

Promotional and Community Event Grant Application

Step 1

Important Information

- **Form Function Note:** In order to go back from a page in the form to a previous page, all required fields on the page must be populated.
- Please read the McKinney Community Development Corporation [Grant Guidelines](#) before completing this application.
- The Grant Guidelines are available on this website or by emailing Info@McKinneyCDC.org.
- A completed application and all supporting documents are required to be submitted via this application for consideration by the MCDC board.
- **Applications must be completed in full, using this form electronically, and received by MCDC by 5 p.m. on the application deadline indicated on the [Grants page](#) of this website.**
- **If you are interested in a preliminary review of your grant request or event idea, please complete and submit the online Letter of Inquiry.**

Organization Information

Name	Direction61:3
Federal Tax ID Number	81-4392389
Incorporation Date	4/6/2018
Mailing Address	3286 County Road 168
City	McKinney
State	Texas
Zip Code	75071
Phone Number	214-544-9055
Email Address	kathy@direction613.org
Website	direction613.org
Facebook	https://www.facebook.com/direction61.3TX

Instagram

https://instagram.com/direction_61.3

Twitter

Field not completed.

LinkedIn

Field not completed.

Please provide a detailed narrative about your organization including years established, mission, goals, scope of services, staff, successes, contribution to community, etc.

DIRECTION61:3 walks alongside youth aging out of foster care to provide a network of support as they transition to become vibrantly independent young adults. Our mission is for Youth Aging Out of Care to THRIVE as Adults. The goal is for youth (ages 14-24) to discover God's specific purpose and direction for their lives while being fully supported in our resident and non-resident programs. We are a 501 (c) (3) charitable organization founded in 2017 and we received our official nonprofit status in 2018.

Direction61:3 operates 6 homes located in both Collin and Denton Counties- each with a trained professional foster parent that lives in the home – providing a compassionate and stable home environment for youth aging out of foster care. These youth/young adults can range in age from 14-24.

We also own and operate our main campus in McKinney, near Myer's Park. On this property there is a farmhouse that serves as our Administrative and Program Offices as well as 5 acres of property we will be developing in the future for more residences in a supportive community setting. Each week, our staff, youth, board, volunteers and visitors all gather at the Farmhouse on the property of The Farm for THRIVE (our lifeskills and faith formation weekly gathering) as well as staff meetings and running our programs and operations.

Direction61:3 provides a comprehensive program that includes the following areas- Housing, Relationships, Education, Permanence, Lifeskills, Transportation, Faith Formation, Workforce/Career Development and Supported Transition to Independence.

Housing

Affordable and stable housing is paramount for youth aging out of the foster care system. At DIRECTION61:3 we provide such housing, which in turn allows our young adults the freedom to focus on necessary skills/education essential to becoming self-sufficient. Our housing incorporates a comprehensive approach that extends beyond simply a place to live, but provides and promotes a sense of HOME. Moving forward, we envision a network of housing facilities across North Texas with specific attention given to communities where current

housing support is not available.

Relationships

DIRECTION61:3 desires to create a "village" of support for each young person we serve. We value and embrace the building of trust inherent to lasting relationships. And although at times difficult, we are committed to providing consistency and the investment of time fundamental to successful relationships. These ideals are key to long-term healing and transformation not only in the lives of foster youth, but also in the lives of all individuals, families, and communities. We place high value in building trust in and between our residents/staff. Ultimately, we desire a sense of belonging and community that lasts throughout life.

Education

A major focus of DIRECTION61:3 will be to facilitate practical and academic skills. Through partnerships with local colleges, trade schools, and businesses, each resident will have the support and resources needed to establish and pursue their career goals. A large focus will also be generated towards the development of our residents to reaching their full potential as healthy, productive adults. Supportive services will include life skills training, tutoring, mentorships, and peer interaction. Additionally, opportunities for on the job training will be available in certain situations through local business partners.

Permanence

Of particular importance is the transition into permanence beyond one's time with DIRECTION61:3. It is our hope therefore to help each young adult in their efforts to secure housing and to find belonging in a local community of faith. All residents will be considered family and invited/encouraged to participate in regular ongoing events beyond their tenure with DIRECTION61:3... Simply stated, we believe in lifelong community.

In today's culture it is nearly impossible to secure and maintain any job or go to school without reliable transportation.

KINGDOM CARS is a program whereby cars or designated funds are donated to Direction61:3. Our Kingdom Cars team prepares the vehicles for youth enrolled in the Kingdom Cars program.

Once youth have completed the required proficiencies a car is awarded to them with a contractual agreement to remain in the program for an additional year. Prior to the acquisition of a vehicle youth will be taught how to acquire a license, the car buying process, purchasing insurance, the understanding of

car maintenance, etc.

THRIVE is an essential program providing resources, support and guidance for residential and nonresidential youth/young adults to facilitate skills needed for a successful transition towards independence . Through weekly sessions provided collectively and reinforced individually, THRIVE focuses on essential personal, educational and career development skills with modules taught and facilitated by professional staff/community experts along with experiential opportunities in the community. THRIVE focuses on specific areas of focus designed to provide the skills, knowledge and competencies youth need to thrive as adults. These include daily living skills, mental/physical health, safety, academic success, personal finance, transportation/automotive, interpersonal relationships, healthy communication, career readiness, workplace success, technology and future planning. THRIVE also provides a family gathering place so our youth have a sense of belonging through trusted relationships formed.

Life-skills training, tutoring, adult mentors, friends, and business partners who train and offer employment are all facets of this dynamic formula for the success of our transitioning foster youth.

VALUES

- a family environment that promotes love and acceptance without judgment
- the realization of individual strengths and the celebration of goals attained
- a deep sense of belonging that permeates the life of every teen/young adult
- the opportunity for young men and women to embrace and live in everlasting faith
- life-long community and permanence

Transition to Independence

Besides our residential programs and THRIVE Lifeskills, we offer Case Management and Transitional Living Support for both our residential and non residential youth and young adult. Direction61:3 continues to follow and support our young adults as they transition into a more independent living environment at either college or in an apartment/home in the community. However, this transition is not always an easy and smooth transition and Direction61:3 offers direct support and referrals in order to assist these young adults in their education, stable living situation, and resources for physical/social/emotional/educational/financial/career-

Mailing Address 3286 County Road 168

City McKinney

State Texas

Zip Code 75071

Phone Number 2147286413

Email Address kathy@direction613.org

(Section Break)

Contact for Communications Between MCDL and Organization:

Name Kathy Blank

Title Director of Business Development

Mailing Address 3286 County Road 168

City McKinney

State Texas

Zip Code 75071

Phone Number 2147286413

Email Address kathy@direction613.org

Project Information

Funding - Total Amount Requested 5000.00

Are matching funds available? No

Will funding be requested from any other City of McKinney entity (e.g. Visit McKinney, Arts Commission, City of McKinney Community Support Grant)? Yes

Provide name of City of McKinney entity funding source and amount.	We may consider Visit McKinney Grant in the future- We haven't submitted yet
Have you received or will funding be requested from other organizations / foundations for this event(s)?	Yes
Provide name of organization / foundation funding source and amount.	Variety of companies - both large and small business supporters- past donors have been Encore Wire, First United Bank, Haynes Landscaping, Performance Roofing, Variety of Individual Donors that have supported us since our organization first started Faith Community- Churches such as First Baptist McKinney, Life Fellowship, Hope Fellowship, etc. In Kind Donors such as TUPPS, Filtered, Rick's, Area Restaurants, etc
Has a request for funding for this Promotional / Community Event been submitted to MCDC in the past five years?	Yes
Please list.	I believe MCDC did support our Christmas Concert in the past
Board of Directors	Rhonda Murray, Board Chair Jeff Strickland, Treasurer James Hamilton Bryan Moore Steve Bell
Leadership Staff	Dr. Myron Wilson- Executive Director Robyn Moore, Licensed Professional Child Placement Specialist Stan Grimes, Program Director Jenn Moore- Denton Area Director Kathy Blank Director of Development
Board of Directors Attachment	Board and Staff.pdf
Leadership Staff Attachment	Board and Staff 1.pdf

Promotional / Community Event Information

Information provided for promotional / community event for which you are seeking funding.

Date(s) of Event	Friday, March 22, 2024 - 5th Annual BBQ & Bingo at The Historic Flour Mill and 7th Annual McKinney Christmas Concert Featuring Mosaix - Friday, December 5 and Saturday, December 6, 2024
Ticket Prices	BBQ & Bingo- \$1,000 per table and \$60 per ticket- \$30 for Bingo and \$30 for Dinner Christmas Concert - from VIP \$300/tix- Blue Tix \$100 and General Admission \$35
Describe the target attendee for the event(s)?	Both events are available for the general public. Feedback is that our events are fun, relaxed, no special attire required, and includes both area residents/citizens from the general public as well as area business and community leaders.
Is this the first time for this event?	No
If not, what is the history for the event (beginning in what year and how often is event held?)	<p>BBQ and Bingo is in it's 5th year. Many of our loyal supporters come year after year. New folks to the event also have a great time. We added an outdoor reception prior to the event. We sold out at 250 in 2023 and expect to need a larger venue in 2025.</p> <p>The Christmas Concert is in its 7th year for 2024. Our 7th annual presentation of "Christmas with Mosaix!" is hosted at the historic McKinney Performing Arts Center. Because of the quality of the musicians and the popularity of Mosaix, the band also performs at Home for the Holidays at the Tree Lighting Ceremony. The concert is held the Thursday and Friday after Thanksgiving and features incredible professional musical talent from the North Texas area. Many of the musicians have toured themselves or toured with bands such as The Eagles, Earth, Wind and Fire, Toto, etc. Based in McKinney, the members of Mosaix perform a wide variety of styles to include, jazz, rock, country, Christian, and classic Christmas tunes. Included in this year's concert are selections from artists such as TranSiberian Orchestra, Pentatonix, and The Eagles, to George Straight, BB King, Chris Tomlin, Phil Wickham, Whitney Houston, and others. Proceeds from this event go to</p>

support the ministry of Direction61:3 a locally based organization serving youth who are aging out of foster care.

*VIP tickets include access to the VIP lounge, which will include a variety of sweet and savory treats and other refreshments open a half hour before the show and during intermission.

*Colored sections are usher seated, first come/first serve.

How will the event showcase McKinney for tourism and / or business development?

The BBQ & Bingo drive folks to the East side of Highway 5 where many have not visited before. This year the attendees will see the newly finished TUPPS Brewery as well as the progress for City Hall as well as the Silos. It is a great event for the public to see the historic charm of The Flour Mill. The guests enjoy wholesome, family fun for a great cause. Businesses, Civic Organizations, Families and Friends all gather to purchase tables to compete against the other Bingo Tables in the room. Exceptional Family Fun that supports youth aging out of foster care. Many of our first time attendees are now loyal volunteers and supporters of Direction61:3 including McKinney Rotary Club. This event is NOT a gala or high end event- but accessible to EVERYONE! Even our houseparents and some of our youth and young adults we serve participate!

For the 7th Annual McKinney Christmas Concert with Mosaix-our event is a GREAT way for folks that come to the popular tree lighting to come back to McKinney with their family for a wonderful Christmas Concert. We market heavily to area Churches, Civic Organizations and Residents and would welcome partnering with MCDC and the City of McKinney to coordinate and expand publicity for this event. We serve youth in both Collin and Denton County and attract visitors from Denton County as well!

Expected attendance

250 for BBQ & Bingo- Potential of 1,000 combined from 3 performances for Christmas Concert

Expected number or percentage of attendees coming from outside McKinney

20%

Location(s) of event(s)

BBQ- The Flour Mill- Christmas Concert - MPAC

Does the event support a non-profit (other than applicant)?	Yes
If yes, what organization(s) are supported?	Direction61:3
What percentage of revenue will be donated(indicate net or gross)?	80% gross
Provide a detailed narrative of the event(s) including mission, goals, activities, schedule, production timeline, goals for growth / expansion, etc.	<p>Since our inception in 2017- Direction61:3 has a loyal and growing base of support to assist us as we expand the scope of our services for youth aging out of foster care. With Myron's 35 year background as a pastor- Direction61:3 was formed with a loyal group of individuals he knew from the faith community. Myron and the Board has strategically grown the organization with a focus on growing the community of support to grant funders, foundations and the large and small/mid size business community. Our main campus is in McKinney near Myer's Park. We own 5 acres with a Farmhouse that operates as our Program and Administrative Offices. We also serve our youth on site with a weekly Lifeskills program called THRIVE. Both the BBQ & Bingo and the Christmas Concert events have grown beyond this core group of supporters and now we attract a variety of citizens in Collin and Denton counties as well as business and community leaders. Former Mayor Brian Loughmiller and his wife Donna are on our Advisory Ambassador Team- We also work with Business Leaders, Elected Officials and influential supporters to grow awareness of our program and grow partnership opportunities for our program and our fundraisers. We also offer so many volunteer opportunities working directly with our residents or volunteering at one of our properties/residences throughout McKinney and beyond.</p> <p>In 2023, Direction 61:3 hired a Director of Business Development to help raise awareness and partnership opportunities for the program and our events. As we have grown, we are able to promote our events in January 2024 for the entire year and hope our partnership with MCDC will help us better tie into the City of McKinney for promotion and marketing and to draw attendees from throughout North Texas especially in Collin and Denton Counties where we operate our homes.</p>

Since we have dates set, we can make sure these events are on community calendars including Visit McKinney in December 2023 as well as other community calendars such as Community Impact. We'd love the opportunity to further develop media partnerships with DMN, WFAA (since they host the Toys for Tots the following week) Community Impact, Star Local Media, McKinney Prosper City Lifestyle and the McKinney Today website operated by the McKinney Chamber.

BBQ & Bingo- We will start marketing in December 2023 at our Christmas Concert. Sponsorships are available NOW and we will look to expand and grow this event each year. Our goal is to sell out the venue and determine if we can remain at the Flour Mill in 2025 or would need to move the event to a larger venue in McKinney.

Christmas Concert 2024- We have secured the 2024 dates and we are using professional photographer/videographer to capture this year's event to use for marketing in 2024.

Specific Marketing Plans and Budget

<p>Provide a detailed marketing plan and budget for the event(s). Plan should also include promotional channels (print ads including publication names, social media, radio, posters, flyers, yard signs, etc.).</p>	<p>For each event- we have the following digital and print publications</p> <ul style="list-style-type: none"> -2024 Year Events - Save the Date and Sponsorship/Partnership Opportunities - Each Event Save the Date Postcard- printed and mailed to our constituents and emailed/posted on social media - Posters to be distributed to area businesses/restaurants/shops and through Main Street McKinney -Media Partnerships we will solicit with DMN, Community Impact, McKinney Prosper Lifestyle, McKinney Today website, Visit McKinney calendar/promotions, etc Attached marketing plan is sample of our 2023 calendar year events/sponsorship opportunities -program for Christmas Concert with Ads included for sponsors and advertisers
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<p>Attach marketing plan</p>	<p><u>Marketing Plan 2024.docx</u></p>
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<p>Total Promotional Budget</p>	<p>In House graphic designer and printer- who provides many of our pieces either pro bono or at cost</p>
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What percentage of the total marketing budget does the grant represent?	10%
Marketing lessons learned from past (what worked and what did not).	<p>Our supporters like both digital and print invitations. We also have captured who has attended in the past to ensure they are in our database.</p> <p>This year, we have more bandwidth to secure the media partnerships to ensure we get the word out earlier to the public and attract more first time attendees to the events.</p> <p>We also are developing partnerships with the faith community, area businesses, civic organizations and community groups to grow our promotion of the event.</p> <p>Finally, we are ensuring we have quality images and videos for this year's events to promote effectively for 2024.</p>
How will you measure success of your event(s) and marketing campaign? (attendance, website hits, social media indicators, etc.)	<p>First and foremost- we work to surpass our revenue goals for the event and stay within our expense budget-</p> <p>Second- we want our attendees to have a memorable time with us and also truly understand the mission and the lifechanging work we do. Our events always tie to our mission and we ensure attendees learn about the issues youth aging out of care face</p> <p>Third- We want to grow our base of support with volunteers, donors, partnerships and constituent base. We measure this by our growth in our CRM/donor database.</p> <p>Fourth- We want the pre-during and post event social media to reflect the above goals and help us grow our digital marketing hits/visitors/impressions</p>
Please include examples of past marketing efforts (screen shots of ads, posters, social posts, radio text, etc.)	<p>We have posters, postcards and digital images that we've shared on social media and email marketing. We can showcase these images but they can be found on our website and our social media.</p>
Additional details related to marketing efforts.	<p>We do extensive print and digital marketing. For 2024 we'd like to specifically focus more on media partnerships to promote our events to a wider audience and leverage the collective power of digital marketing</p>
Budget	Budget.xlsx

What percentage of Project / Promotional / Community Event funding will be provided by the applicant? 90

Are matching funds available? Yes

What dollar amount and percentage of Promotional / Community Event funding will be provided by other sources such as sponsorship, registration fees, individual or corporate donations, etc.?

Sponsorship Revenue 50,000

Registration Fees 30,000

Donations 14,000

Other (raffle, auction, etc.) 16,000

Net Revenue 110,000

Metrics to Evaluate Success: Outline the metrics that will be used to evaluate success of the proposed Promotional / Community Event. If funding is awarded, a final report will be required summarizing success in achieving objectives outlined for the event.

Success is a combination of fundraising revenue generated, staying within expense budget and a memorable experience for the supporters. At each event and each successive year, we want to build on our constituent base, grow deeper partnerships and relationships with our supporters in the community and of course make sure we raise enough revenue to continue to grow and expand our programs so we have more lifelong impact for the youth and young adults we serve.

Financial Goals of Promotional / Community Event

Gross Revenue 110,000

Projected Expenses 26,000

Net Revenue 84,000

Other Funding Sources We are growing our corporate and business support. In 2023 these supporters included HEB, First United Bank, Haynes Landscaping and Irrigation, Performance Roofing, Peak Physical Therapy, Koons Fuller, McCraw Law Group, etc and other grant funders that provide support for our general

operations or special programs like SRS Distribution, PwC Corporation, Enterprise

Financial Status of Applying Organization

- Provide an overview of the organization's financial status including the projected impact of the event(s) on the organization's mission and goals
- Please attach your budget for the current year and audited financial statements for the preceding two years. If audited financials are not available, please indicate why and attach a copy of the 990 filed with the IRS.

Budget	Monthly Budget 2023 for sharing.xlsx
Financial Statements	IncomeStatement.20221031.pdf
W9	W9.pdf
IRS Determination Letter (if applicable)	OCP 501C3 Official IRS letter (1) 2.pdf
990 Filed with IRS (if applicable)	990 FY 2021-2022 Public.pdf

Presentation to MCDC Board of Directors

Completed applications that are eligible for consideration by MCDC will be presented to the board according to the schedule on the [Grants page](#) of this website. Presentations will be limited to five (5) minutes followed by time for Board questions. **Please be prepared to provide the information outlined below in your presentation:**

- Summary of organization and goals
- Summary of event(s) to include dates, location, ticket prices, target audience, how your event will showcase McKinney, estimated attendance from within and outside of McKinney (and past attendance, if applicable), event features / activities, how event supports your organization's mission, and non-profit beneficiary, if applicable.
- Specific marketing plans for event(s) including promotional channels to be utilized (print, radio, social media, posters, etc.) and budget for each. Please

share the percentage of the total marketing budget that this grant application represents.

Acknowledgements

If funding is approved by the MCDC board of directors, applicant will assure:

- An application is considered complete when it is submitted on time and when it contains all information in this application.
- The Promotional / Community Event for which financial assistance is sought will be administered by or under the supervision of the applying organization;
- All funds awarded will be used exclusively for advertising, marketing and promotion of the Promotional / Community event described in this application.
- MCDC will be recognized in all marketing, advertising, outreach and public relations as a funder of the Promotional / Community Event. A logo will be provided by MCDC for inclusion on all advertising, marketing and promotional materials. Specifics for audio messaging will be agreed upon by applicant and MCDC and included in an executed performance agreement.
- The organization's officials who have signed the application are authorized by the organization to submit the application.
- Applicant will comply with the MCDC Grant Guidelines in executing the Promotional / Community Event for which funds were received.
- Applicant gives permission for the use of Board presentation images and other published event images on MCDC and City of McKinney website and social media content and print/digital publications.
- Applicant will provide a final report of the Promotional/Community Event(s) no later than 30 days following the completion of the Promotional/Community Event(s). Applicant may choose to use the online form for Final Report found [here](#) or email Final Report to info@mckinneycdc.org. If emailed, Final Report may be in any format. All Final Reports should include: narrative report on the event(s), goals and objectives achieved based on performance metrics outlined in the application, financial data (budget vs. actual expenses and revenues along with explanation for variances, amount donated to charity (if applicable), samples of marketing efforts (images of printed materials and ads, screenshots of website and online promotions), and photos and/or video of the event(s).
- Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses. Up to 20% of the grant awarded may be withheld until the **final report on the Promotional/Community Event is provided to MCDC.**

Applicant Electronic Signature	Selecting this option indicates your agreement with the above statement.
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Chief Executive Officer	Myron Wilson
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Date	11/30/2023
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Representative Completing Application	Kathy Blank
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Date	11/30/2023
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Notes

- *Incomplete applications or those received after the deadline will not be considered.*
 - *A final report must be provided to MCDC within 30 days of the event / completion of the Promotional / Community Event.*
 - *Final payment of funding awarded will be made upon receipt of final report.*
 - *Please use the Final Report to report your results. A PDF version is also available.*
-



Board of Directors

Ronda Murray - President
Part-Owner Murray & Mensch , PC, CPA

Jeff Strickland - Treasurer
CFO for Atrion Corporation

James Hamilton-Secretary
ARR Healthcare

Steve Bell – Board Member
Entrepreneur

Jason Granger - Board Member
Senior Account Director – CMK Resources, Inc.

Bryan Moore - Board Member
DBA Architects

Susan Wilson - Board Member
Community Volunteer



Staff

Dr. Myron Wilson – Executive Director

Robyn Moore – Licensed Foster Care Agency Administrator

Jen Moore – Denton Area Director

Stan Grimes – Program Director

Kathy Blank – Director of Business Development

Jenn Good – Volunteer Coordinator

Alejandro Thedford – Executive Administrator & Events Coordinator

Tammy Jones – THRIVE Coordinator

Bill Manson – Property Manager

Phil Barkman – Maintenance & Grounds

Stefan Webb – Houseparent

Michelle Sims – Houseparent

Phylicia Ezell – Houseparent

Haley Bartholomew – Houseparent

Alicia Booker -Houseparent

Marketing Plan 2024 BBQ & Bingo and Christmas Concert

1. Event Promotion Timeline

- a. Promote 2024 Events starting at Christmas Concert in 2023
- b. Add event to Visit McKinney, McKinney Today and Community Impact Online Calendars and others as applicable
- c. Promote 2024 Events and Sponsorship Opportunities Guide December 2023
- d. Solicit Sponsors and Attendees starting 2023
- e. Emails and Postcards Scheduled leading up to each event-

2. Event Marketing Materials-

- a. Produce 2024 Events and Sponsorship Guide to be distributed starting December 2023- Graphics Design Services
- b. Produce Postcards and Posters for each event-
- c. Produce Artwork that can be utilized in Digital Marketing Efforts

3. Promotional Channels

- a. Develop New Releases January 2024 for each event
- b. Develop Media Partnerships
 - i. Print- Star Local News, Community Impact, DMN, etc
 - ii. Radio- KLAKE, The Wave
- c. Digital Marketing- social media and email marketing
- d. Postcards/Posters
- e. Networking and Community Promotions

4. Marketing Partners

- a. City of McKinney- MCDC, Visit McKinney, ,Main Street McKinney
- b. Faith Community
- c. Business and Corporate Sponsors
- d. Constituents and Supporters

Marketing Budget – BBQ & Bingo McKinney and Christmas Concert with Mosaix benefitting Direction61:3

Graphics Design	\$1000	For sponsor packet, event flyer, postcard, poster, digital marketing
Printing & Postage	\$2,000	\$1,000 per event
Website	\$500	\$250 per event
Advertising	\$4,000	Community Impact and Radio- KLAKE and The Wave
Total Budget Marketing	\$7,500	

Past Promotions

REGISTER TODAY!

DENTON AREA




DIRECTION 61:3
BBQ & BINGO

Friday, April 14 | Sparrow on Main
109 E Main St., Lewisville, TX 75057
6:00 Doors Open | 6:30 BBQ & Bingo

WWW.DIRECTION613.ORG/EVENTS

DIRECTION 61:3
Benefiting Youth Aging Out of Foster Care

7TH ANNUAL
MCKINNEY'S
Christmas
CONCERT WITH
MOSAIX



THURSDAY, NOVEMBER 30 • 8 PM
FRIDAY, DECEMBER 1 • 5 & 8 PM

McKinney Performing Arts Center
Downtown McKinney

www.direction613.org

7TH ANNUAL
MCKINNEY'S
Christmas
WITH
MOSAIX
CONCERT

MCKINNEY PERFORMING ARTS CENTER
DOWNTOWN MCKINNEY
THURSDAY, NOVEMBER 30
6:00pm
FRIDAY, DECEMBER 1
5:00pm & 8:00pm

Our premier event of the year, *Christmas with Mosaix* is a highly anticipated night of music featuring local professional talent from the North Texas area. Expected attendance is roughly 1000 people between 3 concerts. (Seating is limited)

TITLE SPONSOR
Includes verbal recognition and brand logo and 4 VIP seats per concert sponsorship.
\$30,000
All Concerts
\$10,000
Individual Concert

AUDIO/VISUAL
\$15,000 or \$5,000 per concert
Includes VIP seats and verbal recognition and media

BAND/PERFORMERS
\$10,000 or \$ 3,500/concert
Includes VIP seats and verbal recognition and media

PERFORMING HALL
\$5,000
Includes VIP seats and verbal recognition and media

COCOA N COOKIES
\$3,000 (all concerts)
\$1,000 (per concert)
Includes VIP seats and media

PERFORMERS ROOM
\$1,000
Includes VIP seats

VIP RECEPTION ROOM
\$1,500
Includes VIP seats

ADDITIONAL OPPORTUNITIES
Program Advertising:
Full Page Premier
\$1,000 (inside front flap /outside back cover)
\$500 Full Page Ad
\$250 Half Page

SOLD 1 OF 2

SOLD 1 OF 2

SOLD 1 OF 2

PURCHASE YOUR TICKETS today!



Sponsorship Questions?
kathy@direction613.org | 214-728-6443

Ticket Questions?
alie@direction613.org | 214-546-9055

Financials

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Header section A-M containing organization details: Name (Direction61:3), EIN (81-4392389), address (3286 CR 168, McKinney, TX 75071), principal officer (Myron Wilson), website (direction613.org), and formation year (2015).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7. Governance metrics; 8-12. Revenue (Total: 731,003); 13-19. Expenses (Total: 611,460); 20-22. Net Assets or Fund Balances (Total: 828,376).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: Jeffery Strickland, Treasurer. Date: Sep 11, 2023.

Paid Preparer Use Only section: Preparer Kathrine E Brugger, Date 9/11/2023, PTIN P01965437, Firm's address 1415 Woodoak Dr, Richardson, TX 75082.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Direction61:3 exists to show Christ's love to youth aging out of foster care through housing, Life-Skills training, educational placement and assistance, and spiritual formation through discipleship.

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

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

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

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

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

4a (Code:) (Expenses \$ 411,421. including grants of \$ 0.) (Revenue \$ 1,789.)

During the fiscal year ending October 21, 2022 Direction61:3 had the following program service accomplishments:

- Opened a new home for girls
 - Hired 1 additional house parents
 - Moved part time program director to full time
 - Moved part time exec admin to full time
 - Acquired 5 acre property with a home and barn to serve as office location. Relocated offices to acquired property on April 30, 2022.
 - Provided housing for 12 youth who are transitioning out of foster care
 - Provided assistance to 9 non-resident youth who were aged out
 - Enrolled 95% of clients in an education program
- See Part III, Ln 4a statement

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 411,421.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
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	X
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	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
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		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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		X	
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.				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 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.				
a	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	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			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 Jeffery Strickland, 3400 Cedar Bluff Dr., McKinney, TX 75072 (972)542-0991

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

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

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

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Myron Wilson Executive Director	55.00			X			49,812.	0.	56,032.	
(2) Ronda Murray President	1.50	X		X			0.	0.	0.	
(3) Susan Wilson Vice President	1.00	X		X			0.	0.	0.	
(4) Jeffery Strickland Treasurer and Secretary	4.00	X		X			0.	0.	0.	
(5) Jason Granger Director	1.00	X					0.	0.	0.	
(6) Bryan Moore Director	1.00	X					0.	0.	0.	
(7) Steve Bell Director	1.00	X					0.	0.	0.	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							49,812.	0.	56,032.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							49,812.	0.	56,032.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	57,802.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	687,849.				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		745,651.				
	Program Service Revenue	2a Foster Care Placement fee	Business Code 624100	1,189.	1,189.	0.	0.
b Houseparent rental fee		624100	600.	600.	0.	0.	
c							
d							
e							
f All other program service revenue . .							
g Total. Add lines 2a-2f			1,789.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	6,000.			
	b Less: cost or other basis and sales expenses	7b		0.			
	c Gain or (loss)	7c		6,000.			
	d Net gain or (loss)			6,000.	0.	0.	6,000.
8a Gross income from fundraising events (not including \$ 57,802. of contributions reported on line 1c). See Part IV, line 18	8a		38,876.				
		8b	61,313.				
		c Net income or (loss) from fundraising events		-22,437.		0.	-22,437.
9a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a						
		10b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			731,003.	1,789.	0.	-16,437.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	106,511.	26,628.	26,628.	53,255.
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	179,973.	144,390.	20,366.	15,217.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,157.	12,963.	1,828.	1,366.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,385.	0.	5,385.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	850.	0.	0.	850.
13 Office expenses	49,413.	20,611.	14,523.	14,279.
14 Information technology	6,298.	0.	6,298.	0.
15 Royalties				
16 Occupancy	51,320.	21,894.	14,244.	15,182.
17 Travel	6,193.	3,585.	1,463.	1,145.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,756.	0.	2,756.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,899.	16,699.	1,600.	1,600.
23 Insurance	3,390.	1,336.	1,372.	682.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>Group Home Expenses</u>	154,410.	154,410.	0.	0.
b <u>Foster Youth Assistance</u>	8,905.	8,905.	0.	0.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	611,460.	411,421.	96,463.	103,576.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	193,409.	1	105,541.
	2 Savings and temporary cash investments	0.	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,281.	4	1,700.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,648.	9	7,398.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,544,057.		
	b Less: accumulated depreciation	10b 47,971.	487,871.	10c 1,496,086.
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	374.	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	709,583.	16	1,610,725.	
Liabilities	17 Accounts payable and accrued expenses	1,183.	17	7,349.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	775,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,183.	26	782,349.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	708,400.	27	828,376.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	708,400.	32	828,376.	
33 Total liabilities and net assets/fund balances	709,583.	33	1,610,725.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	731,003.
2	Total expenses (must equal Part IX, column (A), line 25)	2	611,460.
3	Revenue less expenses. Subtract line 2 from line 1	3	119,543.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	708,400.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	433.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	828,376.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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
- c** 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Additional information from your Form 990: Return of Organization Exempt from Income Tax**Form 990: Return of Organization Exempt from Income Tax**
Form 990, Page 2, Part III, Line 4a (continued)**Continuation Statement**

Description
-Secured vehicles for 2 youth who are aging out of care
-95% of youth participated in life skills training
-Assisted 2 clients with obtaining birth certificates and social security cards
-100% of all residents have attended a local church on a regular basis
-85% of all classes were passed by all clients
-2 youth were baptized

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Direction61:3

Employer identification number

81-4392389

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or 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 include any "unusual grants.")	367,584.	305,162.	378,867.	445,612.	745,651.	2,242,876.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	367,584.	305,162.	378,867.	445,612.	745,651.	2,242,876.
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)						438,489.
6 Public support. Subtract line 5 from line 4						1,804,387.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	367,584.	305,162.	378,867.	445,612.	745,651.	2,242,876.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		471.	439.	38.		948.
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.)	29,986.	55,890.	37,686.	31,065.	38,876.	193,503.
11 Total support. Add lines 7 through 10						2,437,327.
12 Gross receipts from related activities, etc. (see instructions)					12	66,778.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	74.03 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	68.73 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or 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 include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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 line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

Pt II Ln 10: Other Income Part II, Line 10 Description: Sale of t-shirts Description:
Gross income from fundraising events 2017: 29986. 2018: 55890. 2019: 37686. 2020:
27930. 2021: 38876. Description: Gain from property insurance claim 2020: 3135.

Series of horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization

Direction61:3

Employer identification number

81-4392389

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6 with various questions and Yes/No checkboxes.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows 1-9 with various questions and checkboxes.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows 1a-1b, 2a-2b.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** 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 No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	773,850.	773,850.	773,850.
b Buildings	0.	750,185.	42,117.	708,068.
c Leasehold improvements				
d Equipment		13,273.	2,786.	10,487.
e Other		6,749.	3,068.	3,681.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,496,086.

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 12.)</i>		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18.)</i>		5	

Part XIII Supplemental Information.

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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Direction61:3	Employer identification number 81-4392389
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Golf Tournament (event type)	BBQ & Bingo (event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	56,142.	35,550.		91,692.
	2 Less: Contributions	36,892.	20,910.		57,802.
	3 Gross income (line 1 minus line 2)	19,250.	14,640.		33,890.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,567.	2,010.		16,577.
	7 Food and beverages	368.	5,398.		5,766.
	8 Entertainment				
	9 Other direct expenses	13,516.	4,973.		18,489.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				40,832.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-6,942.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

Direction61:3

Employer identification number

81-4392389

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021

**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 Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Direction61:3

Employer identification number

81-4392389

Pt VI, Line 11b: Direction61:3 distributes its completed Form 990 to the Board
of Directors for review and comment prior to filing with the IRS.

Pt VI, Line 12c: The Board of Directors reviews all transactions with related
parties for potential conflicts.

Pt VI, Line 15a: The Board of Direction61:3 utilizes comparability data from
similar organizations when setting the Executive Director's compensation. The
Board's compensation decision is documented in the Board minutes.

Pt VI, Line 15b: Direction61:3 does not have any other officers or key employees
at this time, therefore No has been selected as per the 990 instructions.

Pt VI, Line 19: The organization makes its governing documents, conflict of
interest policy, and financial statements available to the public upon request.

Pt III, Line 2: Direction61:3 began operating in part as a licensed Texas foster
agency for youth ages 14-24.

Direction 61:3
Income Statement
for the period of 11/01/2021 to 10/31/2022

Account Number	Account Name	Amount
Income		
Donations and Fundraisers		
4000	Contributions Income	\$283,006.08
4005	North Texas Giving Day	\$176,333.30
4006	FarmRaiser	\$228,509.75
4008	Car Sales	\$6,000.00
4060	PPP Loan	\$34,555.00
4100	Rental Fees from Houseparents	\$600.00
4210	Christmas Concert Tickets	\$4,986.36
4220	Golf Tournament	\$56,141.84
4225	Barbeque and Bingo	\$35,549.78
Total Donations and Fundraisers		\$825,682.11
Placement Agency Support		
4403	Brotherhood	\$1,188.96
Total Placement Agency Support		\$1,188.96
Total Income		\$826,871.07
Expense		
Administrative Expenses		
5000	Salaries - Admin	\$267,284.51
5001	Payroll Taxes - Admin	\$16,157.05
5002	Payroll processing fees	\$916.90
5003	Employee Benefits - Admin	\$19,200.00
5004	Workers Comp Insurance - Admin	\$1,114.99
5005	Rent	\$25,227.94
5006	Auto Mileage/Gas	\$2,798.86
5050	Processor Fees	\$7,524.20
5055	Bank Fees	\$434.85
5060	Computer and Software Exp	\$6,298.07
Total Administrative Expenses		\$346,957.37
Other Expenses		
5103	Home & Liability Ins.	\$1,470.23
5104	Internet and cable	\$1,050.44
5105	Office Utilities	\$2,770.54
5108	Property Maintenance	\$11,924.84
5110	BOD Meals	\$250.28
5112	Other Meals	\$1,705.84
5115	Meals - Exec Director	\$1,437.53
5120	Building Expense	\$3,321.32
5125	Lease expense	\$1,689.93
5130	Office Supplies	\$2,180.90
5135	Postage, Shipping and printing	\$5,306.79
5140	Web and Media	\$14,802.87

Account Number	Account Name	Amount
5145	D&O Insurance	\$804.94
5150	Books and resources	\$263.19
5155	Accounting Services	\$5,384.78
5160	Miscellaneous Expenses	\$3,567.71
5175	Grant writing expenses	\$1,174.95
5176	Conference Expenses	\$2,756.40
5178	Mortgage Interest	\$20,580.53
5179	Depreciation Expense - Admin	\$7,999.42
Total Other Expenses		\$90,443.43
Program Expenses - General		
5189	Foster Family Expense	\$6,200.00
5191	Thrive Expenses	\$2,354.81
5192	Client Special Events	\$350.00
5193	Misc General Program Exp	\$2,004.89
5194	Work Day Expenses	\$1,957.85
5195	Background Checks	\$654.39
5196	Kingdom Car Expenses	\$532.08
Total Program Expenses - General		\$14,054.02
Program Expenses - OCP		
5203	Home & Liability Insurance - OCP	\$2,591.35
5204	Internet and cable - OCP	\$1,027.76
5205	Home Utilities -OCP	\$8,453.77
5207	Home Landscape - OCP	\$300.00
5208	Property Maintenance - OCP	\$2,536.73
5220	House Parents - OCP	\$27,149.45
5240	Client Assistance - OCP	\$370.00
5243	Client Contact - OCP	\$151.45
5246	Meals - Client and House Parents - OCP	\$69.54
5247	Client Recreation - OCP	\$174.10
5250	Misc Program Exp - OCP	\$392.53
5251	Respite - OCP	\$856.27
5285	Depreciation Expense - OCP	\$11,344.64
Total Program Expenses - OCP		\$55,417.59
Program Expenses HH		
5302	Home Rental - HH	\$21,000.00
5303	Home and Liability Insurance - HH	\$1,152.74
5304	Internet and cable - HH	\$123.16
5305	Home Utilities - HH	\$5,701.71
5308	Property Maintenance - HH	\$318.21
5320	House Parents - HH	\$21,750.34
5340	Client Assistance - HH	\$950.00
5343	Client Contact - HH	\$46.02
5347	Client recreation - HH	\$190.48
5350	Misc Program Expenses - HH	\$300.00
5385	Depreciation Expense - HH	\$419.09

Account Number	Account Name	Amount
Total Program Expenses HH		\$51,951.75
Program Expenses BH		
5402	Home Rental - BH	\$21,600.00
5403	Home and Liability Insurance - BH	\$1,152.74
5404	Internet and cable - BH	\$1,343.55
5405	Home Utilities - BH	\$5,209.58
5408	Property Maintenance - BH	\$482.67
5420	House Parents - BH	\$21,015.87
5440	Client Assistance - BH	\$87.54
5485	Depreciation Expense-BH	\$136.01
Total Program Expenses BH		\$51,027.96
Program Expenses TP		
5605	Home Utilities - TP	\$458.00
5620	House Parents - TP	\$300.00
Total Program Expenses TP		\$758.00
Fundraising Expenses		
8501	Christmas Concert Exp	\$20,424.02
8502	Golf Event expenses	\$28,451.25
8503	Banquet/Gala expenses	\$56.80
8504	BBQ and Bingo Expenses	\$12,380.91
8510	Misc. Fundraising Expenses	\$850.00
Total Fundraising Expenses		\$62,162.98
Total Expense		\$672,773.10
Net Income (Loss)		\$154,097.97

: Statement by Month for the period of 11/01/20

<u>Account Nur Account Name</u>	<u>Yearly Amount</u>
<u>Income</u>	
<u>Donations and Fundraisers</u>	
4000 Contributions Income	309,000.00
4005 North Texas Giving Day	175,000.00
4055 Grants	165,000.00
4100 House Parent rental fees	31,100.00
4210 Christmas Concert Tickets	70,000.00
4220 Golf Tournament	75,000.00
4225 Barbeque and Bingo	60,000.00
Total Donations and Fundraisers	885,100.00
<u>Placement Agency Support</u>	
4401 Oak Creek Place	56,520.00
4402 Heritage House	44,760.00
4403 Brotherhood	60,880.00
Zoie's Place	65,980.00
Tony's Place	37,200.00
Denton Boy's home	29,280.00
4450 Foster Families	40,120.00
Total Placement Agency Support	334,740.00
Total Income	1,219,840.00
<u>Expense</u>	
<u>Administrative Expenses</u>	
5000 Salaries - Admin	178,425.00
5001 Payroll Taxes - Admin	7,680.00
5002 Payroll processing fees	960.00
5003 Employee Benefits - Admin	14,400.00
5004 Workers Comp Insurance - Admin	576.00

5005	Rent	8,760.00
5006	Auto Mileage/Gas	2,400.00
5050	Processor Fees	8,500.00
5060	Computer and Software Exp	4,825.00
	Total Administrative Expenses	226,526.00

Other Expenses

5103	Home & Liability Ins.	1,800.00
5104	Internet and cable	1,116.00
5105	Office Utilities	6,400.00
5108	Property Maintenance	4,800.00
5110	BOD Meals	225.00
5112	Other Meals	1,800.00
5115	Meals - Exec Director	1,500.00
5120	Building Expense	2,400.00
5125	Lease expense	3,000.00
5130	Office Supplies	3,000.00
5135	Postage, Shipping and printing	5,400.00
5140	Web and Media	10,800.00
5145	D&O Insurance	1,200.00
5150	Books and resources	480.00
5155	Accounting Services	6,200.00
5160	Miscellaneous Expenses	3,000.00
5175	Grant writing expenses	0.00
5176	Conference Expenses	6,500.00
5179	Depreciation Expense - Admin	0.00
5178	Mortgage Interest	44,400.00
	Total Other Expenses	104,021.00

Program Expenses - General

5180	Salaries - Program	218,075.00
5181	Payroll Taxes - Program	16,320.00
5183	Employee Benefits - Program	4,800.00
5184	Workers Comp Insurance - Progra	1,224.00
5185	Farm Prop Maint - Prog Alloc	1,200.00
5189	Foster Family Expense	25,370.00

5190	Non-Client Assistance	0.00
5192	Client Special Events	1,800.00
5193	Misc General Program Exp	600.00
5194	Work Day Expenses	4,500.00
5195	Background Checks	465.00
	Total Program Expenses - General	274,354.00

Program Expenses - OCP

5203	Home & Liability Insurance	2,850.00
5204	Internet and cable	1,032.00
5205	Home Utilities	7,750.00
5207	Home Landscape	300.00
5208	Property Maintenance	1,800.00
5220	House Parents	40,000.00
5240	Client Assistance	1,170.00
5243	Client Contact	165.00
5250	Misc Program Exp	500.00
5251	Respite	1,800.00
5285	Depreciation Expense - OCP	0.00
	Total Program Expenses - OCP	57,367.00

Program Expenses HH

5302	Home Rental	24,000.00
5303	Home and Liability Insurance	900.00
5304	Internet and cable	127.44
5305	Home Utilities	7,750.00
5307	Home Landscape	0.00
5308	Property Maintenance	900.00
5320	House Parents	33,900.00
5340	Client Assistance	950.00
5347	Client recreation	0.00
5350	Misc Program Expenses	0.00
5351	Respite	1,800.00
5385	Depreciation Expense - HH	0.00
	Total Program Expenses HH	70,327.44

Program Expenses BH

5402	Home Rental	24,000.00
5403	Home and Liability Insurance	900.00
5404	Internet and cable	1,366.92
5405	Home Utilities	7,750.00
5407	Home Landscape	0.00
5408	Property Maintenance	600.00
5420	House Parents	35,450.00
5440	Client Assistance	0.00
5450	Misc Program Expenses	0.00
5451	Respite	1,800.00
5485	Depreciation Expense-BH	0.00

Total Program Expenses BH 71,866.92

Program Expenses Zoie's Place

	Home Rental	32,400.00
	Home and Liability Insurance	900.00
	Internet and cable	1,366.92
	Home Utilities	7,750.00
	Home Landscape	0.00
	Property Maintenance	600.00
	House Parents	40,700.00
	Client Assistance	0.00
	Misc Program Expenses	0.00
	Respite	1,800.00
	Depreciation Expense-BH	0.00

Total Program Expenses Zoie's Place 85,516.92

Program Expenses - Tony's Place

	Home Rental	18,000.00
	Home and Liability Insurance	450.00
	Internet and cable	1,025.19
	Home Utilities	6,050.00
	Home Landscape	0.00
	Property Maintenance	450.00
	House Parents	23,700.00
	Client Assistance	0.00

Misc Program Expenses	0.00
Respite	1,350.00
Depreciation Expense-BH	0.00
Total Program Expenses Tony's Place	51,025.19

Program Expenses - Denton Boy's Home

Home Rental	16,000.00
Home and Liability Insurance	300.00
Internet and cable	911.28
Home Utilities	5,500.00
Home Landscape	0.00
Property Maintenance	400.00
House Parents	21,800.00
Client Assistance	0.00
Misc Program Expenses	0.00
Respite	1,200.00
Depreciation Expense-BH	0.00
Total Program Expenses Denton Boy's Home	46,111.28

Fundraising Expenses

8501 Christmas Concert Exp	16,000.00
8502 Golf Event expenses	30,000.00
8504 BBQ and Bingo Expenses	18,000.00
8510 Misc. Fundraising Expenses	1,200.00
Total Fundraising Expenses	65,200.00
Total Expense	1,052,315.75
Net Income (Loss)	167,524.25

62% Program Expenses	656,568.75
31% Admin Expenses	330,547.00
6% Fundraising Expenses	65,200.00
Total	1,052,315.75

Without Event expenses

67% Program Expenses
33% Admin Expenses
0% Fundraising Expenses
Total

656,568.75
330,547.00
0.00
987,115.75

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 06 2018

OAK CREEK PLACE
3400 CEDAR BLUFF DR
MCKINNEY, TX 75070-9231

Employer Identification Number:
81-4392389
DLN:
17053279301027
Contact Person:
MRS. KREBS ID# 31072
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
October 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
November 18, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

OAK CREEK PLACE

Sincerely,

Stephen a. martin

Director, Exempt Organizations
Rulings and Agreements

Organization Docs

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Direction 613 - Oak Creek Place

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3286 County Rd. 168

6 City, state, and ZIP code
McKinney, TX 75071

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-					
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or

Employer identification number

8	1	-	4	3	9	2	3	8	9
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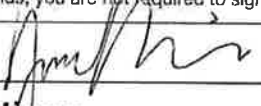
Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ 

Date ▶ **10.24.2023**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

