop Computer Phone	9/20/19	1,377	X	0	5 HY 200DB	1,250	0
166	Laptop for Development	11/26/19	1,319	X	ő	5 HY 200DB	1,319	ŏ
168	Copier	6/19/19	1,800	X	0	5 HY 200DB	1,800	0
169	Duct work for 205 S. Jackson	6/14/19	2,500	X	0	10 HY 200DB	2,500	0
	Landscaping	6/20/19	8,321	X	0	15 HY 150DB	8,321	0
171 172	Roof for 209 S. Jackson 2 Ductless HVAC Units	12/28/19 9/30/19	4,750 1,800	X X	$0 \\ 0$	15 HY 150DB 7 HY 200DB	4,750 1,800	$\begin{array}{c} 0 \\ 0 \end{array}$
	Roof for 205 S. Jackson	4/30/20	4,950	X	0	5 HY 200DB	4,950	0
	Hot Water Heater for 209 S. Van Buren	5/14/20	2,193	X	ő	5 HY 200DB	2,193	ő
	Wiring & Labor	7/24/20	951	X	566	5 HY 150DB	385	170
179	Back Patio & Pond at 209 S. Jackson	8/03/20	2,463	X	1,466	5 HY 150DB	997	440
	Appliance Shed/Event Storage	12/04/20	3,822	X	2,274	5 HY 150DB	1,548	682
181 183	HVAC for 209 S. Jackson Kitchen Equipment	3/27/20 2/26/20	15,059 890	X X	8,960 530	5 HY 150DB 5 HY 150DB	6,099 360	2,688 159
184	Commercial Freezer	5/14/20	3,018	X	1,796	5 HY 150DB	1,222	539
	Built-In Oven for 205 S. Jackson #2	7/30/20	1,100	X	654	5 HY 150DB	446	196
	GoPro Max	8/11/20	724	X	431	5 HY 150DB	293	130
187	Laptop for Case Mgmt (Anne)	10/14/20	750	X	446	5 HY 150DB	304	134
	Water Heater-Duplex #10	3/02/21	1,757		1,757	27 MM S/L	51	63
189 190	Plumbing Work - 209 S. Jackson 3 ton, 2 Head Mini Split System	5/23/21 7/21/21	1,009 8,120		1,009 8,120	27 MM S/L 27 MM S/L	23 135	37 296
	Electrical Outlets on Buildings	12/01/21	5,850			27 MM S/L 27 MM S/L	133	213
	Heat/Cool Window Unit for 203 S. Van Bur		599	X	0,050	7 HY 200DB	599	0
196	Computer & Accessories	3/16/21	3,049	X	0	5 HY 200DB	3,049	0
197	Routers	5/05/21	652	X	0	5 HY 200DB	652	0
	Freezer	6/30/21	4,125	X	0	7 HY 200DB	4,125	0
199	Lawn Equipment	7/16/21 9/28/21	775	X X	0	7 HY 200DB	775	0
200 201	Repairs on Fridge in Main House Dell Inspiron Laptop - Amanda Weatherforc		1,830 520	X	0	7 HY 200DB 5 HY 200DB	1,830 520	0
202	Computer - Jana	11/24/21	1,256	X	ő	5 HY 200DB	1,256	ŏ
203	Christmas Lights	9/30/21	3,150	X	0	7 HY 200DB	3,150	0
204	Washer & Dryer Pair	10/07/21	600	X	0	7 HY 200DB	600	0
205	Administration Desk	10/18/21	450	X	0	5 HY 200DB	450	0
206 207	Hot Water Heater - 205 Jackson Case Management Desk	10/27/21 11/22/21	562 675	X X	$0 \\ 0$	7 HY 200DB 7 HY 200DB	562 675	0
208	Case Management Desk	11/22/21	675	X	0	7 HY 200DB	675	ő
209		11/22/21	850	X	Ö	7 HY 200DB	850	Ö
210	Administration Filing Cabinet	11/24/21	320	X	0	7 HY 200DB	320	0
211	Printer for Management Office	11/30/21	340	X	0	5 HY 200DB	340	0
212	Printer for Fundraising Office	11/30/21	340 760	X X	$0 \\ 0$	5 HY 200DB	340	$\begin{array}{c} 0 \\ 0 \end{array}$
213	Development Director Desk	12/15/21		Λ		7 HY 200DB	760	
			1,582,111	;	1,413,154	=	727,380	56,612
Other	Depreciation:	7/01/97	500		500	0 1 1	0	^
$\frac{1}{2}$	209 S. Jackson Land 207 S. Van Buren Land	7/01/87 7/01/89	500 500		500 500	0 Land 0 Land	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
3	203 S. Van Buren Land	8/12/82	500		500	0 Land 0 Land	0	0
4	209 S. Van Buren Land	1/01/92	500		500	0 Land	0	Õ
5	1000 N. Adams Land	8/13/92	250		250	0 Land	0	0
6	1000 N. Adams - Rear Land	8/13/92	250		250	0 Land	0	0
,	1609 N. Adams Land	8/13/92	250		250	0 Land 0 Land	0	0
8 9	1609 N. Adams - Rear Land 202 S. Harrison Land	8/15/92 10/01/92	250 0		250 0	0 Land 0 HY	0	0
10	311 W. 2nd Street Land	10/01/92	500		500	0 Land	0	0
11	W. 1st Street Land	10/03/92	0		0	0 HY	ő	ő
12	205 S. Jackson Land	4/07/99	500		500	0 Land	0	0
13	205 S. Jackson - Rear Land	4/07/99	500		500	0 Land	0	0
14 15	203 Jackson Land 200 S. Van Buren Land	6/18/07 3/06/10	1,000 1,250		1,000 1,250	0 Land 0 Land	0	0
16	200 S. Van Buren Land	3/06/10	1,230		1,230	0 Land 0 Land	0	0
17	Stellae Mae Lucky Property	10/01/11	1,500		1,500	0 Land	ő	ő
24	215 & 219 South Jackson Lots	1/07/14	18,020		18,020	0 Land	0	0
25	320 SW 3rd Avenue - Land & Bldg	2/09/13	0		0	0 HY	0	0
26 89	209 S. Jackson Washer & Dryer	7/01/89 10/31/08	0		0	0 HY 0 HY	0	$\begin{array}{c} 0 \\ 0 \end{array}$
175	Roof for 203 S. Jackson	4/30/20	4,950		-	15 MO S/L	4,950	0
1/3		., 50, 20	1,250		1,230	-0O D/L	1,750	· ·

Asset	Description Total Other Depreciation	Date In Service	Cost 32,220	Bus %	Sec 179 Bonus	Basis for Depr 32,220	PerConv Meth	Prior 4,950	Current 0
	Total ACRS and Other Deprec	ciation	32,220		=	32,220		4,950	0
Listed 110 113 114 119	Property: Chevy Van - 1989 2004 Ford F150 2012 Dodge Ram 1500 Sold/Scrapped: 2/18/22 2009 Toyota Sienna	12/23/06 3/14/14 4/27/15 10/01/14	7,000 10,414 16,192 16,192 49,798		X X X	7,000 5,207 8,096 8,096 28,399	5 HY S/L 5 HY S/L 5 HY S/L 5 HY S/L	7,000 10,414 15,408 16,192 49,014	0 0 0 0
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	rs	1,676,194 17,392 1,658,802		-	1,473,773 8,696 1,465,077		781,344 16,408 764,936	68,677 20 68,657

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		5	_	_	- 0	•	5.	- 5 .
Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
19	Parking Lot Pavement - Victory Duplexes	5/16/12	12,815	100	0	0	6,408	6,407
20	Sprinkler System - Victory Duplexes	8/12/12	7,290	100	0	0	3,434	3,856
23 80	Sprinkler System, Sod & Trees - Victory Dup Stater Construction	5/01/13 8/26/16	38,982 2,740	100 100	$0 \\ 0$	$0 \\ 0$	16,873 1,370	22,109 1,370
83	Video - Images of Hope	9/30/08	14,500	100	0	0	7,250	7,250
	Upright Piano Furniture	1/31/09 9/30/08	1,200 3,750	100 100	0	$0 \\ 0$	600 1,875	600 1,875
88	Craftsman Lawnmower	10/31/08	250	100	0	0	1,873	1,873
	Washer & Dryer	10/31/08	125	100	0	0	63	62
	Armoire, Sofa & Chairs Kenmore Regrigerator	10/31/08 5/31/09	950 550	100 100	0	$0 \\ 0$	475 275	475 275
93	LG Washer - Main Home	6/21/11	1,615	100	0	0	1,615	0
94	LG Washer, VA House	6/21/11	1,615	100	0	0	1,615	0
	LG Dryer - Main House LG Dryer - VA House	6/21/11 6/15/11	1,615 1,615	100 100	0	$0 \\ 0$	1,615 1,615	0
97	Canon IR 1025 Copier	5/13/11	1,304	100	0	0	1,304	ő
	Folding Machines - 3	5/16/11	515	100 100	0	0	515	0
	Frididaire Range - VA House Frigidaire Microwave - VA House	6/23/11 6/23/11	549 259	100	0	$0 \\ 0$	549 259	0
101	Furniture for Victory Duplexes 200, 204 & 20	6/01/12	16,595	100	0	0	8,298	8,297
	Appliances for Victory Duplexes 5-10 TV for Victory Duplexes 5-10	6/01/12 8/25/12	4,525 974	100 100	0	$0 \\ 0$	2,262 487	2,263 487
	Furniture for Victory Duplexes	5/01/13	22,124	100	0	0	11,062	11,062
105	Maytag Washer & Dryer with Pedestals & Ho	7/02/14	2,398	100	0	0	1,199	1,199
	Maytag Washer & Dryer with Pedestals & Ho 120HZ TV	12/01/14 12/01/14	2,399 812	100 100	0	$0 \\ 0$	1,200 406	1,199 406
	Joe Latham	7/31/16	950	100	0	0	475	475
109	Sams - Time Clocks	12/12/16	444	100	0	0	222	222
113 114	2004 Ford F150 2012 Dodge Ram 1500	3/14/14 4/27/15	10,414 16,192	100 100	0	$0 \\ 0$	5,207 8,096	5,207 8,096
	Brown Leather Sofa	2/22/16	1,799	100	ő	ő	900	899
	2009 Toyota Sienna	10/01/14	14,219	100	0	0	7,110	7,109
	VA Sprinkler WiFi Setup	2/28/17 4/18/17	1,975 2,519	100 100	$0 \\ 0$	$0 \\ 0$	988 1,260	987 1,259
122	Mini-fridge for Duplex 9	5/23/17	329	100	0	0	165	164
	Sprinkler Installation	6/05/17	1,975	100	0	0	988	987
	ED Desk & Chairs Printer and Supplies	7/11/17 7/11/17	255 595	100 100	$0 \\ 0$	$0 \\ 0$	128 297	127 298
127	Computer Monitors	7/25/17	395	100	0	0	198	197
	Awning and Table Cover 2 Trimmers	9/20/17 9/28/17	1,825 330	100 100	0	$0 \\ 0$	913 281	912 49
	Chairs & Tables	10/06/17	170	100	0	0	103	67
131	Refrigerator Duplex #10	10/13/17	329	100	0	0	278	51
	Printer VA House Printer	11/01/17 12/01/17	304 170	100 100	$0 \\ 0$	$0 \\ 0$	254 139	50 31
	Lenovo Mix Laptop	1/04/17	963	100	ő	ő	482	481
137		1/04/17	600	100	0	0	300	300
	Heating Unit Computer Desks	2/07/17 4/11/17	5,155 359	100 100	$0 \\ 0$	$0 \\ 0$	2,578 180	2,577 179
140	ED Computer	8/16/17	685	100	0	0	343	342
	Office Chair 2 File Cabinets	11/01/17 11/01/17	99 314	100 100	$0 \\ 0$	0	59 187	40 127
	VA Washing Machine	11/01/17	799	100	0	$0 \\ 0$	662	137
144	Trailer TV	12/06/17	704	100	0	0	573	131
	Sofa and Rocker Recliner Hot Water Heater, Unit #9	5/30/17 8/02/18	1,008 1,700	100 100	$0 \\ 0$	$0 \\ 0$	504 1,034	504 666
	Rekey Buildings	12/18/18	6,000	100	0	0	3,646	2,354
	Tablet/Surface Pro	2/17/18	769	100	0	0	595	174
	VA Computer Washer & Dryer	7/06/18 8/30/18	750 1,200	100 100	$0 \\ 0$	$0 \\ 0$	524 802	226 398
	Med Cabinet	5/24/18	679	100	ő	ő	490	189
	Office Monitor Stand	5/30/18	350	100	0	0	251	99
	Full Size Bed VA House Staff Desktop Computer	6/06/18 1/14/19	309 783	100 100	$0 \\ 0$	$0 \\ 0$	221 232	88 551
158	Phone	1/18/19	1,150	100	0	0	340	810
	Hoshizaki Ice Maker Double Door Commerial Freezer	2/15/19 2/15/19	1,500 900	100 100	$0 \\ 0$	$0 \\ 0$	432 259	1,068 641
	Smoker Smoker	4/18/19	5,500	100	0	0	1,489	4,011
162	Bose L1 Compact PA System	8/01/19	675	100	0	0	233	442
	2 Honda Commercial Mowers Laptop Computer	8/14/19 8/29/19	1,902 1,577	100 100	$0 \\ 0$	$0 \\ 0$	648 528	1,254 1,049
	Phone	9/20/19	1,250	100	0	0	408	842

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Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
166	Laptop for Development	11/26/19	1,319	100	0	0	395	924
168	Copier	6/19/19	1,800	100	0	0	652	1,148
169	Duct work for 205 S. Jackson	6/14/19	2,500	100	0	0	425	2,075
170	Landscaping	6/20/19	8,321	100	0	0	1,054	7,267
172	2 Ductless HVAC Units	9/30/19	1,800	100	0	0	406	1,394
177	Hot Water Heater for 209 S. Van Buren	5/14/20	2,193	100	0	0	358	1,835
178	Wiring & Labor	7/24/20	951	100	0	0	137	814
179	Back Patio & Pond at 209 S. Jackson	8/03/20	2,463	100	0	0	232	2,231
180	Appliance Shed/Event Storage	12/04/20	3,822	100	0	0	274	3,548
181	HVAC for 209 S. Jackson	3/27/20	15,059	100	0	0	1,772	13,287
183	Kitchen Equipment	2/26/20	890	100	0	0	164	726
184	Commercial Freezer	5/14/20	3,018	100	0	0	493	2,525
185	Built-In Oven for 205 S. Jackson #2	7/30/20	1,100	100	0	0	157	943
186	GoPro Max	8/11/20	724	100	0	0	101	623
187	Laptop for Case Mgmt (Anne)	10/14/20	750	100	0	0	91	659
188	Water Heater-Duplex #10	3/02/21	1,757	100	0	0	0	1,757
189	Plumbing Work - 209 S. Jackson	5/23/21	1,009	100	0	0	0	1,009
190	3 ton, 2 Head Mini Split System	7/21/21	8,120	100	0	0	0	8,120
		Grand Total	292,531			0	125,462	167,069
	Less: Dispositions	17,392		0	0	8,696	8,696	
	Ne	275,139		0	0	116,766	158,373	

Depreciation Adjustment Report All Business Activities

<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACI	RS Adj	ustments:				
Page 1	1	18	Sidewalks, Curbs & Parking Lot - Victory Dupl	1,370	1,371	-1
Page 1 Page 1	1 1	19 20	Parking Lot Pavement - Victory Duplexes Sprinkler System - Victory Duplexes	466 365	641 191	-175 174
Page 1	1	21	Sod & 41 Trees - Victory Duplexes	412	412	0
Page 1	1	22	Sidewalks, Curbs & Parking Lot - Victory Dupl	915	915	$\overset{\circ}{0}$
Page 1	1	23	Sprinkler System, Sod & Trees - Victory Duple	1,949	1,121	828
Page 1	1	27	207 S. Van Buren	0	275	-275
Page 1 Page 1	1 1	28 29	GAZEBO 207 S. Van Buen - Remodel	0	0 155	0 -155
Page 1	1	30	207 S. Van Buen - Remodel	0	225	-133
Page 1	1	31	209 S. Jackson - Remodel	ő	22	-22
Page 1	1	32	207 S. Van Buren - Rear	0	10	-10
Page 1	1	33	203 S. Van Buren	0	62	-62
Page 1	1	34	209 S. Van Buren	0	437	-437
Page 1 Page 1	1 1	35 37	1000 N Adams 1609 N. Adams	0	8 7	-8 -7
Page 1	1	39	1609 N. Adams 1609 N. Adams - Rear	0	7	-7 -7
Page 1	1	42	1000 N Adams - Rear	ő	7	-7
Page 1	1	43	200 S. Harrison	0	75	-75
Page 1	1	44	305 W. 2nd Street	0	75 75	-75 75
Page 1 Page 1	1 1	46 47	209 W. 2nd Street 207 W. 2nd Street	0	75 75	-75 -75
Page 1	1	50	209 S. Jackson - Fence	0	0	0
Page 1	1	51	311 W. 2nd Street	ŏ	337	-337
Page 1	1	52	313 W. 2nd Street	0	12	-12
Page 1	1	53	101 S. Harrison - Rear #2	0	20	-20
Page 1	1	54 55	101 S. Harrison - Rear #2	0	7	-7
Page 1 Page 1	1 1	55 56	205 S. Jackson 205 S. Jackson Rear	222 222	222 222	$0 \\ 0$
Page 1	1	57	203 Jackson	872	872	0
Page 1	1	58	Trailer - 209 S. Jackson	707	707	ŏ
Page 1	1	59	209 S. Van Buren	0	141	-141
Page 1	1	60	1000 N. Adams	0	21	-21
Page 1 Page 1	1 1	61 62	1000 N. Adams - Rear 209 S. Van Buren - Remodel	0 96	38 78	-38 18
Page 1	1	63	VA House Kitchen Remodel - Initial Payment	364	195	169
Page 1	1	64	Roof	54	55	-1
Page 1	1	65	Roof	72	73	-1
Page 1	1	66	207 S. Van Buren	4,856	4,856	0
Page 1	1 1	67 68	209 S. Jackson - Kitchen Remodel	3,235 4,017	3,236 4,017	-1 0
Page 1 Page 1	1	69	S. Van Buren St. Vicotry Duplex 5&6 S. Van Buren St. Victory Duplex 7&8	4,017	4,017	0
Page 1	1	70	S. Van Buren St. Victory Duplex 9&10	4,017	4,017	ő
Page 1	1	71	S. Van Buren St. Victory Duplex 1&2	3,739	3,739	0
Page 1	1	72	S. Van Buren St. Victory Duplex 3&4	3,739	3,739	0
Page 1 Page 1	I 1	73 74	2nd Steet Vicory Duplex - 11 & 12 St. Thomas Victory Duplex - 13 & 14	3,848 2,407	3,847 2,407	$\frac{1}{0}$
Page 1	1	74 76	2 Gas Line Heating Units	195	195	0
Page 1	i	77	VA House Kitchen Remodel - Final Payment	323	323	0
Page 1	1	78	VA House Laundry Room Remodel	124	124	0
Page 1	1	79	VA House New Sub Floor and Armstrong Floori	987	987	0
Page 1 Page 1	<u>l</u> 1	80 81	Stater Construction Dell Computer	0	0	$0 \\ 0$
Page 1	1 1	83	Video - Images of Hope	0	0	0
Page 1	1	84	Upright Piano	40	20	20
Page 1	1	85	Heater for House #8	0	0	0
Page 1	1	86	Furniture	0	0	0
Page 1] 1	87 88	Furniture Craftsman Lawnmower	0	0	$0 \\ 0$
Page 1 Page 1	1 1	88 90	Armoire, Sofa & Chairs	0	0	0
Page 1	1	92	Kenmore Regrigerator	0	0	0
Page 1	1	93	LG Washer - Main Home	0	0	0
Page 1	1	94	LG Washer, VA House	0	0	0
Page 1] 1	95 06	LG Dryer - Main House	0	0	0
Page 1 Page 1	1	96 97	LG Dryer - VA House Canon IR 1025 Copier	0	$0 \\ 0$	$0 \\ 0$
Page 1	1	98	Folding Machines - 3	0	0	0
Page 1	1	98	rotung Machines - 3	U	U	0

Depreciation Adjustment Report All Business Activities

						AMT
Form	Lloit	Accet	Deparintion	Tax	AMT	Adjustments/
Form	<u>Unit</u>	Asset	Description NA H			Preferences
Page 1 Page 1	1 1	99 100	Frididaire Range - VA House Frigidaire Microwave - VA House	0	0	$0 \\ 0$
Page 1	1	101	Furniture for Victory Duplexes 200, 204 & 208	0	0	0
Page 1	1	102	Appliances for Victory Duplexes 5-10	Ö	ő	ŏ
Page 1	1	103	TV for Victory Duplexes 5-10	0	0	0
Page 1	1	104	Furniture for Victory Duplexes	0	0	0
Page 1	1	105	Maytag Washer & Dryer with Pedestals & Hoses	0	0	0
Page 1	1	106 107	Maytag Washer & Dryer with Pedestals & Hoses	$0 \\ 0$	0	0
Page 1 Page 1	1 1	107	120HZ TV Joe Latham	0	0	$0 \\ 0$
Page 1	1	109	Sams - TIme Clocks	0	0	0
Page 1	1	110	Chevy Van - 1989	ő	ŏ	ő
Page 1	1	111	1999 For Van - Diesel	0	0	0
Page 1	1	113	2004 Ford F150	0	0	0
Page 1	1	114	2012 Dodge Ram 1500	0	0	0
Page 1	1	115	Brown Leather Sofa	0 1,027	1.027	0
Page 1 Page 1	1 1	117 119	209 S. Jackson 2009 Toyota Sienna	0	1,027 0	$0 \\ 0$
Page 1	1	120	VA Sprinkler	63	197	-134
Page 1	1	121	WiFi Setup	147	252	-105
Page 1	1	122	Mini-fridge for Duplex 9	26	0	26
Page 1	1	123	Sprinkler Installation	168	197	-29
Page 1	1	125	ED Desk & Chairs	37	18	19
Page 1	1	126	Printer and Supplies	62	60	2
Page 1 Page 1	1 1	127 128	Computer Monitors Awning and Table Cover	44 261	39 131	5 130
Page 1	1	129	2 Trimmers	49	7	42
Page 1	1	130	Chairs & Tables	24	9	15
Page 1	1	131	Refrigerator Duplex #10	51	7	44
Page 1	1	132	Printer VA House	50	6	44
Page 1	1	133	Printer	31	4	27
Page 1	1	134 135	207 Van Buren Hot Water Heater Upstairs	54 1,705	54 1.704	0
Page 1 Page 1	1 1	133	205 S Jackson Rear Lenovo Mix Laptop	1,703	1,704 96	1 -95
Page 1	1	137	TV	1	60	-59
Page 1	1	138	Heating Unit	105	515	-410
Page 1	1	139	Computer Desks	52	25	27
Page 1	1	140	ED Computer	85	68	17
Page 1	1	141	Office Chair	14	5	9
Page 1 Page 1	1 1	142 143	2 File Cabinets	45 137	16 17	29 120
Page 1	1	143	VA Washing Machine Trailer TV	131	17	116
Page 1	1	145	Sofa and Rocker Recliner	144	72	72
Page 1	1	147	Hot Water Heater, Unit #9	340	208	132
Page 1	1	148	Rekey Buildings	1,200	735	465
Page 1	1	149	Tablet/Surface Pro	154	128	26
Page 1	1	150	VA Computer	150	125	25
Page 1 Page 1	1 1	151 153	Washer & Dryer Med Cabinet	240 136	200 83	40 53
Page 1	1	153	Office Monitor Stand	70	58	12
Page 1	1	155	Full Size Bed VA House Staff	62	37	25
Page 1	1	157	Desktop Computer	78	0	78
Page 1	1	158	Phone	115	0	115
Page 1	1	159	Hoshizaki Ice Maker	150	0	150
Page 1 Page 1	1 1	160	Double Door Commerial Freezer Smoker	90 550	0	90 550
Page 1	1	161 162	Bose L1 Compact PA System	550 97	0	550 97
Page 1	1	163	2 Honda Commercial Mowers	272	0	272
Page 1	1	164	Laptop Computer	225	ŏ	225
Page 1	1	165	Phone	178	0	178
Page 1	1	166	Laptop for Development	189	0	189
Page 1	1	168	Copier Co	258	0	258
Page 1	1	169	Duct work for 205 S. Jackson	167	0	167
Page 1 Page 1	1 1	170 171	Landscaping Roof for 209 S. Jackson	416 119	0	416 119
Page 1	1	171	2 Ductless HVAC Units	180	0	119
Page 1	1	176	Roof for 205 S. Jackson	124	0	124
Page 1	1	177	Hot Water Heater for 209 S. Van Buren	220	Ö	220
Page 1	1	178	Wiring & Labor	95	170	-75
Page 1	1	179	Back Patio & Pond at 209 S. Jackson	164	440	-276
Page 1	1	180	Appliance Shed/Event Storage	255	682	-427

Depreciation Adjustment Report All Business Activities

<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	181	HVAC for 209 S. Jackson	1,004	2,688	-1,684
Page 1	1	183	Kitchen Equipment	89	159	-70
Page 1	1	184	Commercial Freezer	302	539	-237
Page 1	1	185	Built-In Oven for 205 S. Jackson #2	110	196	-86
Page 1	1	186	GoPro Max	72	130	-58
Page 1	1	187	Laptop for Case Mgmt (Anne)	75	134	
				56,090	56,003	87

Future Depreciation Report FYE: 12/31/23 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MA	ACRS:				
18 19 20 21 22 23 26 27 28 29 30 31 32 33 34 35 37 39 42 43 44 46 47 50 51 52 53 54 55 56 67 68 69 70 71 72 73 74 76 77 77 78 79 80 81 81 82 83 84 85 86 86 87 87 87 87 87 87 87 87 87 87 87 87 87	Sidewalks, Curbs & Parking Lot - Victory Dupl Parking Lot Pavement - Victory Duplexes Sprinkler System - Victory Duplexes Sod & 41 Trees - Victory Duplexes Sidewalks, Curbs & Parking Lot - Victory Dupl Sprinkler System, Sod & Trees - Victory Duple 209 S. Jackson 207 S. Van Buren GAZEBO 207 S. Van Buren - Remodel 207 S. Van Buren - Remodel 209 S. Jackson - Remodel 209 S. Jackson - Remodel 209 S. Jackson - Remodel 209 S. Van Buren 1000 N. Adams 1609 N. Adams 1609 N. Adams - Rear 1000 N. Adams - Rear 1000 N. Adams - Rear 209 S. Jackson - Fence 311 W. 2nd Street 209 W. 2nd Street 209 W. 2nd Street 101 S. Harrison - Rear #2 201 S. Jackson - Fence 311 W. 2nd Street 101 S. Harrison - Rear #2 205 S. Jackson 205 S. Jackson 205 S. Jackson 205 S. Jackson 207 S. Van Buren 1000 N. Adams 1000 N. Adams - Rear 203 Jackson 205 S. Jackson 207 S. Van Buren 1000 N. Adams - Rear 203 S. Van Buren 1000 N. Adams - Rear 209 S. Van Buren 1000 N. Adams - Rear 209 S. Van Buren 1000 N. Adams - Rear 209 S. Van Buren 1000 N. Adams - Rear 209 S. Van Buren 1000 N. Adams - Rear 209 S. Van Buren 1000 N. Adams - Rear 209 S. Van Buren 1000 N. Adams - Rear 209 S. Van Buren 1000 Rophen St. Victory Duplex 5&6 S. Van Buren St. Victory Duplex 7&8 S. Van Buren St. Victory Duplex 7&8 S. Van Buren St. Victory Duplex 3&4 2nd Steet Vicory Duplex - 13 & 14 2 Gas Line Heating Units VA House Kitchen Remodel - Final Payment VA House Keitchen Remodel - F	5/16/12 5/16/12 8/12/12 8/12/12 5/02/13 5/01/13 7/01/89 7/01/89 7/01/94 12/01/90 2/08/91 6/30/92 7/01/89 8/12/92 1/01/92 8/13/92 8/15/93 8/15/93 8/15/93 8/15/93 8/15/93 8/15/93 10/03/92 10/01/92 10/03/92 10/01/92 10/06/93 10/01/92 10/06/93 2/02/93 2/02/93 2/02/93 2/02/93 2/02/93 2/02/93 2/02/93 1/01/92 10/01/92 10/30/92 5/01/195 12/30/14 10/20/07 9/29/07 1/01/09 11/30/10 5/01/12 12/16/12 12/16/12 12/16/12 13/01/13 5/0	41,111 12,815 7,290 12,364 27,449 38,982 22,000 11,000 265 6,216 9,000 3,307 388 2,500 17,500 300 300 257 258 3,000 3,000 3,000 3,000 3,000 3,000 7,000 23,978 19,450 5,605 837 1,511 3,141 10,000 1,500 2,000 133,531 88,975 110,479	1,371 0 182 413 915 1,008 0 0 0 0 0 0 0 0 0 0 0 0 0	1,370 0 182 413 915 1,065 0 275 0 156 225 23 9 63 438 7 8 6 8 75 75 75 75 75 75 75 75 75 75

Future Depreciation Report FYE: 12/31/23 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
99	Frididaire Range - VA House	6/23/11	549	0	0
100	Frigidaire Microwave - VA House	6/23/11	259	0	0
101	Furniture for Victory Duplexes 200, 204 & 208	6/01/12	16,595	0	0
102 103	Appliances for Victory Duplexes 5-10 TV for Victory Duplexes 5-10	6/01/12 8/25/12	4,525 974	$0 \\ 0$	$0 \\ 0$
103	Furniture for Victory Duplexes	5/01/13	22,124	ő	0
105	Maytag Washer & Dryer with Pedestals & Hoses		2,398	0	0
106	Maytag Washer & Dryer with Pedestals & Hoses		2,399	0	0
107 108	120HZ TV	12/01/14	812 950	0	0
108	Joe Latham Sams - TIme Clocks	7/31/16 12/12/16	930 444	$0 \\ 0$	$0 \\ 0$
111	1999 For Van - Diesel	12/01/07	4,500	ő	0
115	Brown Leather Sofa	2/22/16	1,799	0	0
117	209 S. Jackson	5/31/08	28,227	1,026	1,026
120 121	VA Sprinkler	2/28/17 4/18/17	1,975 2,519	$0 \\ 0$	$0 \\ 0$
121	WiFi Setup Mini-fridge for Duplex 9	5/23/17	329	0	0
123	Sprinkler Installation	6/05/17	1,975	Ö	ő
125	ED Desk & Chairs	7/11/17	255	18	18
126	Printer and Supplies	7/11/17	595	0	0
127 128	Computer Monitors	7/25/17 9/20/17	395 1,825	0 130	0 130
128	Awning and Table Cover 2 Trimmers	9/20/17	330	0	0
130	Chairs & Tables	10/06/17	170	6	7
131	Refrigerator Duplex #10	10/13/17	329	0	0
132	Printer VA House	11/01/17	304	0	0
133 134	Printer 207 Van Buran Hat Water Haster Unstein	12/01/17 12/27/17	170 1,487	0 54	0 54
134	207 Van Buren Hot Water Heater Upstairs 205 S Jackson Rear	12/27/17	46,877	1,704	1,705
136	Lenovo Mix Laptop	1/04/17	963	0	0
137	TV	1/04/17	600	0	0
138	Heating Unit	2/07/17	5,155	0	0
139 140	Computer Desks	4/11/17 8/16/17	359 685	25 0	26 0
140	ED Computer Office Chair	11/01/17	99	4	4
142	2 File Cabinets	11/01/17	314	12	14
143	VA Washing Machine	11/09/17	799	0	0
144	Trailer TV	12/06/17	704	0	0
145 147	Sofa and Rocker Recliner Hot Water Heater, Unit #9	5/30/17 8/02/18	1,008 1,700	72 65	72 209
148	Rekey Buildings	12/18/18	6,000	231	735
149	Tablet/Surface Pro	2/17/18	769	4	64
150	VA Computer	7/06/18	750	15	62
151	Washer & Dryer	8/30/18	1,200	31	100
153 154	Med Cabinet Office Monitor Stand	5/24/18 5/30/18	679 350	10 6	83 29
155	Full Size Bed VA House Staff	6/06/18	309	5	38
157	Desktop Computer	1/14/19	783	48	0
158	Phone	1/18/19	1,150	69	0
159	Hoshizaki Ice Maker Double Door Commerial Freezer	2/15/19	1,500	91 55	$\begin{array}{c} 0 \\ 0 \end{array}$
160 161	Smoker	2/15/19 4/18/19	900 5,500	33 346	0
162	Bose L1 Compact PA System	8/01/19	675	49	0
163	2 Honda Commercial Mowers	8/14/19	1,902	140	0
164	Laptop Computer	8/29/19	1,577	118	0
165	Phone Lanton for Davidsonment	9/20/19	1,250	95 105	$\begin{array}{c} 0 \\ 0 \end{array}$
166 168	Laptop for Development Copier	11/26/19 6/19/19	1,319 1,800	103 127	0
169	Duct work for 205 S. Jackson	6/14/19	2,500	127	0
170	Landscaping	6/20/19	8,321	343	0
171	Roof for 209 S. Jackson	12/28/19	4,750	118	0
172	2 Ductless HVAC Units	9/30/19	1,800 4,950	121 123	0
176 177	Roof for 205 S. Jackson Hot Water Heater for 209 S. Van Buren	4/30/20 5/14/20	4,950 2,193	123 161	$0 \\ 0$
178	Wiring & Labor	7/24/20	951	72	158
179	Back Patio & Pond at 209 S. Jackson	8/03/20	2,463	138	410
180	Appliance Shed/Event Storage	12/04/20	3,822	220	637
181	HVAC for 209 S. Jackson	3/27/20	15,059	819	2,509
183 184	Kitchen Equipment Commercial Freezer	2/26/20 5/14/20	890 3,018	64 222	148 503
185	Built-In Oven for 205 S. Jackson #2	7/30/20	1,100	83	183
186	GoPro Max	8/11/20	724	55	120
I					

Future Depreciation Report FYE: 12/31/23 Form 990, Page 1 75-2233200

A = = = 4	Description	Date In	Coot	Т	A B 4T
<u>Asset</u> 187	Description	Service 10/14/20	Cost 750	Tax	AMT
16/	Laptop for Case Mgmt (Anne)	10/14/20	1,572,384	49,296	<u>125</u> 53,139
			1,372,364	49,290	
Othon 1	Donmosiations				
Otner 1	Depreciation:				
1	209 S. Jackson Land	7/01/87	500	0	0
2 3	207 S. Van Buren Land 203 S. Van Buren Land	7/01/89 8/12/82	500 500	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
4	209 S. Van Buren Land	1/01/92	500	0	0
5	1000 N. Adams Land	8/13/92	250	0	0
6 7	1000 N. Adams - Rear Land 1609 N. Adams Land	8/13/92 8/13/92	250 250	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
8	1609 N. Adams - Rear Land	8/15/92	250 250	0	0
9	202 S. Harrison Land	10/01/92	500	0	0
10	311 W. 2nd Street Land	10/03/92	500	0	0
11 12	W. 1st Street Land 205 S. Jackson Land	10/03/92 4/07/99	500 500	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
13	205 S. Jackson - Rear Land	4/07/99	500	ő	ő
14	203 Jackson Land	6/18/07	1,000	0	0
15 16	200 S. Van Buren Land 204 S. Van Buren Land	3/06/10 3/06/10	1,250 1,000	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
17	Stellae Mae Lucky Property	10/01/11	1,500	0	0
24	215 & 219 South Jackson Lots	1/07/14	18,020	Ö	0
25	320 SW 3rd Avenue - Land & Bldg	2/09/13	65,683	0	0
175 188	Roof for 203 S. Jackson Water Heater-Duplex #10	4/30/20 3/02/21	4,950 1,757	124 44	0 64
189	Plumbing Work - 209 S. Jackson	5/23/21	1,009	25	36
190	3 ton, 2 Head Mini Split System	7/21/21	8,120	203	295
193	Electrical Outlets on Buildings	12/01/21	5,850	146	212
195 196	Heat/Cool Window Unit for 203 S. Van Buren Computer & Accessories	1/12/21 3/16/21	599 3 , 049	60 305	$0 \\ 0$
197	Routers	5/05/21	652	66	ő
198	Freezer	6/30/21	4,125	413	0
199 200	Lawn Equipment Repairs on Fridge in Main House	7/16/21 9/28/21	775 1,830	77 183	$\begin{array}{c} 0 \\ 0 \end{array}$
200	Dell Inspiron Laptop - Amanda Weatherford	8/02/21	520	52	0
202	Computer - Jana	11/24/21	1,256	126	0
203	Christmas Lights	9/30/21	3,150	315	0
204 205	Washer & Dryer Pair Administration Desk	10/07/21 10/18/21	600 450	60 45	$\begin{array}{c} 0 \\ 0 \end{array}$
206	Hot Water Heater - 205 Jackson	10/27/21	562	56	ő
207	Case Management Desk	11/22/21	675	68	0
208 209	Case Management Desk	11/22/21 11/22/21	675 850	68 85	0
210	Christmas Nativity Scene Administration Filing Cabinet	11/24/21	320	32	0
211	Printer for Management Office	11/30/21	340	34	0
212	Printer for Fundraising Office	11/30/21	340	34	0
213 214	Development Director Desk VA Shelter Stove	12/15/21 1/13/22	760 849	76 85	$0 \\ 0$
215	Case management desk	1/20/22	620	62	ő
217	Paint spray rig	7/05/22	729	73	0
218 219	Lawn mower Lawn Equipment	7/08/22 7/29/22	3,870 667	387 66	$0 \\ 0$
220	Lawn Equipment	7/30/22	1,479	148	0
221	Hearing Protection	8/04/22	511	51	0
222	Note tablet (Steve)	8/16/22	549	55	0
223 224	Note pad (Ruth) Tools for Kentucky and Shop	8/22/22 9/01/22	603 523	60 53	$0 \\ 0$
225	Lawn mower	9/21/22	500	50	ő
228	TV for duplex #12 meeting room	11/22/22	560	56	0
229	Winsupply	1/13/22	605	60	0
	Total Other Depreciation		149,232	3,903	607
	Total ACRS and Other Depreciation		149,232	3,903	607
	Tom TOLD and Once Depictation		177,232		

Listed Property:

75-2233200 Future Depreciation Report FYE: 12/31/23 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
110	Chevy Van - 1989	12/23/06	7,000	0	0
113	2004 Ford F150	3/14/14	10,414	0	0
119	2009 Toyota Sienna	10/01/14	14,219	0	0
			31,633	0	0
	Grand Totals		1,753,249	53,199	53,746

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Tax-Exempt Interest on Investments

	Description					
		Amount	Unrelated Business	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
Interest	<pre>Income: Amarillo \$</pre>	Nat 4,251				
Interest	Inc - First Unite	ed B 487				
Interest	Inc - FBSW	637				
Interest	Income - Ameritra	ade 44				
Tota	al \$	5,419	•			

Tax-Exempt Dividends from Securities

Description
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	_	Amount	Unrelated Business		Acquired after 6/30/75	InState Muni (\$ or %)
Interest Inc - D	ividend	Inc				
	\$_	351				
Total	\$_	351				

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses		Program Service		Management & General		Fund Raising	
Fundraising Exp - Entertainme	\$	1,100	\$		\$		\$	1,100
Total	\$	1,100	\$	0	\$	0	\$	1,100

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses		Program Service		Management & General		Fund Raising	
Bank Fees Food: Health Department	\$	1,544 884	\$	1,544 884	\$		\$	
Total	\$	2,428	\$	2,428	\$	0	\$	0

Schedule A, Part II, Line 1(e)

Description	Amount
Individual Donations	\$ 166,966
Corporate Donations	25,393
Church Donations	38,474
Board Member Donations	12,392
Contra Restricted Contributions	-86,365
Community Organizations	12,029
Grants	348,262
Honor Veterans Now	186
In Kind Donations:Home Furnishings	7,873
In Kind Donations:Clothing	12,233
In Kind Donations: Equipment/Tools	14,084
In Kind Donations:Food	18,638
In Kind Donations:Supplies	15,633
In Kind Donor Services	7,312
Restricted Contributions	86,365
Total	\$679,475

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total		Excess	
Amarillo Area Foundation	\$	123,912	\$	22,086
Steven & Lorraine Beckham		5,282		
Dr Ken Roberts & Ilene Roberts		10,000		
High Plains Christian Ministries		60,000		
Josephine Anderson Charitable Trust		5,000		
The Kimble Foundation Trust		5,000		
The Merrick Foundation		5,000		
Ned O & Linda G Miller Charitable		5,000		
Stanley & May Smith Charitable Trust		80,000		
Survivors NWTX		7,425		
Texas Housing Foundation		15,000		
The Ware Foundation		80,000		
Xcel Energy Foundation		7,500		
Robert Bryant		5,000		
Scott & Pamela Stevens		10,000		
Budweiser Distributing		5,000		
Harvest Connexion Church		22,488		
Amarillo Business Foundation		25,000		
Total	\$	476,607	\$	22,086

Schedule A, Part II, Line 12 - Current year

Description	Amount
Veterans Administration	\$ 324,190
Interest Income: Amarillo Nat	4,251
Interest Inc - First United B	487
Interest Inc - FBSW	637
Interest Income - Ameritrade	44
Interest Inc - Dividend Inc	351
Realized gains - AAF & Amerit	1,888
Amarillo Area Foundation Endo	1,625
Other Income	1,346
Adjustment to gain	91
From CSA Import	
From CSA Import	82,514
Total	\$ 417,424