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TIN: 82-1322053

Form **990**

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

Inspection

A Fo	r th	e 2021 c	alendar year, or tax year beginning 01-01-2021 $$, and ending 12-	31-2021			
B Chec	ck if a	applicable:	C Name of organization FUNDACION HERMANOS DE LA CALLE INC		D Employe	r identif	ication number
_		change	TONDACION TENTANOS DE LA CALLE INC		82-1322	.053	
O Nai		-	Doing business as		—		
○ Init		rn/terminated					
_		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone	number	
О Арг	olicati	ion pending	240 CRANDON BLVD STE 263		(305) 95	51-5477	
			City or town, state or province, country, and ZIP or foreign postal code				
			KEY BISCAYNE, FL 33149		G Gross rec	eipts \$ 6	13,952
			F Name and address of principal officer:	H(a) Is t	his a group ret	urn for	
			NARCISO MUNOZ 628 FERNWOOD RD	sub	ordinates?		☐Yes ✓ No
			KEY BISCAYNE, FL 33149	H(b) Are	all subordinate uded?	es	☐ Yes ☐No
I Tax	-exer	mpt status:	☑ 501(c)(3) □ 501(c)() ◄ (insert no.) □ 4947(a)(1) or □ 527		No," attach a li	st. See i	
J W	ebsit	te:▶ HTT	TP://WWW.HERMANOSDELACALLE.ORG/	H(c) Gro	up exemption	number	>
K Form	of o	raanization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of for	mation: 2017	M State	of legal domicile: FL
K FOITI	1010		. Corporation C must C Association C other				
Pa	rt I		mary				
			scribe the organization's mission or most significant activities: ANIZATION'S MISSION IS TO OFFER HELP AND SUPPORT TO HOMELESS I	NDIVIDUALS.	AND CREATE A	AWAREN	ESS IN THE LOCAL
Se			TY TO HELP THE HOMELESS GAIN BACK THEIR DIGNITY AND PLACE IN S				
an							
еш							
Governance	2	Check thi	is box ▶ □				•
Š	3	Number o	of voting members of the governing body (Part VI, line 1a)		•	3	7
es	4	Number o	of independent voting members of the governing body (Part VI, line 1b)			4	7
Activities &	5	Total num	nber of individuals employed in calendar year 2021 (Part V, line 2a) .			5	1
cti	6	Total num	nber of volunteers (estimate if necessary)			6	2
ď	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrel	lated business taxable income from Form 990-T, Part I, line 11			7b	
				F	Prior Year		Current Year
90	8	Contribut	tions and grants (Part VIII, line 1h)		372,7	16	503,149
Revenue	9	Program	service revenue (Part VIII, line 2g)		49,8	65	110,803
Sev.	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)				0
	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		422,5	81	613,952
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)				0
	14	Benefits ¡	paid to or for members (Part IX, column (A), line 4)				0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		39,3	05	48,632
ns(16a	a Professio	onal fundraising fees (Part IX, column (A), line 11e)				0
Exp enses	b	Total fundr	raising expenses (Part IX, column (D), line 25) >0				
ă	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		347,1	07	466,759
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		386,4	12	515,391
	19	Revenue	less expenses. Subtract line 18 from line 12		36,1	69	98,561
Net Assets or und Balances				Beginnir	ng of Current Ye	ear	End of Year
sets	20	Total acc	ets (Part X, line 16)	-	OF 4	70	102.012
As B			· · · · · · · · · · · · · · · · · · ·		95,4		193,913
Vet	21		ilities (Part X, line 26)		3,0		2,969

any ĸ	nowieage.											
	I.								2022-12-19			
Sian	Sig	gnature of office	r						Date			
Sign Here		DOTGO MUNOZ	DIRECTOR PRECIS	SENT								
	IN/	pe or print name	DIRECTOR, PRESICE and title	JENI								
	 		eparer's name	Dr	eparer's si	anature	I	Date	_	PTIN		
Da!a		Fillity Type pi	eparer s name		eparer 3 31	griature		2022-12-20	Check if	P013180	95	
Paid		Firm's name	DE LA HOZ PE	FRE7 & RARRE	ITO PLIC				self-employed Firm's EIN		4	
	parer	Tillii s liaille	DE LA HOZ FI	LINEZ & DANDE	ITO FLLC				TIIIII S LIN	00-131020	*	
use	Only	Firm's addres	s > 304 PALERMO	AVENUE					Phone no. (30	5) 448-558	5	
			CORAL GABLE	S. FL 33134								
				-								
					•	ee instructions)					Yes 🗆 N	
For P	aperwork	Reduction A	ct Notice, see	the separat	te instru	ictions.		Cat. N	lo. 11282Y		Form 9	90 (2021)
						— Page 2 —						
F	000 (2021)	`										_
	990 (2021)	•										Page 2
Par	t III St	atement of	Program Sei	rvice Acco	mplish	ments						_
				_	ote to ar	ny line in this Pa	rt III					. 🗸
1	Briefly des	scribe the orga	nization's missi	on:								
						OFFER HELP AN						
						AMILIES TO VOL CALLE IS A CHR						
						ENCING HOMEL						
						ID DIGNIFIED M						
	ING, MENT MILY AND		IONAL SUPPORT	I, ACCESS IC) HEALIF	ICARE, LEGAL S	ERVICES, I	EMPLOYMEN	NI OPPORTUN	IIIIES, AN	ID RECONN	ECTION
2	Did the or	ganization und	lertake any sign	ificant progr	am servi	ces during the y	ear which	were not lis	ted on			
-		_	90-EZ?			ces during the y	cai willeii	WCIC HOCHS	icca on		☐ Yes 【	✓ No
	•						• •			•	U res	NO
•	•		new services on			angos in how it	conducto	2011 20000	m			
3		-	ise conducting, o	or make sign	IIIICarit Ci	nanges in how it	conducts,	any progra	111		☐ Yes	M Na
										•	∪ Yes	₩ NO
4	•		changes on Scho									
4						s for each of its to report the am						
	and reven	ue, if any, for	each program s	ervice report	ed.	o report the ann	ount or gro	into una una	ocacions to ot	ners, the	total expen	303,
4a	(Code:) (Expenses \$	4	44,077	including grants of	\$) (Revenue \$		110,803)	
						WITH THE HOMEL						
						ACION HERMANOS AMS, INSTITUTION						ALL THE
	DEMOGRAP	HIC. SINCE THE	N THE ORGANIZAT	TON HAS BEEN	N ABLE TO	MEASURE ITS PER	FORMANCE T	THROUGH TH	E HMIS (HOME	LESS MANA	GEMENT INFO	
						ER 2021, THE ORG PERMANENT HOUS						
						MIAMI WITH NOV						
						ING THE U.S. SOU COMFORTABLE PL						
						OS DE LA CALLE IN						
						WITH ASSISTANC						
		T HOUSING.	MES TO GIVE SHE	LIER TO MIGR	CAINT FAMIL	LIES, TOTALING 13	ות פשכטטט	ESTINED TO	HELP THE HOMI	LESS INDI	VIDUALS WIT	П
4b	(Code:) (Expenses \$		5,854	including grants of	· \$) (Revenue \$)	
	TRAVEL AN	D TRANSPORTAT	ION TO REUNITE F	AMILIES WE H	AVE HELP	ED THE HOMELESS	THROUGH	TRANSPORTA	TION AND TRAN	EL ASSIST	ANCE. WE HA	VE HELPED
						R THEM TO GET TO				OMPLETIO	N OF PAPERW	ORK THAT
	WILL AID I	HEM. WE HAVE A	ALSO PROVIDED II	RAVEL ASSIST	ANCE TO R	REUNITE THE HOME	LESS WITH	THEIR FAMIL	.1E5.			
4c	(Code:) (Expenses \$			including grants of) (Revenue \$)	
						NAGER TO HELP TH S AND PROVIDE AL						
		ICAL, AND OTHE				/ /					02. 12.11/	
4d	Other pro	gram services	(Describe in Sch	hedule O.)								
	(Expenses	_		including gr	ants of \$)	(Revenue s	\$)	
4e	Total pro	gram service	expenses		500,92	7						

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Pai	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	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		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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

Form 990 (2021) Page **5**

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?	Oa		140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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 required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

			,	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	If tes, complete roun 6069.	F	orm 99	0 (2021)
	Page 6			
Form	990 (2021)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			~
Se	ction 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 7			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16h		

										101	<u>' </u>
	ction C. Disclosure										
17 18	List the states with which a copy of this Fo Section 6104 requires an organization to n 501(c)(3)s only) available for public inspec	nake its Form 1	023 (10)24 o	r 10						
	Own website Another's website	_	•	_						.,.	
19	Describe in Schedule O whether (and if so, policy, and financial statements available t	how) the orga	nization	mac	le its	s go	•		•	of interest	
20	State the name, address, and telephone no SANTIAGO BERGONZI 798 CRANDON BL									d records:	
											Form 990 (2021)
				Page	7						
Form	990 (2021)										Page 7
	Compensation of Officers, D	-	stees,	Key	/ En	npl	oyee	s, F	lighest Compe	nsated Employe	
	and Independent Contracto Check if Schedule O contains a resp		any lir	no in	thic	Parl	· \/II				
Se	ection A. Officers, Directors, Truste										0
	omplete this table for all persons required to	be listed. Repo	ort com	pens	atior	n for	the c	alen	dar year ending wi	th or within the org	ganization's tax
	List all of the organization's current officers							or o	rganizations), rega	ardless of amount	
	ist all of the organization's current key em	` '	•					efinit	ion of "key employ	ee."	
who i	ist the organization's five current highest on received reportable compensation (box 5 of dization and any related organizations.										000 from the
	ist all of the organization's former officers, portable compensation from the organization	, , ,	, ,				sated	emp	loyees who receive	ed more than \$100	,000
• 1	ist all of the organization's former director	rs or trustees	that red	ceive	d, in	the					
-	nization, more than \$10,000 of reportable co he instructions for the order in which to list	•		orgai	IIZal	1011	anu ai	iy re	lated organizations	·	
V	Check this box if neither the organization no	r any related oi	rganizat	ion c	omp	ens	ated a	iny c	current officer, dire	ctor, or trustee.	
	(A)	(B)			(C)				(D)	(E)	(F)
	Name and title	Average hours per	Position than o	ne b	ox, ι	ınle	ss pers	son	Reportable compensation	Reportable compensation	Estimated amount of other
		week (list any hours		oth a direct			and a	3	from the organization	from related organizations	compensation from the
		for related organizations	or inc	in	ş	중	Hig	Fo	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	organization and related
		below dotted line)	Individual or director	Institutional T	Officer	Key employe	Highest compo	Former	NEC)	NEC)	organizations
			ior tor	iona		ploy	cor ee	ľ			
			trusto r	.l Tru		/ee	npe				
			stee	stee			ensat				
							ed				
(1) SA	NTIAGO BERGONZI		Х						0	0	0
DIREC	CTOR, TR										
. ,	EJANDRO RODRIGUEZ BLANCO		х						0	0	0
DIREC											
`	YNALDO FIGUEREDO TOR, VI		x		х				0	0	0
. ,	IS GUTIERREZ CTOR		х						0	0	0
(5) M	ALENA LEGARRE										
DIREC	TOR		Х						0	0	0
(6) NA	ARCISO MUNOZ		,,		,						
DIREC	TOR, PR		X	L	Х				0	0	0
(7) HU	JMBERTO RAMIREZ CTOR		Х						0	0	0

		1				ĺ			Ī				
												Form 99	n (2021
												101111 99	0 (2021
					Page	e 8							
orm	n 990 (2021)												Page
Pa	rt VII Section A. Officers, Dire	ctors, Trustee	s, Key	Emp	loye	ees,	and	l Hig	hes	t Compensate	d Employees (co	ntinued)	
	(A)	(B)			(C					(D)	(E)	(F))
	Name and title	Average hours per	than	ion (d one b	ox, ι	unle	ss pe	rson		Reportable compensation	Reportable compensation	Estima amount o	
		week (list any hours	is	both a				a	or	from the rganization (W-	from related organizations (W-	compens from	
		for related organizations	악	=	Q.	조 e	e Hig	Fo	M:	2/1099- ISC/1099-NEC)	2/1099- MISC/1099-NEC)	organizat relat	
		below dotted line)	Individual trustee or director	Institutional Truste	Officer	Key employee	Highest compensated employee	Former				organiza	ations
			ğ E	iona		ploy	e on						
			eteu	Tru		99	nper						
			Φ	stee)Sate						
							ă						
				-	-			+					
					-			-					
					-								
								-					
		1					le le						
	Sub-Total	Part VII, Section	 A .	· .	٠.	•	•						
d ·	Total (add lines 1b and 1c)						•						
2	Total number of individuals (includir of reportable compensation from the		to tho	se list	ed a	bove	e) wh	no rec	eive	ed more than \$10	00,000		
												Yes	No
3	Did the organization list any forme line 1a? <i>If "Yes," complete Schedule</i>			tee, k	ey e •	mplo	yee,	or hi	ghe:	st compensated		3	No
4	For any individual listed on line 1a, organization and related organization individual										the		
_		oivo or pos	mnoss	· ·	ror	2		اماددا	•	onization or in di		4	No
5	Did any person listed on line 1a reco services rendered to the organization											_	Nia

L Comple from to	ete this table for your ne organization. Repor	ontractors five highest co	mpensated independ	dent contractors that ear ending with or wit	received more than	\$100,000 of compo	ensation
			A)			(B) ription of services	(C) Compensation
Total nur	nber of independent c	ontractors (inc	ludina but not limite	d to those listed abov	ve) who received mo	ore than \$100,000 o	of
compens	ation from the organiz	ation 🕨	adding Suction initial	a to those hotea above			
							Form 990 (202
				Page 9 ———			
				rage 9			
m 990 (20	•						Page
Part VIII	Statement of Ro						
	Check if Schedule C	contains a res	sponse or note to an	y line in this Part VIII	(B)		<u>U</u>
				(A) Total revenue	Related or	(C) Unrelated	Revenue
					exempt function	business revenue	excluded from tax under sectio
					revenue	Tovenide	512 - 514
Federate	ed campaigns	1a					
ntributions		÷					
	ship dues	1b					
nerAmt nilar							
iotinedrais	ing events	1c					
		1					
Related	organizations	1d					
Covernme	ent grants (sontributions)	ه ا					
	ent grants (contributions)	1e					
	4,286 contributions, gifts, grants	. 1					
and simila	ar amounts not included	′ 1f					
above							
	8,863 contributions included in	Ī					
lines 1a -		1g					
h Total. A	dd lines 1a-1f		503,149				
			Business Code	110.000	110.000		
2a HOUS	ING		531110	110,803	110,803		
Hevenue —							
<u> </u>							
<u>a. </u>							
2							
Ser							
£							
Program Service							
<u>ř</u>							
f All of	ther program service r	evenue.					
g Tota	al. Add lines 2a-2f	🕨	110,803	<u> </u>			•
	ment income (includir		nterest, and other				
	amounts)		•				
	ne from investment of	· ·					
5 Royalt	ies						
	I, <u> </u>	(i) Real	(ii) Personal				
1							
6a Gros	s rents 6a			l			

	expenses	6b	•						
	c Rental income or (loss)	60							
	d Net rental income								
			(i) Securities	·	(ii) Other	 			
	7a Gross amount from sales of assets other than inventory	7a			()				
	b Less: cost or other basis and sales expenses	7b							
	c Gain or (loss)	70	:						
	d Net gain or (loss)	-			•				
Revenue	contributions reported See Part IV, line 18	d on l	of line 1c). • • • 8	ь	S				
Other	Gross income from see Part IV, line 19 b Less: direct expended.	• ses	9	ь					
	c Net income or (los	s) fr	om gaming activ	ities/	-				
	b Less: cost of good: c Net income or (los Miscellanec 11a b c d All other revenue e Total. Add lines 1:	s sol	id 10 com sales of invertexenue	b	Business Code				
	12 Total revenue. So	ee ir	nstructions	•	• • •	613,95	110,80	3	Form 990 (2021
	m 990 (2021) art IX	: of	Functional E:	xper	1ses	— Page 10 ———complete all columns.	All other organization	ns must complete co	Page 10
						ny line in this Part IX			
	not include amounts 8b, 9b, and 10b of P	rep	oorted on lines	-		(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assis	stan	ce to domestic o			Total expelises	expenses	general expenses	expenses
2	domestic government Grants and other assis								
	Part IV, line 22	•		•					
	Grants and other assistance governments, and for and 16.	eign •	individuals. See	Part •	IV, lines 15				
	Benefits paid to or for								
5	Compensation of currence key employees								

6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	45,000	45,000			\neg	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	·	,				
9	Other employee benefits						
10	Payroll taxes	3,632	3,632				
11	Fees for services (non-employees):						
a	Management						
Ŀ	Legal						
c	Accounting	10,607			10	0,607	
c	l Lobbying						
•	Professional fundraising services. See Part IV, line 17						
	Investment management fees					ľ	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,083			:	3,083	
12	Advertising and promotion	774				774	
13	Office expenses						
14	Information technology						
15	Royalties						
	Occupancy						
	Travel					\neg	
	Payments of travel or entertainment expenses for any federal, state, or local public officials •						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
	Insurance						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
	a HOUSING	364,112	364,112				
	b HOUSING UTILITIES	54,286	54,286				
	c INSURANCE	15,445	15,445				
	d OTHER	3,671	3,671				
	e All other expenses	14,781	14,781				
25	Total functional expenses. Add lines 1 through 24e	515,391	500,927		1-	4,464	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).						
			ı				Form 990 (2021)
		– Page 11 ———					
	n 990 (2021)						Page 11
Ρ	Part X Balance Sheet						
	Check if Schedule O contains a response or note to any	line in this Part IX .	(A)				(B)
			Beginning of y			<u> </u>	End of year
	1 Cash-non-interest-bearing			71,289	1	Щ	168,532
	2 Savings and temporary cash investments				2	<u> </u>	
	3 Pledges and grants receivable, net	•			3	<u> </u>	
	4 Accounts receivable, net				4	<u> </u>	
	5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial co				_		

		controlled entity or family member of any of the	se persons			
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section $4958(f)(1)$				
	_				6 7	
sts	7	Notes and loans receivable, net	· · · · · · · ⊢		8	
Assets	8	Inventories for sale or use	⊢		9	
Ä		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		9	
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .	100		11	
	12	Investments—other securities. See Part IV, line	₁₁		12	
	13	Investments—program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		24,181	15	25,381
	16	Total assets. Add lines 1 through 15 (must equ		95,470	16	193,913
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	_
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	outor, or 35% controlled entity		22	
Ĭ	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	25	2,969		
	26	Total liabilities. Add lines 17 through 25 .		3,087	26	2,969
Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck here and and	105,577	27	190,944
Ba	28	Net assets with donor restrictions		-13,194	28	_
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building or eq	uipment fund		30	_
	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	
Net Ass	32	Total net assets or fund balances		92,383	32	190,944
Se	33	Total liabilities and net assets/fund balances .		95,470	33	193,913
			Page 12			Form 990 (2021)
Form	1 99n	(2021)				Daga 43
	art XI	Reconcilliation of Net Assets				Page 12
1 0	ai t Xi		oto to any line in this Bort VI			
		Check if Schedule O contains a response or no	ote to any line in this Part Al		Τ	
1	Tota	al revenue (must equal Part VIII, column (A), line	12)		1	613,952
2	Tota	al expenses (must equal Part IX, column (A), line	25)		2	515,391
3	Rev	enue less expenses. Subtract line 2 from line 1			3	98,561
4	Net	assets or fund balances at beginning of year (mu	st equal Part X, line 32, column (A))	4	92,383
5	Net	unrealized gains (losses) on investments			5	
6	Don	nated services and use of facilities			6	
7	Inve	estment expenses			7	
8	Prio	r period adjustments			8	
9	Oth	er changes in net assets or fund balances (explai	n in 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	190,944

			Yes	No
1	Accounting method used to prepare the Form 990:			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	orm 99	0 (2021)
	990 (2021)			
Ac	ditional Data	Retur	n to Fo	rm

Software ID:

TIN: 82-1322053

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization FUNDACION HERMANOS DE LA CALLE INC

Employer identification number

							82-1322053	
	rt I	Reason for Public					See instructions.	
The o	rganiz	ration is not a private four		•	J ,	, ,		
1		A church, convention of	churches, or as	sociation of churches	described in se	ection 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desci	ribed in sectio	n 170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	nization operat	ed in conjunction with	a hospital desc	cribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			sity owned or	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	ı)(v).	
7	✓	An organization that no section 170(b)(1)(A)			s support from	a governmental u	init or from the genera	al public described in
8		A community trust desc			(Complete Part	: II.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section 1	its exempt fur unrelated busin	ictions—subject to cert ess taxable income (le	ain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test for	public safety.	See section 509	(a)(4).	
12		An organization organizmore publicly supported on lines 12a through 12	l organizations (described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the san				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	ally integrate The organizatio	d. A supporting organing generally must satisf	zation operate fy a distribution	d in connection win requirement and	th its supported orgar	
e f	Enter	Check this box if the orgintegrated, or Type III references	on-functionally	integrated supporting	organization.	•	pe I, Type II, Type III	functionally
a		de the following informat					· · · · · · · · <u> </u>	
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota								
		work Reduction Act No	tice see the T	estructions for	Cat. No. 112	 85F	Schadula	A (Form 990) 2021
		or 990-EZ.	lice, see the h			ادی	Schedule	A (101111 990) 2021
				Pa	ge 2 ———			
Sched	dule A	(Form 990) 2021						Page 2

Page 2

Part II

	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	57,687	127,739	190,772	372,716	503,149	1,252,063
	include any "unusual grant.")	37,007	127,733	150,772	372,710	303,143	1,232,003
2	Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	57,687	127,739	190,772	372,716	503,149	1,252,063
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)						
6	Public support. Subtract line 5 from line 4.						1,252,063
	Section B. Total Support	•	Ī	1	Ī	1	Ī
	lendar year r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	57,687	127,739	190,772	372,716	503,149	1,252,063
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
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.)						
11	Total support. Add lines 7 through 10						1,252,063
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	223,425
13	,	-			•	. , , ,	nization, check
_	this box and stop here			<u></u>		▶□	
	Section C. Computation of Public Public support percentage for 2021 (lir			column (f))		1441	100 000 0/
14 15	Public support percentage for 2021 (III		· · · · · · · · · · · · · · · · · · ·			14	100.000 % 100.000 %
	33 1/3% support test—2021. If the						
	and stop here. The organization quali						
ı	33 1/3% support test—2020. If the	-		·		•	_
17	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "fact	-2021. If the or	ganization did not	check a box on li	ne 13, 16a, or 16b	o, and line 14 is 10)% or more,
ŀ	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets t	t-2020. If the o	rganization did no	ot check a box on I	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
18	_	on did not check a	a box on line 13, 1	.6a, 16b, 17a, or 1	17b, check this box	x and see	_
	instructions				<u> </u>	Schedule A (▶ ∪ Form 990) 2021
			Page 3				
Sch	edule A (Form 990) 2021						Page 3
	Part III Support Schedule for (Complete only if you the organization fails	checked the bo	x on line 10 of	Part I or if the o	rganization faile		er Part II. If
_	Section A. Public Support	to quality under	the tests listed	i below, please t	Complete Part II	.)	
Ca	lendar year r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .		1				
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in		1				
	any activity that is related to the organization's tax-exempt purpose		1				
3	Gross receipts from activities that are	9					
	not an unrelated trade or business under section 513					<u> </u>	
4							
	to or expended on its behalf	I	1	I	I	I	I

5 The value of services or facilities furnished by a governmental unit to the organization without charge (the organization of provided organization standard) are received from other than disqualified persons (the organization of the organization		to or experiued on its benail	Ī	ı	ı	1	ı			
The regardation without charge (and insert through 2, 2 and 3 received from other than disqualified persons 2 Amounts included on lines 2 and 3 received from other than disqualified persons 2 Amounts included on lines 2 and 3 received from other than disqualified persons 2 Amounts included on lines 2 and 3 received from other than disqualified persons 2 Amounts included on lines 2 and 3 received from other than disqualified persons 2 and 2 received from other than disqualified persons 2 and 2 received from the 2 persons	5	The value of services or facilities								
6 Total. Add lines 1 through 5 7 A Announts included on lines 12, and b Announts included on lines 2, and 3 received from their than dispusition of the process of their section of thei										
7a Amounts included on lines 1, 2, and 3 received from disqualified persons have been dependent on the process of the created from other than disqualified persons that exceed the greater of 5,000 or 1% of the amount on line c Add lines 7 and 7b, 18 Public support, (Subtract line 7c from line 6) Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total of Calleday years as section B. Total Support (subtract line 7c from line 6) 3 Amounts from line 6. 3 Gross income from interest, and income from similar sources, and income from sincome from 2002 (line 80,00 column (f)) income from similar sourc	6							+		
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b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	1	(Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization A. All Supporting Organization A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the supported the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F	a box on line 12 cections A and C. If as A and D, and cections organizations list apported organization relations	f you checked box complete Part V.) teed by name in the ations are designationship, explain. that does not have	e organization's gated. If designated	overning documend by class or purpo	ts?	1	ed box	x
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the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes " explain in Part VI what controls the organization put in place to ensure such use	1 2	(Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization A. All Supporting Are all of the organization A. All Supporting Are all of the organization have any support 509(a)(1) or (2)? If "Yes," explain in Findescribed in section 509(a)(1) or (2). Did the organization have a supported	a box on line 12 continues A and C. If and A and D, and continues ations organizations list supported organization organization to the continuing relative at the continuing the continuing the continuing relative to the continuing relati	ted by name in the ations are designationship, explain. that does not have organization determined to the ations are designationship, explain.	e organization's geted. If designated an IRS determin	overning documend by class or purpolation of status und	ts? er section on was	1 2	ed box	x
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes " explain in Part VI what controls the organization put in place to ensure such use	1 2 3a	(Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the standard before the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the standard before the described in Section 509(a)(1) or (2). Did the organization have a supported 3c below.	a box on line 12 cictions A and C. If as A and D, and coations organizations list upported organization the continuing related organization the corganization design of th	f you checked box complete Part V.) ted by name in the ations are designationship, explain. that does not have organization deternance.	e organization's goted. If designated an IRS determinmined that the su	overning documend by class or purpolation of status und apported organization (6)? If "Yes," answ	ts? se, er section on was ver lines 3b and	1 2	ed box	x
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	1 2 3a	(Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization A. All Supported If "No," describe in Part VI how the subscribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Figure described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section	a box on line 12 cictions A and C. If as A and D, and coations organizations list apported organization the coation organization the coation organization design organization design organization design organization design organization design organization design organization organization design organization design organization design organization organization design organization o	ted by name in the ations are designationship, explain. That does not have briganization determined in section dization qualified university.	e organization's gated. If designated an IRS determinationed that the substitute (501(c)(4), (5), or under section 501	overning documend by class or purpolation of status und apported organization (6)? If "Yes," answ	ts? se, er section on was ver lines 3b and	1 2	ed box	x
If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	1 2 3a	(Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization A. All Supported If "No," describe in Part VI how the subscribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Figure described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section	a box on line 12 cictions A and C. If as A and D, and coations organizations list apported organization the coation organization the coation organization design organization design organization design organization design organization design organization design organization organization design organization design organization design organization organization design organization o	ted by name in the ations are designationship, explain. That does not have briganization determined in section dization qualified university.	e organization's gated. If designated an IRS determinationed that the substitute (501(c)(4), (5), or under section 501	overning documend by class or purpolation of status und apported organization (6)? If "Yes," answ	ts? se, er section on was ver lines 3b and	1 2 3a	ed box	x
	1 2 3a b	(Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization A. All Supporting Organization A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the subscribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the subscribed in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination. Did the organization ensure that all su	a box on line 12 cictions A and C. If it is A and D, and coations organizations list upported organization that VI how the coorganization des supported organization des supported organization des possible organization des supported organization des supported organization des supported organization des supported organization des	ted by name in the ations are designationship, explain. That does not have briganization determination qualified to see the cribed in section dization qualified to see the cribe in Paramatations was usualizations was usualizatio	e organization's geted. If designated an IRS determined that the substitute (1) (1), (5), or under section 501 art VI when and first ed exclusively for	overning documend by class or purpolation of status und apported organization (6)? If "Yes," answers, (c)(4), (5), or (6) and the organization section 170(c)(2)	ts? se, er section on was ver lines 3b and and satisfied on made the	1 2 3a	ed box	x

		i		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	- Fh		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other			
	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
•	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
3	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as			
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	<u> </u>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
-	organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a				
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	າ 990)	2021
	Page 5			
	Tage 5			
Sche	dule A (Form 990) 2021		F	Page 5
Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ		
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?			
b	A family member of a person described on 11a above?	11a 11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			
	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly			
	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
Se	ection C. Type II Supporting Organizations		I	I
			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			

S	ection D. All Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the	1	163	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the			
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	ncome or assets at all times	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
•	The organization satisfied the Activities Test. Complete line 2 below.					
ı	b The organization is the parent of each of its supported organizations. Complete	line	3 below.			
•	The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part \	/I identify those supported how the organization was	2a		
I	b Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in to organization's involvement.	' expla	in in Part VI the reasons for	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 offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers, o	directors, or trustees of each of	За		
ı	b Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in Part VI. the role played by the organizations?			3b		
			Schedule A		1 990)	2021
	Page 6 ————					
Sche	edule A (Form 990) 2021				F	age 6
	edule A (Form 990) 2021 Out of the property o	rgan	zations		F	age 6
	· · · · ·	st on I	Nov. 20, 1970 (explain in Part \			age 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru	st on I	Nov. 20, 1970 (explain in Part V must complete Sections A throu	gń E.	e rent Yea	
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.	st on I	Nov. 20, 1970 (explain in Part V must complete Sections A throu	gh E. (B) Curr	e rent Yea	
Pa 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	st on I	Nov. 20, 1970 (explain in Part V must complete Sections A throu	gh E. (B) Curr	e rent Yea	
1 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income Net short-term capital gain	st on I	Nov. 20, 1970 (explain in Part V must complete Sections A throu	gh E. (B) Curr	e rent Yea	
1 1 2	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions	st on I	Nov. 20, 1970 (explain in Part V must complete Sections A throu	gh E. (B) Curr	e rent Yea	
1 1 2 3	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions)	st on I	Nov. 20, 1970 (explain in Part V must complete Sections A throu	gh E. (B) Curr	e rent Yea	
1 1 2 3 4	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3	st on I stions I	Nov. 20, 1970 (explain in Part V must complete Sections A throu	gh E. (B) Curr	e rent Yea	
1 1 2 3 4 5	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	st on Intions I	Nov. 20, 1970 (explain in Part V must complete Sections A throu	gh E. (B) Curr	e rent Yea	
1 1 2 3 4 5	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)	1 2 3 4 5 6	Nov. 20, 1970 (explain in Part V must complete Sections A throu (A) Prior Year	gh E. (B) Curr (optio	e rent Yea onal)	,
1 1 2 3 4 5 6	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)	1 2 3 4 5 6	Nov. 20, 1970 (explain in Part V must complete Sections A throu (A) Prior Year	gh E. (B) Curr (optio	erent Yea	,
1 1 2 3 4 5 6	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	1 2 3 4 5 6	Nov. 20, 1970 (explain in Part V must complete Sections A throu (A) Prior Year	gh E. (B) Curr (option	erent Yea	,
1 2 3 4 5 6	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short	1 2 3 4 5 6 7 8	Nov. 20, 1970 (explain in Part V must complete Sections A throu (A) Prior Year	gh E. (B) Curr (option	erent Yea	,
1 1 2 3 4 5 6	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1 2 3 4 5 6 7 8	Nov. 20, 1970 (explain in Part V must complete Sections A throu (A) Prior Year	gh E. (B) Curr (option	erent Yea	,
1 2 3 4 5 6	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities	1 2 3 4 5 6 7 8 1 1a	Nov. 20, 1970 (explain in Part V must complete Sections A throu (A) Prior Year	gh E. (B) Curr (option	erent Yea	,
1 2 3 4 5 6	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): A verage monthly value of securities A verage monthly cash balances	1 2 3 4 5 6 7 8 1 1a 1b	Nov. 20, 1970 (explain in Part V must complete Sections A throu (A) Prior Year	gh E. (B) Curr (option	erent Yea	,

				1		i
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	om 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, lir	ne 8, Column A)	1			
2	Enter 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, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-	integrat	ed Type III sup		organization (see
		———— Page 7 ————				
Sche	dule A (Form 990) 2021					Page 7
	rt V Type III Non-Functionally Integrated	I 509(a)(3) Supporting	Organ	izations (cor	ntinued	
Sec	ction D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
		L			4	
	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instruction	ns			6	
7	Fotal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>pr</i>	ovide	8	
	Distributable amount for 2021 from Section C, line 6				9	
	·				_	
10	Line 8 amount divided by Line 9 amount			(ii)	10	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Un	derdistribution Pre-2021	ns	Distributable Amount for 2021
1 [Distributable amount for 2021 from Section C, line 6					
(Underdistributions, if any, for years prior to 2021 reasonable cause required explain in Part VI). See instructions.					
	Excess distributions carryover, if any, to 2021:					
	From 2016					
<u> </u>	From 2017					
	From 2018					
	From 2020					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 D	istributions for 2021 from Section D, line 7:					
	\$					
	Applied to underdistributions of prior years Applied to 2021 distributable amount					

c Remainder. Subtract lines 4a and 4	from line 4.	1	
5 Remaining underdistributions for year 2021, if any. Subtract lines 3g and If the amount is greater than zero, See instructions.	4a from line 2.		
6 Remaining underdistributions for 20 lines 3h and 4b from line 1. If the a than zero, <i>explain in Part VI</i> . See	mount is greater		
7 Excess distributions carryover to 3j and 4c.	2022. Add lines		
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			
Section A, lines 1, 2, 3b, 3 Part IV, Section D, lines 2 a	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, and 3; Part IV, Section E, lines 1c,	11b, and 11c; Part IV, Section 2a, 2b, 3a and 3b; Part V, lii	Page 8 II, line 17a or 17b; Part III, line 12; Part IV, a B, lines 1 and 2; Part IV, Section C, line 1; and 1; Part V, Section B, line 1e; Part V art for any additional information. (See
	Facts And Circ	cumstances Test	
Return Reference		Explanation	
			Schedule A (Form 990) 2021
Additional Data			Return to Form

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TIN: 82-1322053

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	me of the organization DACION HERMANOS DE LA CALLE INC				Employer identification number	_
ΓUN	DACTON HEKMANOS DE LA CALLE INC				82-1322053	
Pa	rt I Organizations Maintaining Donor Advis	sed Funds or O	ther	Similar Funds o	or Accounts.	
	Complete if the organization answered "Yes					
		(a) Dono	r advis	sed 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 advisor organization's property, subject to the organization's except the organization's except the organization or t					0
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for a	ny other purpose o		0
Pa	t II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990,	Part I	V, line 7.		
1	Purpose(s) of conservation easements held by the organ	nization (check all	hat ap	ply).		
	Preservation of land for public use (e.g., recreation	or education)		Preservation of an	historically important land area	
	Protection of natural habitat			Preservation of a	certified historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	ion co	ntribution in the for	rm of a conservation Held at the End of the Year	\neg
а	Total number of conservation easements				2a	-
b	Total acreage restricted by conservation easements				2b	-
c	Number of conservation easements on a certified historic				2c	-
d	Number of conservation easements included in (c) acquirestructure listed in the National Register		• •		2d	
3	Number of conservation easements modified, transferred	d, released, exting	uished	, or terminated by	the organization during the	
	tax year -					
4	Number of states where property subject to conservation		-			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	e periodic monitor ?	ing, in: 	spection, handling	of violations, Yes No	
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	iolatior	ns, and enforcing co	onservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, $ ightharpoons$ \$	handling of violati	ons, an	d enforcing conser	vation easements during the year	
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the	require	ments of section 1		
^					☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or				
Par	t III Organizations Maintaining Collections Complete if the organization answered "Yes				er Similar Assets.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	ic exhibition, educ	ation, d	or research in furth		
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:					
(i) Revenue included on Form 990, Part VIII, line 1				▶\$	
(i	i)Assets included in Form 990, Part X				> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or ot	her sin	nilar assets for fina		
а	Revenue included on Form 990, Part VIII, line 1	-			▶\$	
b	Assets included in Form 990, Part X					

(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii)	Page 2
a	ued)
Scholarly research Provide Amount Provide Amount Part XIII. Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Preservation for the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Preservation for developments. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 9 line 21. Is If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Distributions during the year Additions during the year End and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes The fireful balance If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes The Tree, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Beginning of year balance Contributions Regioning of year balance According to the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment December 1990, Part IV, line 21, for escrow or custodial account liability? Yes The precentages on lines 2a, 2b, and 2c should equal 100%. As are there endowment December 2 December 3 December 3 December 4 December 3 December 4 December 3 December 4 December 3 December 4 December 4 December 5 December 4 December 5 Decem	tion
Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	
Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes V Escrow and Custodial Arrangements.	
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 9 line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Old Additions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	□ •••
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	○ No 990, Part X,
c Beginning balance	□ No
d Additions during the year	
e Distributions during the year	
f Ending balance	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	□ No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance	
Beginning of year balance	
a Beginning of year balance	
b Contributions	ur years back
c Net investment earnings, gains, and losses d Grants or scholarships	
d Grants or scholarships	
e Other expenditures for facilities and programs	
and programs	
f Administrative expenses g End of year balance	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii)	
b Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	
Term endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii)	Yes No
(ii) Related organizations	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	
Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Boo	k value
(investment)	
a Land	
b Buildings	
c Leasehold improvements	
d Equipment	
e Other	

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book		(c) Method of v	aluation:
(including harrie of security)	value		ic or end or year	market value
1) Financial derivatives				
2) Closely-held equity interests				
Α)				
B)				
C)				
D)				
E)				
F)				
G)				
H)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	•			
Complete if the organization answered 'Yes' on Form 990,	Part IV,			
(a) Description of investment		(b) Book value		hod of valuation: of-year market value
(1)				
2)				
3)				
4)				
5)				
(6)				
(7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, li	ine 11d. See Fo	rm 990, Part X	
(a) Description (1)SECURITY DEPOSIT				(b) Book value
(2)OTHER ASSETS				5
(2)				
(3)				
(4)				
(5)				
6)				
7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			▶	25,3
Complete if the organization answered 'Yes' on Form 990, P	art IV, li	ine 11e or 11f.S	See Form 990,	
1. (a) Description of liability				(b) Book value

YROLL LIABILITIES HER LIABILITIES					2,697
					272
					-
al. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				_	2,969
Liability for uncertain tax positions. In Part XIII, provide the te	f the footnote t	o the o	rganization's financial	statements th	•
anization's liability for uncertain tax positions under FIN 48 (A			-		
		0			e D (Form 990) 2021
	Page 4 —				
edule D (Form 990) 2021				_	Page 4
art XI Reconciliation of Revenue per Audited F Complete if the organization answered 'Yes'				Return.	
Total revenue, gains, and other support per audited financi			11. 1 1	1	
Amounts included on line 1 but not on Form 990, Part VIII,					
Net unrealized gains (losses) on investments		2a			
Donated services and use of facilities		2b			
Recoveries of prior year grants		2c			
Other (Describe in Part XIII.)		2d			
e Add lines 2a through 2d				2e	
Subtract line 2e from line 1				3	
Amounts included on Form 990, Part VIII, line 12, but not	ne 1 ·				
Investment expenses not included on Form 990, Part VIII,		4a			
Other (Describe in Part XIII.)		4b			
: Add lines 4a and 4b				4c	
Total revenue. Add lines 3 and 4c. (This must equal Form	Part I. line 12.) -		5	
Reconciliation of Expenses per Audited Complete if the organization answered 'Yes'	ancial State	nents	With Expenses pe		
Total expenses and losses per audited financial statements				1	
Amounts included on line 1 but not on Form 990, Part IX, I					
Donated services and use of facilities		2a			
Prior year adjustments		2b		- 	
Other losses		2c			
Other (Describe in Part XIII.)		2d		 	
Add lines 2a through 2d				2e	
Subtract line 2e from line 1				3	
Amounts included on Form 990, Part IX, line 25, but not or	e 1:				
Investment expenses not included on Form 990, Part VIII,		4a			
Other (Describe in Part XIII.)		4b		- 	
Add lines 4a and 4b				4c	
Total expenses. Add lines 3 and 4c. (This must equal Form), Part I, line 18			5	
art XIII Supplemental Information	,	, -	-		

Schedule D (Form 990) 2021

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TIN: 82-1322053

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2021

Open to Public Inspection

Name of the organization FUNDACION HERMANOS DE LA CALLE INC

Employer identification number

82-1322053

	82-1322053
Return Reference	Explanation
FORM 990 - ORGANIZATIO MISSION	THE MISSION OF FUNDACION HERMANOS DE LA CALLE INC. IS TO OFFER HELP AND SUPPORT TO HOMELESS IN INSTITUTED AND SUPPORT TO HOMELESS IN INSTITUTED AND SUPPORT TO HOMELESS IN INSTITUTED AND FAMILIES TO VOLUNTEER IN DIFFERENT WAYS TO HELP THE HOMELESS GAIN BACK THEIR DIGNITY AND THEIR PLACE IN SOCIETY. HERMANOS DE LA CALLE IS A CHRISTIAN FAITH-BASED NON-PROFIT ORGANIZATION DEDICATED TO UPLIFTING, SUPPORTING AND REHABILITATING THOSE EXPERIENCING HOMELESSNESS IN MIAMI-DADE COUNTY. THE FOUNDATION WORKS WITH INDIVIDUALS TO REINTEGRATE THEM AS CONTRIBUTING AND DIGNIFIED MEMBERS OF SOCIETY. WE DO THIS BY PROVIDING SAFE HOUSING, MENTAL AND EMOTIONAL SUPPORT, ACCESS TO HEALTHCARE, LEGAL SERVICES, EMPLOYMENT OPPORTUNITIES, AND RECONNECTION TO FAMILY AND FAITH.
FORM 990, PAGE 2, PART III, LINE 4A	LIVING ASSISTANCE IN MAY 2021, THE ORGANIZATION CONTRACTED WITH THE HOMELESS TRUST AND WAS GRANTED 50,000 TO DO A SPECIALIZED STREET OUTREACH SERVICES IN MIAMI DADE COUNTY. THIS ALLOWED FUNDACION HERMANOS DE LA CALLE INC TO CONNECT HOMELESS INDIVIDUALS WITH ALL THE RESOURCES AVAILABLE IN THE COUNTY: SHELTER, HOUSING PROGRAMS, INSTITUTIONAL PLACEMENTS, AND EVERY TYPE OF ASSISTANCE TO THIS DEMOGRAPHIC. SINCE THEN THE ORGANIZATION HAS BEEN ABLE TO MEASURE ITS PERFORMANCE THROUGH THE HMIS (HOMELESS MANAGEMENT INFORMATION SYSTEM), THE RESULTS ARE AS FOLLOWS: 1) FROM MAY TO DECEMBER 2021, THE ORGANIZATION SERVED 257 HOMELESS INDIVIDUALS CONNECTING MORE THAN 80% TO POSITIVE DESTINATIONS AND ALMOST 40 PEOPLE TO PERMANENT HOUSING SOLUTIONS. 2) AT THE END OF 2021, FUNDACION HERMANOS DE LA CALLE INC STARTED TO ENCOUNTER MIGRANT FAMILIES ARRIVING IN MIAMI WITH NOWHERE TO GO. THE ORGANIZATION HAS USED HOTELS AND MOTELS TO PLACE THOSE FAMILIES THAT HAVE ARRIVED IN MIAMI AFTER CROSSING THE U.S. SOUTH BORDER AND BEEN RELEASED FROM IMMIGRATION DETENTION CENTERS. HOTEL PLACEMENT PROVIDES FAMILIES WITH A SAFE AND COMFORTABLE PLACE TO STAY WHILE BEING ASSESSED SO THAT THE CASE MANAGERS CAN IDENTIFY NEEDS AND PLACEMENT OPTIONS. 3) FUNDACION HERMANOS DE LA CALLE INC HAS ALSO BEEN SUCCESSFUL IN RELOCATING FAMILIES TO OTHER STATES AS A HOUSING OPTION. ONLY SOME FAMILIES STAY IN MIAMI WITH ASSISTANCE TO START A NEW HOME. 4) IN DECEMBER 2021, THE ORGANIZATION OPENED 2 NEW SHARED HOMES TO GIVE SHELTER TO MIGRANT FAMILIES, TOTALING 13 HOUSES DESTINED TO HELP THE HOMELESS INDIVIDUALS WITH PERMANENT HOUSING.
FORM 990, PAGE 6, PART VI, LINE 2	NARCISCO MUNEZ MALENA LAGARRE TRUSTEE/DIRE TRUSTEE/DIRE MARRIED
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS UPLOADED TO SHARED SERVER WHERE ONLY THE MEMBERS OF THE GOVERNING BODY HAVE ACCESS TO IT. IT IS THEN REVIEWED BY THE GOVERNING BODY.
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, AND FINANCIAL STATMENTS ARE AVAILABLE TO THE PUBLIC BY PROVIDING COPIES UPON REQUEST.
or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-FZ. Cat. No. 51056K Schedule O (Form 990) 2021	

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

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