# Form 990 Solve of the Transport

# **Return of Organization Exempt From Income Tax**

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

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

2021

Open to Public Inspection

nterm	l <sup>R</sup> the	n <b>202</b> 1vica	lendar year, or tax year beginni	ng 01-01-2021 , and ending 12-31-20	21			
		pplicable:	C Name of organization Higher Purpose Co			D Employ	er identi/	fication number
		change	nigher Purpose Co			82-16	29178	
	me ch tial ret	-	Doing business as					
Fin	al		Doing Business as					
	n/termir nended	nated d return	Number and street (or P.O. box if n	nail is not delivered to street address) Room/s	uite	E Telepho	ne number	•
		on pending	130 Desoto Ave Suite 10	, , , , , , , , , , , , , , , , , , , ,		(662)	592-52	62
_			City or town, state or province, cou	ntry, and ZIP or foreign postal code				
			Clarksdale, MS 38614			<b>G</b> Gross re	eceipts \$ 1	,518,587
			F Name and address of princi	pal officer:	H(a)	Is this a group r	eturn for	-
			Timothy E Lampkin			subordinates?		☐ Yes 🔽 No
			130 Desoto Ave Suite 10 Clarksdale, MS 38614		H(b)	Are all subordin included?	ates	Yes No
Ta:	x-exen	npt status:		insert no.) 4947(a)(1) or 527		If "No," attach a	ı list. Se	e instructions.
				1115E1T 110.)   4547(a)(1) 01   327	H(c)	Group exemption		
ı w	ebsit	e: ww	w.higherpurposeco.org					
<b>€</b> Forr	n of or	rganization	: Corporation Trust Associa	tion 🗸 Other	<b>L</b> Year	of formation: 2018	M State	of legal domicile:
• 1011	0. 0.	gamzation	. E corporation	don' Culci P			MS	5
Pa	art I	Sum	mary				.1	
	<b>1</b> E		-	on or most significant activities:				
	Е	Building c	ommunity wealth with Black res	sidents in Mississippi by supporting the		nip of financial, c	ultural, a	and political power,
Če	<u>u</u>	ısing an i	ntegrated model of business ow	nership, narrative change, and advoca	cy.			
<u> </u>	-							
E	_							
õ	2	Check th	is box 🔰 if the organization (	discontinued its operations or disposed	l of more	than 25% of its	net asso	ets.
9				ning body (Part VI, line 1a) · · ·			3	6
S				of the governing body (Part VI, line 1b)			4	5
Activities & Governance				calendar year 2021 (Part V, line 2a)			5	8
Ř			• •	necessary) · · · · · · ·			6	
Ă			,	Part VIII, column (C), line 12			7a	0
							-	0
	D	Net unre	lated business taxable income i	rom Form 990-T, Part I, line 11 • •	· · ·	5: 4:	. 7b	6
	_			415		Prior Year	270	Current Year
9			tions and grants (Part VIII, line :			2,226,	279	1,518,368
Revenue		_	service revenue (Part VIII, line	3,				0
æ			, , ,	), lines 3, 4, and 7d ) • • • •				219
			venue (Part VIII, column (A), lin				556	0
	1			must equal Part VIII, column (A), line 1	2)	2,226,	335	1,518,587
	13	Grants a	nd similar amounts paid (Part I)	(, column (A), lines 1-3)		543,	500	249,770
	14	Benefits	paid to or for members (Part IX,	column (A), line 4)				0
88	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), lines 5-	-10)	379,	191	470,732
Expenses	16a	Profession	onal fundraising fees (Part IX, co	olumn (A), line 11e) · · · · ·				0
che	b	Total fund	aising expenses (Part IX, column (D)	, line 25) •0				
Ω	17	Other ex	penses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)		437,3	353	420,049
	18	Total exp	penses. Add lines 13–17 (must	equal Part IX, column (A), line 25)		1,360,	344	1,140,551
	19	Revenue	less expenses. Subtract line 1	8 from line 12		866,4	191	378,036
es es					В	eginning of Curre	nt	End of Year
Net Assets or Fund Balances						Year		
Bal			sets (Part X, line 16)			1,622,	565	2,003,170
E 6	21	Total liab	oilities (Part X, line 26)					2,569
Zű	22	Net asse	ts or fund balances. Subtract li	ne 21 from line 20		1,622,	565	2,000,601
Pa	rt II	Sign	ature Block					
	•			camined this return, including accompa				
•		-	belief, it is true, correct, and coi nowledge.	mplete. Declaration of preparer (other t	than offic	cer) is based on a	II inform	ation of which
лерс	101 11		•			2022-11-15		
Sign		Signat	ure of officer			Date		
Her			y E Lampkin CEO					
	_	Type o	r print name and title					
		] <b>/</b>	rint/Type preparer's name	Preparer's signature	Date	<del>                                     </del>	PTIN	
Dai:	1	[	4 - 1 E - E - E - E - E - E - E - E - E -			Check if	P0217908	3
Paid		_    -	irm's name  Candias Maiden CPA I	I L		self-employed Firm's EIN > 82	-2815565	
	pare	er _						
Jse	On	iy   F	irm's address 🕨 153 Magnolia Place Ci	rcle		Phone no. (662)	302-5810	1
			Brandon, MS 39047					
	ho ID	S discus	s this return with the preparer	shown above? (see instructions)			1	Yes No

Cat. No. 11282Y

Form **990** (2021)

For Paperwork Reduction Act Notice, see the separate instructions.

Forn	n 990 (2021)					Page <b>2</b>
Pa	rt III Statement	t of Program Serv	vice Accompl	ishments		
	Check if Sche	edule O contains a res	ponse or note to	any line in this Part II	1	🔽
1	Briefly describe the	organization's mission	n:			
		h with Black residents ess ownership, narrati			ship of financial, cultural, and p	olitical power, using an
2	_	n undertake any signifi or 990-EZ?		vices during the year	which were not listed on	_Yes ✓ No
	If "Yes," describe th	nese new services on	Schedule O.			
3	Did the organization services?	n cease conducting, or	make significant	changes in how it cor	nducts, any program	Yes V No
	If "Yes," describe th	hese changes on Sche	dule O.			
4	expenses. Section 5		4) organizations a	are required to report	ee largest program services, as the amount of grants and alloca	
4a	(Code:	) (Expenses \$	234,270	including grants of \$	) (Revenue \$	)
	Covid-19 Black Busine	ess Relief Fund- providing d	lirect grants up to \$5,	.000 to eligible businesses	impacted by COVID-19	
	(Code:	) (Expenses \$	60,367	including grants of \$	) (Revenue \$	)
	Business Ownership Ed	ducation & Outreach - prov	iding business worksl	nops, trainings, and summ	its at no or low cost to entrepreneurs	,
4c	(Code:	) (Expenses \$	15,500	including grants of \$	) (Revenue \$	)
	Business Fellowship - :	, , , ,	•		ulum, business growth support and fun	ding network. Areas of focus
4d	Other program se	rvices (Describe in Sc	chedule O.)			
	(Expenses \$	4,627 i	ncluding grants o	f \$	) (Revenue \$	)
4e	Total program ser	vice expenses 🕨	314,764			
						Form <b>990</b> (2021)

Form 990 (2021) Page 3 Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . 2

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . .

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯

complete Schedule D, Part III 🥵 . . . . . . . . . . . . . . . . .

negotiation services? If "Yes," complete Schedule D, Part IV 🐿

VIII, IX, or X, as applicable.

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 😼 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 . . . . . . . . . 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? If "Yes," complete Schedule D, Part VIII 🐿 . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐄

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

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? If "Yes," complete

Νo

Νo

Νo

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Form 990 (2021)

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14a

14b

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20a

20b

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checklist of Required Schedules (continued)			
		Yes	No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	Yes	

aı	tiv Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

Part IV	Checklist of Required Schedules (continued)		
		Yes	No

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

**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

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? If "Yes," complete Schedule L, Part I . . . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

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

អ៊ីត៉េហ៊ីតិទី សញ្ជានៅទីដាំទីក្រុមក្រុម និង្សារ៉ាក់ 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

Hid He Granketa School field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wases " Complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Nο

No

Yes

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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R

1a

1b

Yes

Yes

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; securities account, or other financial accounts the name of the foreign country:	4a		N o
Ea	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (WBATH) organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8 9	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?  Sponsoring organizations maintaining donor advised funds.	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Section 501(a)(20) suplified parametrist health insurance issues.			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16		16		No
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

15a

15b

16a

16b

Yes

Yes

Νo

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Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr. 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI.	_	•	respo	nse to lin	es . 🔽
Se	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a		6		
	Yethere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	siness •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control	,		3		No
4	Did the organization make any significant changes to its governing documents since	the p	orior Form 990 was	4		Νo
5	bladthe organization become aware during the year of a significant diversion of the c	organi	zation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6		Νο
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	er to	elect or appoint one or	7a	1	No

	independent 5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4	No
5	$\frac{\text{filled}}{\text{the}}$ organization become aware during the year of a significant diversion of the organization's assets? .	5	No
6	Did the organization have members or stockholders?	6	No
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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No

	other officer, director, trustee, or key employee?	2		IN O
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	$60^{\circ}$ organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		Νo
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	·	Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.01		<u>-</u>

6	Did the organization have members or stockholders?	6		Νo
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?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		Νo
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	·	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	

6	Did the organization have members or stockholders?	6		Νo
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		Νo
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b 11a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		N o
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a 12a	Yes	N o
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10b 11a 12a 12b	Yes	No

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		IN O
5	600 had the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		Νo
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
	tellon Di i ondies (ims section s'requests information about poncies not required sy the internal re	CVCIII		· ,
	2. 1 Chaice (This Section & requests information about pointies not required by the Internal re	CVCIII	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No

, D	Lacif committee with authority to act on behalf of the governing body:	OD		INO
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	

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?

**16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T

(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Own website Another's website V Upon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

▶Timothy E Lampkin PO Box 2148 Clarksdale, MS 38614 (662) 902-4831

a The organization's CEO, Executive Director, or top management official . . . . . . . .

**b** Other officers or key employees of the organization . . . . . . . . . . . . .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

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

Section C. Disclosure

18

apply.

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization n	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)	more perso	than on is	one bot ecto	not box h ar	chec x, unling n office rustee Highest compensated	ess er	(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
(1) Timothy E Lampkin	40.00			х				72,031	0	0
(2) Dr Sondra Collins Director	2.00	х						0	0	0
(3) Derek Dewayne Hopson Jr President	2.00	Х						0	0	0
(4) Dr Temika Simmons Vice President	2.00	Х						0	0	0
(5) Pamela Hadley Director	2.00	Х						0	0	0
(6) Mara Scott Treasurer	2.00	Х						0	0	0
(7) Jacqueline Johnson Director	2.00	Х						0	0	0
(8) Rosie Brown	2.00	Х						0	0	0
(9) Krystal Beachum	0.00							0	0	0
birector	0.00									
										Form <b>990</b> (2021)

(A) Name and title	(B) Average hours per week (list any hours for	more than one box, unless person is both an officer and a director/trustee) compensation from the organization (W-org					Reportable Reports compensation compens from the from rel organization (W-			S	(F) Estima amount o compens from	ated of other sation the	
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC	099- /1099- EC)	(W-2/1099- MISC/1099 NEC)		organizat relat organiza	ed
1b Sub-Total						•							
c Total from continuation sheets to Pa	art VII, Section A	٠				<u> </u>			72.024				
d Total (add lines 1b and 1c)			ose	liste	d al	oove)	who	received	72,031 more th	an			
\$100,000 of reportable compensat						,							
• Pililia a sa talia kata e •	. (()					1		1.2.1				Yes	No
3 Did the organization list any forme on line 1a? If "Yes," complete Scher			,		y en •	nploye	e, o •	r nignest	compen	sated employee	3	Yes	
4 For any individual listed on line 1a organization and related organizat													
individual											4		No
5 Did any person listed on line 1a re services rendered to the organizat									nization	or individual for	_		
Section B. Independent Contr		ipiete 5	crical	<i></i>		Juen p	,,,,,	-			5		Νo
Complete this table for your five h     compensation from the organizatio	ighest compens											tax vear.	
· · · · · · · · · · · · · · · · · · ·	(A) and business addre									(B) scription of services		(C Comper	)
												•	

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  $\triangleright$  0

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

	990 (2021)					Page <b>9</b>
Par	Statement of Revenue Check if Schedule O contains a res	snonse or note t	o any line in this Pa	rt VIII		Г
	Check ii Schedule O Contains a les	sponse of note t	(A) Total revenue	(B) Related or exempt function revenue	(C)	Revenue excluded from tax under sections
Contr	ibutions, Gifts, Grants, and OtherAmt Simi	b c d e f	Federated campaig Membership dues Fundraising events Related organization Government grants (co All other contributions, and similar amounts no above Noncash contributions i lines 1a - 1f:\$	ons ntributions) gifts, grants, by included in	1a	- - - -
		Business Code	е			1,510,500
Program Service Revenue	b  c  d  e  f All other program service revenue.					
	9 Total. Add lines 2a-2f 3 Investment income (including dividends other 4 9 including dividends of tax-exempt			19		219
	5 Royalties	(ii) Persona		0		
	7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  (i) Securities  7a  7b  7b	(ii) Other				
Other Revenue	d Net gain or (loss)		•	0		
Other	9a Gross income from gaming activities. See Part IV, line 19 9b	•		0		
	c Net income or (loss) from gaming acti  10a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold 10b			0		
	c Net income or (loss) from sales of inve	entory				
	Miscellaneous Revenue  11a Investment Interest	Business Cod 901	101			
	b c					
	<b>d</b> All other revenue			_		
	e Total. Add lines 11a-11d	1	•	0		
	<b>12 Total revenue.</b> See instructions		1,518,58			219

Fori	m 990 (2021)				Page <b>10</b>
Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus	<u>.</u>		izations must comple	· , _
	Check if Schedule O contains a response or note to	any line in this Part			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	249,770	249,770		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	72,031		72,031	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	308,363	I	308,363	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,627		7,627	
۵	Other employee benefits	39,434	1	39,434	
	Payroll taxes	43,277		43,277	
	Fees for services (non-employees):				
	Management	0			
	Degal	32,685		32,685	
	Accounting	27,234		27,234	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule	144,869	34,377	110,492	
12	Advertising and promotion	75,685		75,685	
	Office expenses	60,902		60,902	
	Information technology	3,208		3,208	
	Royalties	0			
16	Occupancy	0			
17	Travel	31,342		31,342	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	30,617	30,617		
20	Interest	8		8	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,077		5,077	
	Insurance	7,832		7,832	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Postage and Shipping	590		590	
	<u>b</u>				
	c d				
	d e All other expenses	0			
	Total functional expenses. Add lines 1 through 24e	1,140,551	314,764	825,787	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720).	-,0,002	32.7,01	2207.07	
	Check liefe - I il following 50r 30-2 (A5C 350-720).				Form <b>990</b> (2021)

		(2021)					Page <b>11</b>
P	art X	Balance Sheet					_
		Check if Schedule O contains a response or i	note to	any line in this Part IX .			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			1,442,265	1	1,575,966
	2	Savings and temporary cash investments				2	0
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net				4	250,000
	5	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t	bstant hese p	ial contributor, or 35% persons		5	0
	6	Loans and other receivables from other disquential under section $4958(f)(1)$ , and persons described.				6	0
	7	Notes and loans receivable, net				7	0
Assets	8	Inventories for sale or use		· · · · · · · · -		8	0
SS	9	Prepaid expenses and deferred charges .				9	7,490
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	180,300			
	ь	Less: accumulated depreciation	10b	10,587	180,300	10c	169,713
	11	Investments—publicly traded securities .		,	,	11	0
	12	Investments—other securities. See Part IV, li	ne 11			12	0
	13	Investments—program-related. See Part IV, Ii		<del> </del>		13	0
	14	Intangible assets		⊢		14	0
	15	Other assets. See Part IV, line 11				15	1
	16	Total assets: Add lines 1 through 15 (must ea	gual li	ne 33)	1,622,565	16	2,003,170
	17	Accounts payable and accrued expenses .			7- 7	17	2,569
	18	Grants payable			18	,	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
(A)	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or for					
abil		key employee, creator or founder, substantial controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to unre	elated	third parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li Complete Part X of Schedule D	payal	bles to related third		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			0	26	2,569
ces		Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.	ck her	e 🕨 🔽 and complete			
alar	27	Net assets without donor restrictions			1,622,565	27	1,442,513
Fund Balances	28	Net assets with donor restrictions	L		28	558,088	
Ē		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌 and			
Assets or	29	complete lines 29 through 33. Capital stock or trust principal, or current fun			29		
ets	30	Paid-in or capital surplus, or land, building or	equipn	nent fund		30	_
155	31	Retained earnings, endowment, accumulated i	ncome	e, or other funds		31	_
	32	Total net assets or fund balances			1,622,565	32	2,000,601
Net	33	Total liabilities and net assets/fund balances			1,622,565	33	2,003,170
	l						Form <b>990</b> (2021)

За

3b

Νo

Form 990 (2021)

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Single Audit Act and OMB Circular A-133?

Form 990 (2021) **Additional Data** Return to Form **Software ID: 21013485** Software Version: 2021v4.1 Form 990, Special Condition Description: **Special Condition Description** 

# (Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

**SCHEDULE A** 

**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

Inspection **Employer identification number** 

riigiic	i i dipo	30 00					82-1629178	
Pa	rt I	Reason for Publi	c Charity St	atus (All organiza	tions must co	mplete this p		ns.
The	organi	zation is not a private fo	oundation beca	use it is: (For lines 1	through 12, che	eck only one bo	x.)	
1		A church, convention of	of churches, or	association of churc	hes described in	section 170(b	)(1)(A)(i).	
2		A school described in	section 170(b)	(1)(A)(ii). (Attach S	chedule E (Forn	າ 990).)		
3		A hospital or a cooper	ative hospital s	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city, a		ated in conjunction w	vith a hospital d	escribed in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter the
5		An organization operat  170(b)(1)(A)(iv). (Co		-	versity owned o	r operated by a	a governmental unit d	escribed in <b>section</b>
6		A federal, state, or loc	al government	or governmental unit	described in <b>se</b>	ction 170(b)(1	.)(A)(v).	
7	V	An organization that no described in <b>section 1</b>				m a governmei	ntal unit or from the g	general public
8		A community trust des	scribed in <b>secti</b>	on 170(b)(1)(A)(vi).	(Complete Pari	t II.)		
9		An agricultural researd university or a non-lan	_			-	_	-
10	An organization that normally receives: (1) more than 331/3% 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 supp from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)						33 1/3% of its support	
11		An organization organi	zed and opera	ted exclusively to test	for public safe	ty. See <b>section</b>	509(a)(4).	
12		An organization organizone or more publicly s the box on lines 12a th	upported organ	nizations described in	section 509(a)	(1) or <b>section 5</b>	609(a)(2). See section	<b>1 509(a)(3).</b> Check
а		<b>Type I.</b> A supporting o supported organization organization. <b>You mus</b>	(s) the power	to regularly appoint o	r elect a majorit			
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the s			• ,,,	
С		Type III functionally i supported organization						rated with, its
d		<b>Type III non-functiona</b> not functionally integral (see instructions). <b>You</b>	ated. The orga	nization generally mu	st satisfy a dist	ribution require		` '
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	ype III functionally
f	Ente	r the number of support	ed organizatior	ıs			· · · · · · · <u> </u>	
g	(!) N	Provide the following in			` ′		( ) ( ) ( )	( ) ( ) ( )
	. ,	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	listed in you	organization or governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				<pre>1- 10 above (see instructions))</pre>	Yes	No		
Tota	ı							
For F	aperv	vork Reduction Act Noti	ce, see the Ins	tructions for	Cat. No. 11285	iF	Schedule	e A (Form 990) 2021

Schedule A (Form 990) 2021 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (d) 2020 (e) 2021 (c) 2019 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 1,522,645 2,217,185 1,515,777 5,255,607 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge... 1.522.645 2,217,185 1.515.777 5,255,607 Total. Add lines 1 through 3 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 **Public support.** Subtract line 5 from 5,255,607 line 4. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 2,217,185 5,255,607 1,522,645 1,515,777 7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through 5,255,607 12 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, Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . 14 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . 15 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

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 

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 

h 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  $\ldots\ldots\ldots\ldots\ldots\ldots$ 

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

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021						Page 3
P	Support Schedule f	or Organiza	tions Descr	ibed in Section	on 509(a)(2)		
	(Complete only if you						alify under Part
Se	II. If the organization ection A. Public Support	i ialis to quali	ry under the i	lests listed bei	ow, piease com	ipiete Part II.)	
	ndar year	( ) 0047	422242	( ) 2 2 4 2	(1) 2022	( ) 2021	(6) =
	iscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities		+		+		
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
h	persons Amounts included on lines 2 and 3						
b	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c						
٥	from line 6.)						
Se	ection B. Total Support		•	<u>'</u>		<b>-</b>	
	ndar year	(-) 2017	(h) 2010	(-) 2010	(4) 2020	(-) 2021	(6) Takal
	iscal year beginning in) 🕨	(a) 2017	<b>(b)</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. Add lines 10a and 10b.						
с 11	Net income from unrelated						
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.						
12	-						
	or loss from the sale of capital assets (Explain in Part VI.)	1					
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First 5 years. If the Form 990 is for						
	check this box and <b>stop here</b>			· · · · · · · ·			▶□
Se	ection C. Computation of Pub						
15	Public support percentage for 2021 (	(line 8, column	(f) divided by li	ne 13, column (f	))	· · 15	

Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . 16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . . . Investment income percentage from **2020** Schedule A, Part III, line 17 . . . . . . . . . . . . .

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . .

19a 331/3% 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

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

17

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

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

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Supporting Organizations (continued)

Page **5** 

11	. Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and below, the governing body of a supported organization?	11c				
	A family many have for a super described as 14a above 2					
b		detail in 116				
С	Part VI	detail iii 110				
S	Section B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled organization's activities. If the organization had more than one supported organization, describe how the powers to and/or remove directors or trustees were allocated among the supported organizations and what conditions or restricted in any, applied to such powers during the tax year.	tax ed the appoint				
2	Did the organization operate for the benefit of any supported organization other than the supported organization	ion(s)				
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providin benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supportant organization.					
S	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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported					
_	Section 5.0 And Type III Supporting Organizations	rteu				
	Section D. Air 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 price year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the date of notification.	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? If "No," explain in <b>Part VI</b> h					
	organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's incom					
	assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organ					
S	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 instructi	ons):			
	<b>a</b> The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
	<b>c</b> ☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.	ent entity (see				
2	Activities Test. Answer lines 2a and 2b below.		Ves	No		

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

constituted substantially all of its activities.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization's involvement.

2a

2b

За

3b Schedule A (Form 990) 2021

instructions)

Page **6** 

1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	-		•
	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):	1		
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly-int	egrated Type III suppor	ting organization (see

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

a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

See instructions.

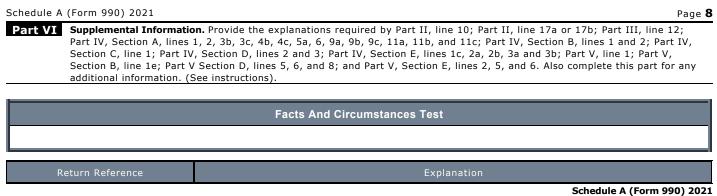
a Excess from 2017. . . . . **b** Excess from 2018. . . . . c Excess from 2019. . . **d** Excess from 2020. . . . e Excess from 2021. . . . .

3j and 4c. 8 Breakdown of line 7:

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2.

- If the amount is greater than zero, explain in  ${\it Part~VI}$
- 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
- 7 Excess distributions carryover to 2022. Add lines

Schedule A (Form 990) (2021)



## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Higher Purpose Co

Name of the organization

# **Supplemental Financial Statements**

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

Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. 2021

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

P		Organizations Maintaining Donor A		milar Funds	or Accounts.
		Complete if the organization answered '	"Yes" on Form 990, Part IV, II  (a) Donor advised funds		(b) Funds and other accounts
1	Total num	nber at end of year	(a) Donor advised runus	•	(b) I ulius and other accounts
2		e value of contributions to (during year)			
3		e value of grants from (during year)			
4		e value at end of year			
		·			
5		organization inform all donors and donor adv inization's property, subject to the organizat	_		
6	charitab impermi	organization inform all grantees, donors, and le purposes and not for the benefit of the dor ssible private benefit?	nor or donor advisor, or for any ot	her purpose co	onferring .
Pa		Conservation Easements. Complete if the organization answered	"Yes" on Form 990, Part IV, li	ine 7.	
1		(s) of conservation easements held by the o ervation of land for public use (e.g., recreati			orically important land area
	_		_		
	_	ection of natural habitat	Preserva	tion of a certif	ied historic structure
	Pres	ervation of open space			
2			d a qualified conservation contrib	oution in the fo	
_	easement on the last day of the tax year.  Total number of conservation easements			2-	Held at the End of the Year
a b			y conservation easements		
D		· · · · · · · · · · · · · · · · · · ·		20	
c	Number	of conservation easements on a certified his	vation easements on a certified historic structure included in (a) 2c		
d		of conservation easements included in (c) a structure listed in the National Register	•	n a <b>2d</b>	
3	Number tax year	of conservation easements modified, transfe	erred, released, extinguished, or t	erminated by	the organization during the
4	Number	of states where property subject to conserv	ation easement is located		
5		e organization have a written policy regardin ns, and enforcement of the conservation eas			of Yes No
6	Staff and year	d volunteer hours devoted to monitoring, ins	specting, handling of violations, a	nd enforcing co	onservation easements during the
7	Amount  \$	of expenses incurred in monitoring, inspecti	ng, handling of violations, and er	nforcing conser	vation easements during the year
8		ch conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?			170(h)(4)
9	balance	XIII, describe how the organization reports of sheet, and include, if applicable, the text of snization's accounting for conservation eases	the footnote to the organization'		•
Pa	rt III C	<b>Organizations Maintaining Collection</b> Complete if the organization answered '	<b>ons of Art, Historical Trea</b> "Yes" on Form 990, Part IV, li	sures, or O ine 8.	ther Similar Assets.
1a	of art, h	ganization elected, as permitted under FASI istorical treasures, or other similar assets he provide, in Part XIII, the text of the footnol	eld for public exhibition, education	n, or research	in furtherance of public
b	art, hist	ganization elected, as permitted under FASI orical treasures, or other similar assets held the following amounts relating to these item	for public exhibition, education,		
	(i) Revenu	e included on Form 990, Part VIII, line 1 .			Þ\$
		included in Form 990, Part X			·
2		ganization received or held works of art, his			
_		g amounts required to be reported under FA			
а	Revenue	e included on Form 990, Part VIII, line $1 \cdot \cdot$			<b>&gt;</b> \$
b	Assets i	ncluded in Form 990, Part X	<u></u>	<u></u>	· • \$
or	Paperworl	Reduction Act Notice, see the Instructions	for Form 990.	Cat. No. 52283D	Schedule D (Form 990) 202

3	collection items (check all that apply):	ion, and ou	nei reco	ius, cii	eck ai	iy oi i	the folio	wing the	at are a signi	iicaiit us	se or its	
а	Public exhibition			d		Loan	or exch	ange pro	ograms			
b	Scholarly research			е		Othei	r					
c	Preservation for future generations											
4	Provide a description of the organization's of Part XIII.	collections a	and expla	ain how	they	furth	er the o	rganizat	ion's exempt	purpose	e in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Yes	. No	
Pa	<b>Escrow and Custodial Arran</b> Complete if the organization and Part X, line 21.			Form 9	990, I	Part 1	IV, line	9, or r	eported an	amoun	t on Form	990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?									Yes	No	
b	If "Yes," explain the arrangement in Part X	III and com	plete the	e follow	ving ta	able:			ı	Amount		-
c	Beginning balance							1c				_
d	Additions during the year							1d				_
е	Distributions during the year							1e				-
f	Ending balance							1f				
2a	Did the organization include an amount on	Form 990,	Part X, I	ine 21,	for es	scrow	or custo	odial acc	ount liability	? Yes	No No	
ь	If "Yes," explain the arrangement in Part X	III. Check h	nere if th	ie expla	anatio	n has	been pi	rovided	in Part XIII	[		
Pa	rt V Endowment Funds.											
	Complete if the organization and								. 1		T	
	Danis sing of war halance	(a) Curre	ent year	(b)	Prior ye	ear	<b>(c)</b> Two	years ba	ck (d) Three y	ears back	(e) Four year	s back
	Beginning of year balance											
	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships									ĺ		
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cu	rrent year e	end balar	nce (lin	e 1g,	colum	ın (a)) h	neld as:				
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
c	Term endowment 🕨											
	The percentages on lines 2a, 2b, and 2c sh	•										
3a	Are there endowment funds not in the possiorganization by:	ession of th	e organi:	zation t	that a	re hel	d and ad	dministe	red for the		Yes	No
	(i) Unrelated organizations									3	a(i)	140
	(ii) Related organizations										a(ii)	
b	If "Yes" on 3a(ii), are the related organizat	ions listed a	as requir	ed on s	Sched	ule Rî	?				3b	
4	Describe in Part XIII the intended uses of t	ho organiza	ation's o	ndowm	ont fu	ndc						
	rt VI Land, Buildings, and Equipm		ation's ei	iuowiii	ent iu	nus.						
Га	Complete if the organization and		es" on I	orm 9	990, F	Part 1	V, line	11a. S	ee Form 99	0, Part	X, line 10	
	Description of property  (a) Cost or oth (investment)	er basis	(b) Cost						depreciation		(d) Book value	
1-	Land					28,000						28,000
	Ruildings					.52,300			10,587			141,713
	Buildings					.52,500			10,307			- 11,713
	Leasehold improvements  Equipment											

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

XIII  $\square$ 

	(Form 990) 2021				Page <b>3</b>
Part VII	<b>Investments - Other Securities.</b> Complete if the organization answered "Yes" on Form 99	0. Part	IV. line 11b.Se	e Form 990. Part	X. line 12.
	(a) Description of security or category	<b>(b)</b> Boo	ok	(c) Method of valua	ition:
(1) Financia	(including name of security) al derivatives	value	e Cost	or end-of-year ma	rket value
(2) Closely	-held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 99	0, Part	IV, line 11c. Se	ee Form 990, Par	t X, line 13.
	(a) Description of investment		(b) Book value	` '	of valuation: year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990	), Part I	IV, line 11d. See	e Form 990, Part X,	line 15.
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (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 1	IV, line 11e or 1	L1f.	
1.	See Form 990, Part X, line 25.  (a) Description of liability				(b) Book value
	income taxes	,			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 25.)			<b>b</b>	
	for uncertain tax positions. In Part XIII, provide the text of the foo n's liability for uncertain tax positions under FIN 48 (ASC 740). Ch				

Return.

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•	rotal revenue, gams, and other support per addited infancial statements		-	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
		·		' !
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Par	<b>Reconciliation of Expenses per Audited Financial St</b> : Complete if the organization answered 'Yes' on Form 990, F	-	s per	Return.
L	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
		1		
e	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
		1		· I
b	Other (Describe in Part XIII.)	4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
-		10)	5	
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line	10.)	5	
	t XIII pplemental Information			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa			

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** Higher Purpose Co 82-1629178 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ✓ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) cash (book, FMV, appraisal, noncash assistance or assistance arant or government assistance other) (1)(2) (3) (5) (6)(7) (8)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . . . . . . . Cat. No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021

(5)

(6)

Schedule I (Form 990) 2021

(7)

Part IV

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

Explanation

Return Reference

**Software Version:** 2021v4.1

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

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

Schedule J

**Compensation Information** 

Cat. No. 50053T

Schedule J (Form 990) 2021

2021 Open to Public

OMB No. 1545-0047

itern	al Revenue Service		Insp	ectio	n
	me of the organization her Purpose Co	Employer identific	ation nun	nber	_
ing	nd Fdipose Co	82-1629178			
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding				
	First-class or charter travel  Housing allowance or residence for	personal use			
	Travel for companions Payments for business use of pers	•			
	Tax idemnification and gross-up payments  Health or social club dues or initial	ion fees			
	Discretionary spending account Personal services (e.g., maid, chauf	feur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If "No," complete Part III t		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, officers, including the CEO/Executive Director, regarding the items checked		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director. Check all that apply. Do not check any boxes for metho used by a related organization to establish compensation of the CEO/Executive Director, but ex	ds			
	Compensation committee Written employment contract				
	☐ Independent compensation consultant ☐ Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensations	ation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to organization or a related organization:	the filing			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	n Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of:	any			
а	The organization?		5a		Νo
b	Any related organization?		5b		No
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the net earnings of:	any			

Schedule J (Form 990) 2021 Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equa	Form 990, Part V	II.					that individual.			
(A) Name and Title	comp	eakdown of W-2, ensation, and/or	1099-NEC	and other	(D) Nontaxable benefits	columns	(F) Compensation in			
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990			
Schedule J (Form 990) 2021										

Schedule J (Form 990) 2021 Page 3 Part Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021



## **SCHEDULE 0** (Form 990)

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

Supplemental Information to Form 990 or 990-EZ

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

**2021** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** Higher Purpose Co 82-1629178 Return **Explanation** Reference Form 990. OTHER PROGRAM SERVICES 4: Part III. Line 4d: Other Program Services Description Form 990, The CEO provides a copy of the Form 990 to the Audit Committee for review. Part VI. Line 11b: Form 990 Review **Process** Form 990. Conflicts are identified and discussed for a suitable solution. Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts Form 990, The Board of Directors determines and approves the CEO salary. Part VI, Line 15a: Compensation Review & Approval Process -CEO, Top Management Form 990, The CEO reviews and approves employee salaries. Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key **Employees** Form 990. Documents are available upon request. Part VI, Line 19: Other Organization **Documents Publicly** Available Cat. No. 51056K Schedule O (Form 990) 2021