## Inspiritus, Inc.

Public Inspection Copy For the Year Ended September 30, 2022

# **TAX RETURNS**



### INSPIRITUS, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED SEPTEMBER 30, 2022

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

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

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

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

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

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE AUGUST 15, 2023. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

PUBLIC INSPECTION COPY

Form 8879-TE

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 10/01/2021 and ending 09/30/2022

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Department of the Treasury Internal Revenue Service Name of filer

58-1535692

EIN or SSN

INSPIRITUS, INCName and title of officer or person subject to tax

JOHN MOELLER, JR. CEO

#### Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	ζ	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b17981504.	,
2a	Form 990-EZ check here ►		b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here .		b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here ►		b Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here 🕨		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	
9a	Form 5330 check here 🕨		b Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here 🕨		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	I Declaration and Signatu	ire	Authorization of Officer or Person Subject to Tax	
	ware alties of wards we had a short			

of entity)	, (EIN)	and that I have examined a copy o	f the
2021 electronic return and accompanying schedules and state complete. I further declare that the amount in Part I above is t intermediate service provider, transmitter, or electronic return acknowledgement of receipt or reason for rejection of the trans- the date of any refund. If applicable, I authorize the U.S. Trea- (direct debit) entry to the financial institution account indicated return, and the financial institution to debit the entry to this ac 1-888-353-4537 no later than 2 business days prior to the pay processing of the electronic payment of taxes to receive confid	ements, and, to the best of the amount shown on the originator (ERO) to send th mission, <b>(b)</b> the reason for usury and its designated Fin d in the tax preparation so ccount. To revoke a payment yment (settlement) date. I	f my knowledge and belief, they are true, corrections of the electronic return. I consent to allow e return to the IRS and to receive from the IRS any delay in processing the return or refund, nancial Agent to initiate an electronic funds with ftware for payment of the federal taxes owed int, I must contact the U.S. Treasury Financial also authorize the financial institutions involve	oct, and ormy 6 (a) an and (c) hdrawal on this Agent at d in the
1-888-353-4537 no later than 2 business days prior to the pay	yment (settlement) date. I dential information necess	also authorize the financ ary to answer inquiries ar	cial institutions involved nd resolve issues relate

### PIN: check one box only

X I authoriz	MITH & HOWARD ADVISORY,	to enter my PIN 17216 as my signate	ure				
	ERO firm name	Enter five numbers, but do not enter all zeros					
on the ta	w year 2021 electronically filed return. If I have indicated within this retur						
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the							
	disclosure consent screen.						

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

6

Signature of officer or person subject to tax

•	08	/15	/2023
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ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7	9	8	3	8	9	2	0	7	4		
Do not enter all zeros											

Date

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file

4077IW 9242 04 PO4/2023 C7 18 SPECTON COPY

Providers for Busine	ss Rejums.	$\checkmark$	
ERO's signature	Labre	Ama	nan

Date 🕨 08/15/2023

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

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

Form 8879-TE (2021)

JSA 1X3008 3.000

Form	990
	nent of the Treasury

## Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at *unux its nov/form990*.

OMB No. 1545-0047

		a 2021			-				Jiii 990						w//0////	330.			speci	
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<u> </u>	Tax-ex	empt stat	us:	X 501(c)	)(3)	50	01(c) (	) ┥	(insert n	io.)	4947(a)(1	l) or		527		If "No," atta	ich a list	t. (see instru	ctions)	
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ă	b			sing expens											-					
	17	Other e	xpens	es (Part IX	(, colum	ın (A),	lines 11	a-11d, 1′	1f-24e)					• —		,493,8				,300.
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- 0	19	Revenu	e less	s expenses	. Subtra	act line	18 from	n line 12						•		-113,1				<u>,799.</u>
Net Assets or Fund Balances														Beg		of Current			l of Yea	
sset	20			Part X, line	· · ·										2	,318,1		4		,820.
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Sign Here		<b>▼</b> S	Signature of officer										Date							
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May	y the I	RS disc	uss th	is return w	ith the	prepare	er showr	n above?	(see ins	structions	s) <u></u>								es	No
For	Pape	rwork R	educ	ion Act No	otice, s	ee the	separat	e instruc	tions.				-							(2021)
	•						•													. /

	INSPIRITUS, INC.	58-1535692	
	n 990 (2021)		Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	. X
	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not liste	d on the <b>Yes</b>	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any	program	
	services?		X No
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gram gram between the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gram between the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gram between the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gram between the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the section $501(c)(3)$ and $501(c)(4)$ organization $500(c)(4)$ organization $500($		
	the total expenses, and revenue, if any, for each program service reported.		o otners,
4a	(Code: ) (Expenses \$ 2,194,078. including grants of \$ 2,651,953. ) (Revenue \$		)
	IN FY2022, INSPIRITUS PROGRAMS CONTINUED TO ADAPT TO SAFELY	,	
	SERVING AND MEETING THE NEEDS OF THE HIGHLY VULNERABLE POPULATIONS		
	INSPIRITUS SERVES AMID THE COVID-19 PANDEMIC, INCLUDING THE		
	FOLLOWING PROGRAM AREAS: DISABILITY SERVICES, REFUGEE AND		
	IMMIGRANT SERVICES, CHILDREN AND FAMILY SERVICES, DISASTER RELIEF,		
	AND MIDDLE TENNESSEE EMPOWERMENT PROGRAMS. PLEASE SEE SCH O FOR FURTHER DETAILS ON DISABILITY SERVICES.		
	FORTHER DETAILS ON DISABILITI SERVICES.		
4b	(Code:) (Expenses \$6,881,360. including grants of \$2,656,828. ) (Revenue \$ PLEASE SEE SCH O FOR FURTHER DETAILS ON REFUGEE AND IMMIGRANT SERVICES (RIS).	)	)
4c	(Code:) (Expenses \$1,220,078. including grants of \$567,318. ) (Revenue \$ PLEASE SEE SCH O FOR FURTHER DETAILS ON CHILDREN AND FAMILY SERVICES.		)
4c	PLEASE SEE SCH O FOR FURTHER DETAILS ON CHILDREN AND FAMILY		
	PLEASE SEE SCH O FOR FURTHER DETAILS ON CHILDREN AND FAMILY SERVICES.		)
4d	PLEASE SEE SCH O FOR FURTHER DETAILS ON CHILDREN AND FAMILY         SERVICES.		
4d	PLEASE SEE SCH O FOR FURTHER DETAILS ON CHILDREN AND FAMILY SERVICES.		)

58-1535692

	90 (2021)		F	age <b>3</b>
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			- 22
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			- 22
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<u></u>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		v
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			X
18		10		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
~~	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	200	X
JSA 1E1021	1.000 4077IW 9242 04/04/2023 07:56:20 INSPECTION COPY	Form \$	990	(2021)

Part IV Checklist of Required Schedules (continued)

Form 990 (2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
<b>e</b> =	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
~~	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	v	
25 0	or IV, and Part V, line 1	34	X	v
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	550		
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Part				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
5	reportable gaming (gambling) winnings to prize winners?	1c	х	
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Form 990 (2021)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 126			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
10.4	If "Yes," complete Form 6069.			
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Form 9	90 (2021	INSPIRITUS, INC.	58-1535	692	F	Page <b>6</b>
Part	VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 three	ough 7b below,	and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes c				tions.
		Check if Schedule O contains a response or note to any line in this Part VI				X
Sect		Governing Body and Management				
					Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	<b>1a</b> 20			
iu		e 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				
h		ittee, explain on Śchedule O. the number of voting members included on line 1a, above, who are independent	<b>1b</b> 19			
		-				
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship or a business relationship of a business relationship of a business relationship of the second se	-	2		Х
	•	her officer, director, trustee, or key employee?		-		
3		e organization delegate control over management duties customarily performed by or un		3	Х	
	-	vision of officers, directors, trustees, or key employees to a management company or other p		3 4	Λ	v
4		organization make any significant changes to its governing documents since the prior Form 990 was file		4 5		X
5		e organization become aware during the year of a significant diversion of the organization's a		-	37	X
6		e organization have members or stockholders?		6	X	
7a		e organization have members, stockholders, or other persons who had the power to ele				
		more members of the governing body?		7a	X	
b	Are a	ny governance decisions of the organization reserved to (or subject to approval b	oy) members,			
	stockh	olders, or persons other than the governing body?		7b	X	
8	Did th	e organization contemporaneously document the meetings held or written actions unde	rtaken during			
	the ye	ar by the following:				
а	The go	overning body?		8a	Х	
b	Each	committee with authority to act on behalf of the governing body?		8b	Х	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot l				
	the or	ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		Х
Secti	on B. I	Policies (This Section B requests information about policies not required by the Inter	rnal Revenue	Code	.)	
					Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?		10a		Х
		s," did the organization have written policies and procedures governing the activities of s				
-		es, and branches to ensure their operations are consistent with the organization's exempt pu	-	10b		
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before fili		11a	Х	
b		be on Schedule O the process, if any, used by the organization to review this Form 990.				
12a		e organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
		officers, directors, or trustees, and key employees required to disclose annually interests the				
b		conflicts?	•	12b	Х	
		e organization regularly and consistently monitor and enforce compliance with the po				
L		be on Schedule O how this was done	-	12c	х	
40				13	X	
13		e organization have a written whistleblower policy?		14	X	
14		e organization have a written document retention and destruction policy?		14	Λ	
15		e process for determining compensation of the following persons include a review and				
		endent persons, comparability data, and contemporaneous substantiation of the deliberation		45-	37	
a		ganization's CEO, Executive Director, or top management official		15a 15b	X	v
b		officers or key employees of the organization		15b		X
		" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar	•	4.5		
		taxable entity during the year?		16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to				
		pation in joint venture arrangements under applicable federal tax law, and take steps to				
		zation's exempt status with respect to such arrangements?	<u></u>	16b		<u> </u>
Sect		Disclosure				
17	List th	e states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL , GA , TN ,				
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		(sec	tion 5	01(c)
		nly) available for public inspection. Indicate how you made these available. Check all that app	-			
		Dwn website 🔄 Another's website 🔀 Upon request 🔄 Other <i>(explain on Sch</i>	iedule O)			
19	Descri	be on Schedule O whether (and if so, how) the organization made its governing docum	ents, conflict of	f inter	est p	olicy,
	and fir	nancial statements available to the public during the tax year.				
20		the name, address, and telephone number of the person who possesses the organization's b	ooks and record	s 🕨		
		Y NICKERSON 731 PEACHTREE ST NE, SUITE B ATLANTA, GA 30308				
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and **Independent Contractors** 

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unles:	ieck s pe	ition more erson	e than c is both tor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NIEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
	,		ee			sated				
(1) REV. JOHN MOELLER, JR.	40.00	-								
CEO/PRESIDENT	NONE	Х		Х				219,907.	NONE	29,096.
(2) MICHELLE ANGALET	40.00	-								
CHIEF OPERATING OFFICER	NONE			Х				141,516.	NONE	18,352.
(3) VIRGINIA SPENCER	40.00	-								
CHIEF DEVELOPMENT OFFICER	NONE			Χ				122,614.	NONE	9,465.
(4) SINDY HOWERY	40.00	-								
DIRECTOR OF HUMAN RESOURCES	NONE			Х				113,946.	NONE	7,454.
(5) AIMEE ZANGANDOU	40.00	-								
EXECUTIVE DIRECTOR OF REFUGEE	NONE					X		101,656.	NONE	3,290.
(6) REV. VICTOR BELTON	5.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) REV. RAY BORCHELT	5.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) MARC BUSSONE	5.00	-								
BOARD CHAIR	NONE	Х		Х				NONE	NONE	NONE
(9) REV. TIFFANY CHANEY	5.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) ANN DETTMERING	5.00	-								
BOARD SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(11) GARY DOWELL	5.00	-								
BOARD TREASURER	NONE	Х		Х				NONE	NONE	NONE
(12) ERICA FLETCHER	5.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) ELI FLOURNOY	5.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) CINDY HOLLER	5.00									
VICE-CHAIR	NONE	Х		Х				NONE	NONE	_
										Form <b>990</b> (2021)

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Part VII Section A. Officers, Directors	s, Trustees, Ke	y En	nploy	yee	s, ar	nd H	lig	nest Compensat	ed Employees (d	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not che unless er and	s pers a dii	tion nore th son is I rector/	both a	an ee)	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Highest compensated	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) DR. JASSON KALUGENDO	5.00_									
DIRECTOR	NONE	X		_				NONE	NONE	NON
16) JENNEEN KAUFMAN	<u>5.00</u> _									
DIRECTOR	NONE	X		_				NONE	NONE	NON
17) JOHN MANLY	5.00_									
DIRECTOR	NONE	X						NONE	NONE	NON
18) JANET PRESTON	5.00									
DIRECTOR	NONE	X		_				NONE	NONE	NON
19) ED RINGER	5.00									
DIRECTOR	NONE	X		_				NONE	NONE	NON
20) LAMAR SMITH	5.00									
DIRECTOR	NONE	X		_				NONE	NONE	NON
21) KEVIN SMITH	<u> </u>	37							NONT	
DIRECTOR	NONE	X		_				NONE	NONE	NON
22) REV. KEVIN STRICKLAND	5.00									
DIRECTOR	NONE	X		_				NONE	NONE	NON
23) ROSETTA ROSS	5.00_									
DIRECTOR	NONE	X		_				NONE	NONE	NON
24) TRICIA PRIDEMORE	5.00_									
DIRECTOR	NONE	X		_				NONE	NONE	NON
25) KIRBY NICKERSON	5.00_									
CHIEF FINANCIAL OFFICER	NONE			X				NONE		NON
								699,639.	NONE	67,657
c Total from continuation sheets to Part								NONE		NON
d Total (add lines 1b and 1c)								699,639.	NONE	67,657

|--|

			Yes
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

5

#### Section B. Independent Contractors

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

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	NONE	
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No

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Status         Lineton reserve         Louiness memore actions 0.12.61           10         Membership dues	Par	t VII		nco or noto to on	viling in this Part V	/111		
segment of a method has in the intervent in the intervent in the intervent interve					(A)	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated	
age of concerner and a concerner and concerner and conconcerne and concerner and concerner and concerner and concerner	ontributions, Gifts, Grants nd Other Similar Amounts	b c d e f	Membership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in1	3,766,455.				
3       Investment income (including dividends, interest, and other similar amounts).       Investment income (including dividends, interest, and other similar amounts).       Investment income (including dividends, interest, and other similar amounts).       Investment income (including dividends, interest, and other similar amounts).       Investment income (including dividends, interest, and other similar amounts).       Investment income (including dividends, interest, and income (including dividends, and sales appeases, income from from fundratising events, income from from gaming and sales appeases, income from (including dividends, interest, and bit income (including dividends, interest, and including dividends, interest, and income (including dividends, interest, and income (including dividends, interest, and including dividends, interest, and income dividends, interest, and income dividends, interest, and including dividends, interest, and dividends, interest, and dividends, interest, and dividends, int	<u>ש</u> כ	h	Total. Add lines 1a-1f		17,994,125.			
3         Investment income (including dividends, interest, and other similar amounts).         Income from investment of tax-exempt bond proceeds.         Income from investment proceeds.	Program Service Revenue	b c d e f	All other program service revenue		NONE			
4       Income from investment of tax-exempt bond proceeds .       NONE         5       Royalties					NONE			
Open of the set of t			Income from investment of tax-exempt bon	d proceeds 🔒 🕨	NONE			
B         Less: rental expenses         6b         NONE         NONE           C         Rental income or (loss)         (i) Securities         NONE         Image: Control of		5			NONE			
7a       Gross amount from sales of assets other than inventory sales of assets other than inventory       7a       (i) Securities       (ii) Other         and sales expenses       Cain or (loss)       7b       26.243.       -12.621.       -12.621.         and sales expenses       Cain or (loss)       To       -12.621.       -12.621.       -12.621.         and sales expenses       To       -12.621.       -12.621.       -12.621.         and sales expenses       Ba       Gross income from fundraising events (not including \$		b	Less: rental expenses 6b	ie none				
Orgon       Ta					NONE			
d       Net gain or (loss)       -12,621       -12,621         8a       Gross income from fundraising events (not including \$	anue		sales of assets other than inventory <b>7a</b> 13,622 Less: cost or other basis	2.				
events (not including \$	Rev		( )		12 621			12 621
c       Net income or (loss) from fundraising events       NONE         9a       Gross income from gaming activities. See Part IV, line 19       9a       NONE         b       Less: direct expenses       9b       NONE         c       Net income or (loss) from gaming activities.       NONE       Image: Comparison of the second	Other R	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	NONE	-12,021.			-12,021
activities. See Part IV, line 19				s <b>&gt;</b>	NONE			
c       Not income or (loss) from gaming activities.       NONE       Image: construction of the structure of the str			activities. See Part IV, line 19 9a					
returns and allowances       10a       NONE         b       Less: cost of goods sold       10b       NONE         c       Net income or (loss) from sales of inventory.       NONE       Image: Cost of goods and the second and					NONE			
c       Net income or (loss) from sales of inventory.       NONE       Image: Control of the second secon			returns and allowances	·				
11a				<u></u> ►	NONE			
e         Total. Add lines 11a-11d         NONE           12         Total revenue. See instructions         17,981,504.         -12,621           JSA IE1051 1 000         PUBLIC INSPECTION COPY         Form 990 (202	aneous nue			Business Code				
e         Total. Add lines 11a-11d         NONE           12         Total revenue. See instructions         17,981,504.         -12,621           JSA IE1051 1 000         PUBLIC INSPECTION COPY         Form 990 (202	cella							
12         Total revenue. See instructions         17,981,504.         -12,621           JSA IF 1051 1 000         PIIRI IC INSPECTION COPY         Form 990 (202	Mis							
JSA JE1051 1 000 PUBLIC INSPECTION COPY Form 990 (202								-12,621.
		1 1 000				COPY		Form <b>990</b> (2021)

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### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX							
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D)		
	9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations				, i i i i i i i i i i i i i i i i i i i		
	and domestic governments. See Part IV, line 21	NONE					
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	6,093,643.	6,093,643.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and						
	foreign individuals. See Part IV, lines 15 and 16	NONE					
	Benefits paid to or for members	NONE					
5	Compensation of current officers, directors,		00 100		068 150		
	trustees, and key employees	736,987.	92,123.	377,706.	267,158.		
6	Compensation not included above to disqualified						
	persons (as defined under section $4958(f)(1)$ ) and	NONE					
7	persons described in section 4958(c)(3)(B) Other salaries and wages	4,799,942.	4,551,725.	70,155.	178,062.		
		48,913.	48,913.	NONE			
ŏ	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		-10,913.		INCINE		
0	Other employee benefits	391,956.	354,407.	15,364.	22,185.		
9 10	Payroll taxes	396,964.	335,164.	30,761.	31,039.		
11	Fees for services (nonemployees):						
	Management	NONE					
	Legal	31,679.		31,679.			
	Accounting	75,639.		75,639.			
	Lobbying	NONE					
	Professional fundraising services. See Part IV, line 17	NONE					
f	Investment management fees	NONE					
g	Other. (If line 11g amount exceeds 10% of line 25, column						
	(A), amount, list line 11g expenses on Schedule O.)	695,535.	695,535.				
12	Advertising and promotion	34,564.	16,860.		17,704.		
13	Office expenses	189,001.	142,407.	38,214.	8,380.		
14	Information technology	NONE					
15	Royalties	NONE					
16	Occupancy	342,179.	335,174.	5,355.	1,650.		
17		224,881.	210,337.	12,156.	2,388.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	NONE					
19	Conferences, conventions, and meetings	NONE					
20		NONE					
21	Payments to affiliates Depreciation, depletion, and amortization	NONE 19,319.	19,319.				
22 23		168,622.	168,622.				
23 24	Insurance Other expenses. Itemize expenses not covered	100,022.	100,022.				
24	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A), amount, list line 24e expenses on Schedule O.)						
а	CONTRACTED SERVICES	910,221.	807,370.	5,092.	97,759.		
	SUPPLIES	617,563.	607,072.	NONE	10,491.		
c	EQUIPMENT EXPENSES	193,333.	172,396.	10,714.	10,223.		
	EVENTS	29,745.	8,156.	NONE	21,589.		
e	All other expenses	133,019.	76,023.	53,870.	3,126.		
25	Total functional expenses. Add lines 1 through 24e	16,133,705.	14,735,246.	726,705.	671,754.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs						
	from a combined educational campaign and fundraising solicitation. Check here						
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)						
	J				000		

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-	000	INSPIRITUS, INC.		58-	1535692
-	n 990 (				Page <b>11</b>
P	art X		art V		
		Check if Schedule O contains a response or note to any line in this Pa			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	653,759.	1	788,963.
	2	Savings and temporary cash investments.	NONE		NONE
	3	Pledges and grants receivable, net	NONE		NONE
	4	Accounts receivable, net	1,015,806.	-	2,606,844.
	5	Loans and other receivables from any current or former officer, director,	1,013,000.	-	2,000,011.
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6		NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined under particip $4058(p)(2)(p)$	NONE	~	NONE
6	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE		NONE
Assets	7	Notes and loans receivable, net	NONE		NONE
Ass	8		NONE		NONE 1 070
	9	Prepaid expenses and deferred charges . SEE SCHEDULE .Q	NONE	9	1,872.
	10a	Land, buildings, and equipment: cost or other			
	L .	basis. Complete Part VI of Schedule D <b>10a</b> 939, 364.	24 704	40-	(70 71)
		Less: accumulated depreciation	34,704.		672,713.
	11	Investments - publicly traded securities. SEE SCHEDULE O	327,136.		274,292.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	286,785.		219,136.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,318,190.		4,563,820.
	17	Accounts payable and accrued expenses	405,076.		460,127.
	18	Grants payable	NONE		NONE
	19	Deferred revenue SEE SCHEDULE O	52,500.		11,942.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
lat		controlled entity or family member of any of these persons	NONE		NONE
-	23	Secured mortgages and notes payable to unrelated third parties	NONE		519,250.
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
			NONE		NONE
	26	Total liabilities. Add lines 17 through 25	457,576.	26	991,319.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	1,049,149.	27	1,643,263.
Bal	28	Net assets with donor restrictions			
р	20	Organizations that do not follow FASB ASC 958, check here ►	811,465.	28	1,929,238.
Ъ		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
žt A	32	Total net assets or fund balances	1,860,614.	32	3,572,501.
Net	33	Total liabilities and net assets/fund balances	2,318,190.	33	4,563,820.
	100		2,JIU,IJU.	55	4,505,620.

Form 990 (2021)

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	INSPIRITUS, INC. 58-	-15356	92			
	90 (2021)				Pag	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	7,9	81,	<u>504</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1	6,1	33,	<u>705</u> .
3	Revenue less expenses. Subtract line 2 from line 1			1,8	47,	799.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		1,8	60,0	614.
5	Net unrealized gains (losses) on investments			-1	07,	169.
6	Donated services and use of facilities					
7	Investment expenses	. 7				
8	Prior period adjustments			-	28,	743.
9	Other changes in net assets or fund balances (explain on Schedule O).					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, lir					
	32, column (B))	. 10		3,5	72,	501.
Part		·				
	Check if Schedule O contains a response or note to any line in this Part XII.					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Othe	," explain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accounta	nt?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were					
	reviewed on a separate basis, consolidated basis, or both:	complice				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were				21	
	separate basis, consolidated basis, or both:	auuiteu t	ла			
	X Separate basis Consolidated basis Both consolidated and separate basis					
-						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	-		2c	х	
	the audit, review, or compilation of its financial statements and selection of an independent acco			20	-77	
	If the organization changed either its oversight process or selection process during the tax ye	ar, explair	n on			
-	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as s	et forth in	the	2	v	
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did no	•		<b>a</b> h	37	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo su	ch audits		3b	X	

SCHE	DU	LE	Α
(Form	990	)	

### **Public Charity Status and Public Support**

e if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt

OMB No. 1545-0047 26 21 to Public pection

_		complete il ti		Attach to Form 990 or			r) nonexempt chantable t	
	artment of the Treasury nal Revenue Service			ov/Form990 for instruct			information.	Open to Public Inspection
Nam	e of the organization						Employer identi	•
	SPIRITUS, INC							535692
			arity Status. (All	organizations must	complet	te this pa		
				t is: (For lines 1 throu			,	
1		-		tion of churches desc	-	-	•	
2	A school desc	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3	A hospital or	a cooperative	hospital service o	organization described	in sectio	n 170(b)	(1)(A)(iii).	
4	A medical res	earch organi	zation operated in	conjunction with a host	spital de	scribed ir	section 170(b)(1)(A	)(iii). Enter the
	hospital's nan	ne, city, and s	tate:					
5	An organizati	on operated	for the benefit of	a college or universi	ty owned	d or ope	rated by a governm	ental unit described in
	section 170(b	<b>)(1)(A)(iv)</b> . (0	Complete Part II.)					
6	A federal, sta	te, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	🛛 🛛 🛛 🛛 🖹	on that norm	ally receives a sul	bstantial part of its su	upport fro	om a go	vernmental unit or fr	om the general publi
	described in s	ection 170(b	<b>)(1)(A)(vi).</b> (Comp	lete Part II.)				
8	A community	trust describe	ed in section 170(I	b)(1)(A)(vi). (Complete	e Part II.)			
9	An agricultura	I research or	ganization describ	ed in section 170(b)(1	)(A)(ix)	operated	in conjunction with a	land-grant college
	or university o	or a non-land-	grant college of a	griculture (see instruc	tions). Ei	nter the r	name, city, and state o	of the college or
	university:							
10 11	receipts from support from acquired by th	activities rela gross investn ne organizatio	ated to its exempt nent income and u on after June 30, 1	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See <b>section 509</b> usively to test for publ	ertain ex able inco <b>(a)(2).</b> (0	ceptions me (less Complete	; and (2) no more tha s section 511 tax) fron Part III.)	n 331/3 % of its
12		•		•				rry out the purposes of
		-	-		-			ction 509(a)(3). Check
	-		-	bes the type of suppor				
а		-		l, supervised, or contr			-	-
u			-	regularly appoint or e	-			
		-		te Part IV, Sections A		ajonty of		
b		-	-	ed or controlled in co		with its	supported organizat	ion(s), by having
				organization vested in				
		-		, Sections A and C.		•		5 11
с		. ,		ing organization opera	ated in co	onnectio	n with, and functiona	Illy integrated with,
		-		ns). You must comple				
d	Type III nor	n-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppo	rted organization(s)
	that is not fu	unctionally int	egrated. The orga	nization generally mus	st satisfy	a distrib	ution requirement an	d an attentiveness
	requirement	t (see instruct	tions). <b>You must c</b> e	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е	Check this I	oox if the orga	anization received	a written determinatio	on from t	he IRS th	nat it is a Type I, Type	II, Type III
				tionally integrated sup				
f								
g		-	on about the supp	orted organization(s).	1			1
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							
For	Paperwork Reduction 4	Act Notice. see th	e Instructions for Forn	n 990 or 990-EZ.	1		5	chedule A (Form 990) 202 <sup>.</sup>
For JSA	Paperwork Reduction A 10 1.000 4077IW 9242			1 990 or 990-EZ. $V_{21} = 7.8F = 2198$		1 CC		chedule A (Form S

### Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,208,625.	12,122,204.	11,354,426.	12,475,793.	17,994,125.	66,155,173.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	12,208,625.	12,122,204.	11,354,426.	12,475,793.	17,994,125.	66,155,173.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						NONE
6	Public support. Subtract line 5 from line 4						66,155,173.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) <b>&gt;</b>	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	12,208,625.	12,122,204.	11,354,426.	12,475,793.	17,994,125.	66,155,173.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,936.	4,579.	9,476.	423.	NONE	16,414.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						66,171,587.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	17,388.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)	), divided by line	11, column (f))		14	99.98 <b>%</b>
15	Public support percentage from 2020	Schedule A, Pa	rt II, line 14			15	99.97 <b>%</b>
16a	331/3% support test - 2021. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	neck this
	box and stop here. The organization qu	ualifies as a pub	licly supported	organization.			► X
b	331/3% support test - 2020. If the org	anization did n	ot check a box c	n line 13 or 16	a, and line 15 i	s 331/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2	021. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the fac	cts-and-circumst	ances test, che	eck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2	020. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiz	ation meets th	e facts-and-circ	umstances test,	check this box	k and <b>stop here</b>	. Explain
	in Part VI how the organization meets	the facts-and	-circumstances t	est. The organi	ization qualifies	as a publicly su	upported
18	organization . Private foundation. If the organizatio						
	instructions		<u></u>				<u>▶∟</u>

Schedule A (Form 990) 2021

### Schedule A (Form 990) 2021

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	0					
	organization, check this box and <b>stop here</b> .						· · · · ►
	tion C. Computation of Public Supp			(f)			0/
15	Public support percentage for 2021 (line 8,	.,	•	.,,		15	<u>%</u>
$\frac{16}{800}$	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment			40 lunary (f))		47	0/
17	Investment income percentage for 2021 (lir					17	<u>%</u>
18	Investment income percentage from <b>2020</b>					18	%
19 a	331/3% support tests - 2021. If the or						
	17 is not more than 331/3%, check this	-	-	-			
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization of	ala not check a	a pox on line '	14, 19a, or 19b	, check this bo		A (Form 990) 2021
		<u>SLIC IN</u>	ISPEC	LION C	CHAC	Schedule	A (FOIN 990) 2021
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#### Part IV **Supporting Organizations**

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

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JSA

Schedule A (Form 990) 2021

Part	<b>IV</b> Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1

### Section D. All Type III Supporting Organizations

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

### 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	ruction	s).
•	A di dia a Tanà Amana Bana Orang dok kalana		Yes	No
2	Activities Test. <b>Answer lines 2a and 2b below.</b>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			

, , , , , , , , , , , , , , , , , , , ,	
the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	
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	d
that these activities constituted substantially all of its 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 organization's involvement.*

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

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- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **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.*

2a

2b

3a

1

2

Page <b>6</b>
---------------

Schedule A (Form 990) 2021			Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Orga           1         Check here if the organization satisfied the Integral Part Test as a qualifyin			in in <b>Part VI</b> ). See
instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<ul> <li>Check here if the current year is the organization's first as a non-functional (see instructions).</li> </ul>		ted Type III supportin	g organization

(see instructions).

Schedule A (Form 990) 2021

Page **7** 

Schedule A (Form	990) 2021
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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
	on D - Distributions	<b>v</b>	. /		Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021			T	
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

INSPIRITUS, INC.		58-1535692
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

JSA

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990) (2021)	
Name of organization	

Pag

58-1535692

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$878,103.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$6,436,907.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$566,285.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$598,088.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of o	rganization INSPIRITUS, INC.	Employer identification number 58-1535692		
Part II	Noncash Property (see instructions). Use duplicate copies of	•		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		
		Ψ		

Schedule B (Form 990) (2021)

Page **3** 

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Schedule B (Form 990) (2021)

	(Form 990) (2021)			Page <b>4</b>
Name of or	-			Employer identification number
Part III	INSPIRITUS, INC. <b>Exclusively</b> religious, charitable, etc.	contributions to a	agnizations doca	58-1535692
	(10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	<b>the year from any</b> ions completing Part e year. (Enter this in	one contributor. C III, enter the total of formation once. Se	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	-	
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4		hip of transferor to transferee
				· ·
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
(-) N				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	-	
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
ISA				Schedule B (Form 990) (2021)

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Page 4

SCHEE	DULE	D
(Form	990)	

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2021 Public

OMB No. 1545-0047

	artment of the Treasury		Attach to Form 99					Open to Publi
	rnal Revenue Service	► Go to www.irs.gov/	Form990 for instructions	s and th	ne latest inform			Inspection
	e of the organization						er identificat	
	SPIRITUS, INC.			<u>0' ''</u>			8-15356	92
Pa		tions Maintaining Donor Advi				Accou	nts.	
	Complete	e if the organization answered	,					
			(a) Donor advis	sed fund	ls	(b)	Funds and	other accounts
1		nd of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5		ion inform all donors and donor						
		inization's property, subject to the	-	-				Yes No
6		on inform all grantees, donors, a						
		e purposes and not for the benef						
		hissible private benefit?						Yes No
Pa		tion Easements. e if the organization answered	"Voo" on Form 000		/ line 7			
1		servation easements held by the						
1		n of land for public use (for example				of a hist	orically im	portant land area
		of natural habitat			Preservation			
		n of open space		I	reservation		med motor	
2		through 2d if the organization he	eld a qualified conserva	ation c	ontribution in	the form	of a con	servation
-	•	ast day of the tax year.						End of the Tax Yea
а		onservation easements				2a		
b		tricted by conservation easements				2b		
c		vation easements on a certified l				2c		
d		rvation easements included in (c			-			
ŭ		isted in the National Register				2d		
3		rvation easements modified, trai				·	v the orac	anization during t
•	tax year ▶				,		,ge	
4		where property subject to conse	rvation easement is loc	ated <b>&gt;</b>				
5		ation have a written policy reg					dling of	
	-	orcement of the conservation eas					-	
6		hours devoted to monitoring, inspe						ents during the ye
	▶				-			
7	Amount of expens	es incurred in monitoring, inspect	ting, handling of violatio	ons, and	d enforcing c	onservat	ion easem	ents during the ye
	▶\$							
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the re	quiren	nents of secti	on 170(h	)(4)(B)(i)	
	and section 170(h)	)(4)(B)(ii)?						Yes N
9	In Part XIII, descri	be how the organization reports	conservation easemen	its in its	s revenue and	d expense	e statemer	nt and
		d include, if applicable, the text o		rganiza	ation's financ	ial staten	nents that o	describes the
_		ounting for conservation easeme						
Pa		tions Maintaining Collections				r Simila	r Assets.	
	•	e if the organization answered	· · · · · · · · · · · · · · · · · · ·					
1a	If the organization	n elected, as permitted under FA treasures, or other similar asset	SB ASC 958, not to r	eport i	in its revenu	e statem	ent and b	alance sheet wor
	service, provide in	Part XIII the text of the footnote	to its financial stateme	nts tha	t describes t	nese iten	arch in Tu 1S.	runerance of pub
b		n elected, as permitted under FA						nce sheet works
	art, historical treas	sures, or other similar assets hel	ld for public exhibition					
	•	ing amounts relating to these iter						
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		• • •			⊥⊥►\$.	
	(ii) Assets include	d in Form 990, Part X		• • •			►\$	
2	If the organizatio	n received or held works of ar	rt, historical treasures,	or ot	her similar	assets fo	or financia	l gain, provide t
		s required to be reported under F						
a	Revenue included	on Form 990, Part VIII, line 1.		• • •			► \$.	
b	Assets included in	Form 990, Part X					💌 🎖	

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Schedule	D	(Form	990)	2021
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Schee	dule D (Form 990) 2021 INS	PIRITUS, INC.						58-1	535692	Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histor	ical Tre	asures	, or Othe	er Similar A	Assets (a	continue	d)
3	Using the organization's acquisition	on, accession, and	other record	ls, checł	k any of	the follo	wing that n	nake sigr	nificant u	se of its
	collection items (check all that app	ly):								
а	Public exhibition		d	Loan d	or excha	nge progr	am			
b	Scholarly research		е	Other						
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collection	s and expla	in how t	hey furt	her the c	organization'	s exemp	t purpose	in Part
	XIII.									
5	During the year, did the organization							_		
	assets to be sold to raise funds rath		ained as par	t of the o	organiza	tion's coll	ection?		Yes	No
Pa	rt IV Escrow and Custodial A			- 000 5	)t. I) / _ I					
	Complete if the organiza	ation answered "Ye	es" on ⊢orn	n 990, F	art IV, I	ine 9, or	reported a	n amour	nt on Foi	m
4.	990, Part X, line 21.		41			h		-4		
1a	Is the organization an agent, trus							ets not		
h	included on Form 990, Part X? If "Yes," explain the arrangement i					• • • • •	• • • • • •	•••• [	Yes	No
b	ii res, explain the arrangement	II Fait Alli allu colli		owing tat	ле.			Amount		
с	Beginning balance					10		Amount		
	Additions during the year					1c 1d				
e						1e				
f	e         Distributions during the year         1e           f         Ending balance         1f									
2a	Did the organization include an am						al account lia	bilitv?	Yes	No
	If "Yes," explain the arrangement i									
	rt V Endowment Funds.	-				1				<u> </u>
	Complete if the organiza	ation answered "Ye	es" on Forr	n 990, F	Part IV, I	ine 10.				
		(a) Current year	(b) Prior	year	(c) Two	years back	(d) Three y	ears back	<b>(e)</b> Four y	ears back
1a	Beginning of year balance	811,465.	1,57	6,477.	1,5	95,135.	72	20,667.	4	41,406.
b	Contributions	3,104,655.	1,47	4,116.	3	92,657.	88	34,848.	2	74,079.
c	Net investment earnings, gains,									
	and losses	-66,947.	5	9,616.		-7,465.	-1	0,380.		5,182.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,919,935.	2,29	8,744.	4	03,850.				
f	Administrative expenses									
g	End of year balance	1,929,238.	81	1,465.	1,5	76,477.	1,59	95,135.	7	20,667.
2	Provide the estimated percentage			(line 1g,	column	(a)) held a	as:			
a	Board designated or quasi-endown		_%							
b	Permanent endowment  2.0	<u>000</u> % %								
С	Term endowment ► The percentages on lines 2a, 2b, a		1000/							
20	Are there endowment funds not in			ion that	ara hald	and adm	vinictorod for	the		
Ja	organization by:	the possession of t	ne organiza	lon that	are neiu	anu aun		line	Y	es No
	(i) Unrelated organizations								3a(i)	x x
	(ii) Related organizations								3a(ii)	X
h	If "Yes" on line 3a(ii), are the related								3b	
4	Describe in Part XIII the intended u	•	•							
	rt VI Land, Buildings, and Equ	uipment.								
	Complete if the organization	ation answered "Y								
	Description of property		r other basis stment)		or other bas ther)		ccumulated preciation	(d	l) Book valu	e
1a	Land				,25 j	0.			519	9,250.
b	Buildings									
с	Leasehold improvements									
d	Equipment			2	215,95	9.	214,423.			1,536.
e	Other				204,15		52,228.		151	L,927.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part J	X, colum	n (B), line	ə 10c.)			672	2,713.

Schedule D (Form 990) 2021

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Part VII	Complete if the organization answered	"Yes" on Form 990	0. Part IV. line 11b. See Form 990.	. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financi	al derivatives			
. ,	held equity interests			
• •				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII				
	Complete if the organization answered			
	(a) Description of investment	<b>(b)</b> Book value	<b>(c)</b> Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	, Part X, line 15.
	<b>(a)</b> Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	• • • • • • • • • • • • • • • • • • • •	
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			, ,
1.	(a) Descript	tion of liability		(b) Book value
	ral income taxes	<b>.</b>		(
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tetel (Colum	mp (b) must equal Form 000 Part V (D) V 05 )			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII, provide the 's liability for uncertain tax positions under FASB A			
organization	s national for uncertain tax positions under FASB A	SC 740. Check here I	i the text of the roothole has been provid	led in Part XIII . X

C,TION COPY

Schedule D (Form 990) 2021

Schedu	le D (Form 990) 2021 INSPIRITUS, INC.	58-	-1535692 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	17,845,592.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments <b>2a</b> , 169.		
b	Donated services and use of facilities2b		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d -28,743.		
е	Add lines 2a through 2d	2e	-135,912.
3	Subtract line 2e from line 1	3	17,981,504.
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.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	17,981,504.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	16,133,705.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments2b		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	16,133,705.
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		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	16,133,705.
Part	XIII Supplemental Information.		

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

SEE SUPPLEMENTAL PAGE

JSA

SCHEDULE D, PART V

THE PURPOSE OF THE ENDOWMENT FUNDS CURRENTLY IN TEMPORARILY RESTRICTED NET ASSETS ARE FUNDS DESIGNATED TO BE USED IN PERPETUITY AND RESTRICTS THE EXPENDITURE OF ONLY FUNDS GENERATED THROUGH ITS INVESTMENTS.

SCHEDULE D, PART X, LINE 2

THE PURPOSE OF THE ENDOWMENT FUNDS CURRENTLY IN TEMPORARILY RESTRICTED NET ASSETS ARE FUNDS DESIGNATED TO BE USED IN PERPETUITY AND RESTRICTS THE EXPENDITURE OF ONLY FUNDS GENERATED THROUGH ITS INVESTMENTS. PRIVATE FOUNDATION UNDER SECTION 509(A)(1). ACCORDINGLY, NO PROVISIONS FOR FEDERAL AND STATE INCOME TAXES ARE REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO TAX EXAMINATIONS BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE SEPTEMBER 30, 2019. Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 28

-28,743 CHANGE IN RESIDUAL TRUST VALUE

\_\_\_\_\_

-28,743 =

CHEDULE I       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.							OMB No. 1545-0047		
Department of the Treasury									
Internal Revenue Service		Inspection							
Name of the organization						Employer identificat			
INSPIRITUS, INC. Part I General Information on Grants a	nd Accistone					58-1535692			
					La Ball 196 - Can Alas anna a				
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	nts or assistand	xe?					X Yes No		
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	/ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,		
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can l	be duplicated if a	additional space is i	needed.			
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	(h) Purpose of grant or assistance		
_(1)									
(2)									
(3)	_								
(4)	_								
(5)	_								
(6)									
(7)									
(8)									
(9)									
(10)									
(11)	_								
(12)									
<ul><li>2 Enter total number of section 501(c)(3) an</li><li>3 Enter total number of other organizations I</li></ul>	-	•							

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

58-1535692

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

	cash grant	non-cash assistance	FMV, appraisal, other)	(f) Description of non-cash assistance	
906	2,983,528.	132,666.	FMV	HOUSEHOLD GOODS/TOYS	
121	2,977,449.		FMV	HOUSEHOLD GOODS/TOYS	
	121	121 2,977,449.	121 2,977,449.		

SCHEDULE I, PART IV

THE SENIOR MANAGEMENT PERSONNEL AND PROGRAM MANAGERS ADMINISTER AND MONITORS THE USE OF ALL FUNDS AND NON-CASH ASSISTANCE DISTRIBUTED TO INSPIRITUS' CLIENTS BASED ON CLEAR GUIDELINES AND STANDARDS THAT ARE SET AND APPROVED BY THE FUNDING SOURCES, INCLUDING STATE & FEDERAL GOVERNMENT AGENCIES AND GRANT FOUNDATIONS. COMPREHENSIVE POLICIES AND PROCEDURES, ESTABLISHED BY THE AGENCY, ARE CONSISTENTLY FOLLOWED, IN ORDER TO INSURE APPROPRIATE AND EFFECTIVE DISTRIBUTION OF ALL FUNDS TO THE AGENCY'S CLIENTS. EFFECTIVE COMPLIANCE WITH ALL STANDARDS AND CRITERIA REQUIRED BY

Schedule I (Form 990) (2021)

PUBLIC INSPECTION COPY

## PUBLIC INSPECTION COPY

INSPIRITUS, INC.

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
1								
2								
3								
4								
5								
6								
7								
Perture Supplemental Information, Dravida the information required in Dart Lline 2. Dart III, column (b), and any other additional								

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

CONTRACT AND GRANT FUND SOURCES RESULTS IN INSPIRITUS PROVIDING THE MOST

EFFECTIVE SOCIAL SERVICES, VERY HIGH QUALITY CLIENT CARE AND DIRECT

FINANCIAL ASSISTANCE, WHICH IS ALL BASED ON MEETING THE CLIENT'S MOST

CRITICAL NEEDS.

Schedule I (Form 990) (2021)

58-1535692

SCH	EDULE J	Compen	sa	tion Information	1	OMB No.	1545-0	047
(Form 990) For certain Officers, I		For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest				
			sated Employees swered "Yes" on Form 990, Part IV, line	ZU				
Department of the Treasury				ch to Form 990.	90.			
	Revenue Service of the organization	Go to www.irs.gov/Forms	990 fo	or instructions and the latest information	Employer identifica		ectio	n
					• •		=1	
Part	PIRITUS, II	ns Regarding Compensation			58-1535	692		
Fall	Question						Yes	No
1a	Check the ap	propriate box(es) if the organization pro	vide	d any of the following to or for a pers	son listed on Fo	rm	100	
		Section A, line 1a. Complete Part III to						
		ss or charter travel	X	Housing allowance or residence for				
	Travel fo	or companions		Payments for business use of perso	•			
	Tax indemnification and gross-up payments			Health or social club dues or initiati				
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
ь	If any of the	boxes on line 1a are checked, did th		reprinting follow a written policy r	a a a ratio a la a voca			
b	or reimburse	ement or provision of all of the ex	pens	ses described above? If "No," con	plete Part III	to		
	explain					. 1b		X
2	•	anization require substantiation prior			-			
		stees, and officers, including the CEC			s checked on li			
						. 2	X	
3		n, if any, of the following the organization						
		CEO/Executive Director. Check all the ization to establish compensation of the						
		isation committee		Written employment contract	art m.			
	·	dent compensation consultant	x	Compensation survey or study				
		00 of other organizations	X	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line Ta, with respect t	o the filing			
а	a Receive a severance payment or change-of-control payment?							Х
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?							Х
с	c Participate in or receive payment from an equity-based compensation arrangement?							Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	•	501(c)(3), 501(c)(4), and 501(c)(29) or	-	-				
5	-	listed on Form 990, Part VII, Secti	on /	A, line 1a, did the organization pa	ay or accrue a	iny		
	•	n contingent on the revenues of:				. 5a		
a	a The organization?							X
b		rganization? e 5a or 5b, describe in Part III.	• •			. 5b		X
6		listed on Form 990, Part VII, Secti	on 4	A line 1a did the organization of		inv		
0	-	r contingent on the net earnings of:	0117	a, inte ra, dia die organization pa	ay of acclude a			
а		ion?	_			. 6a		x
		rganization?						X
		e 6a or 6b, describe in Part III.	••					
7			nΑ	line 1a. did the organization prov	/ide anv nonfix	ed		
-	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.							X
8	Were any am	ounts reported on Form 990, Part VII,	paid	or accrued pursuant to a contract th	at was subject			
		l contract exception described in l	-					
	in Part III 🔒					. 8		X
9		ine 8, did the organization also foll						
		ection 53.4958-6(c)?						
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 9	90.	Sci	hedule J (F	orm 99	v) 2021

Schedule J (Form 990) 2021 INSPIRITUS, INC. 58-1535692 P	Page <b>2</b>

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	(i)		NONE	NONE	4,083.	25,980.	249,970.	NONE
1 CEO/PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE		NONE
MICHELLE ANGALET	(i)		NONE	NONE	1,115.	18,204.	160,835.	NONE
2 CHIEF OPERATING OFFIC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONI
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i) (::)							
14	(ii)							
45	(i) (ii)							
	(i) (ii)							
16	(11)							edule   (Form 990) 202

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

INSPIRITUS, INC.

58-1535692

Part III 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.

PART I, LINE 1B

THE PRESIDENT OF THE ORGANIZATION IS PROVIDED A HOUSING ALLOWANCE TO BE

USED AT THEIR DISCRETION.

Schedule J (Form 990) 2021

Page 3

## SCHEDULE M (Form 990)

1

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury 1 -

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

2021 Open to Public nspection

Name of the organization	Name	of	the	organization
--------------------------	------	----	-----	--------------

nterr	al Revenue Service	Go to www.ir	s.gov/Form9	90 for instructions and the lat	est information.	Inspection
Name	e of the organization				Err	ployer identification number
INS	SPIRITUS, INC.					58-1535692
Pa	tt Types of P	roperty				
			<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncesh contribution amounts
1	Art - Works of art					
2	Art - Historical treater	asures				
3	Art - Fractional int	terests				
4	Books and publication	ations				
5	Clothing and hous	sehold				
	goods		X		132,666	. FMV
6	Cars and other ve	hicles				
7	Boats and planes					
8	Intellectual prope	rty				
9	Securities - Public					
10	Securities - Close	ly held stock				
11	Securities - Partne	ership, LLC,				
	or trust interests					
12	Securities - Misce					
13	Qualified conserve	ation				
	contribution - Hist	oric				
	structures					
14	Qualified conserv	ation				
	contribution - Other	er				
15	Real estate - Resi	dential				
16	Real estate - Com	mercial				
17	Real estate - Othe	r				
18	Collectibles					
19	Food inventory					
20	Drugs and medica	al supplies				
21	Taxidermy					
22	Historical artifacts	5				
23	Scientific specime	ens				
24	Archeological arti					
25	Other ►(					
26	Other ►(	)				
27	Other ►(	)				
28	Other ►(					
29	Number of Forms	s 8283 received	by the org	anization during the tax y	ear for contributions for	or
				Part V, Donee Acknowledg		
	-	•		5		Yes No

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through			
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
	to be used for exempt purposes for the entire holding period?	30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	contributions?	31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

JSA

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Department of the Treasury Internal Revenue Service Name of the organization

## 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.

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



INSPIRITUS,

#### PART III, LINE 4A

INC

INSPIRITUS DISABILITY SERVICES HELPS INDIVIDUALS WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES LIVE ACTIVE, MEANINGFUL LIVES BY GAINING INDEPENDENCE AND BECOMING CONTRIBUTING MEMBERS OF THEIR COMMUNITIES. THE DISABILITY SERVICES PROGRAM DEVELOPS HOST HOMES WHERE SUPPORT SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES ARE PROVIDED IN A FAMILY ENVIRONMENT. INSPIRITUS COLLABORATES WITH SUPPORT COORDINATION, THE GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES, STATE HOSPITALS, DFCS, FAMILIES, ADVOCATES AND OTHER STAKEHOLDERS THROUGH A REFERRAL PROCESS. INDIVDUALS AND HOST HOMES GO THROUGH A MATCHING PROCESS, WHERE INDIVIDUALS ARE GIVEN A CHOICE AND CONTROL OF THEIR LIVES. ONCE MATCHED, SUPPORT SERVICES ARE PROVIDED TO HELP INDIVIDUALS MEET THEIR GOALS, MAXIMIZE INDEPENDENCE AND DEVELOP MEANINGFUL RELATIONSHIPS. INSPIRITUS PROVIDES CASE MANAGEMENT AND ENSURES COMPLIANCE WITH MEDICAID GUIDELINES FOR SERVICE PROVISION. INSPIRITUS INVESTED IN FRUITFUL RECRUITING ENDEAVORS THAT INCREASED THE VOLUME OF POTENTIAL CAREGIVERS IN THE PROCESS OF APPLYING TO PROVIDE HOST HOMES.

#### PART III, LINE 4B

INSPIRITUS REFUGEE AND IMMIGRANT SERVICES (RIS) OFFERS A WIDE ARRAY OF SERVICES DESIGNED TO EMPOWER REFUGEES FROM ARRIVAL TO SELF-RELIANCE AS THEY CREATE A NEW HOME IN GEORGIA, ALABAMA, AND TENNESSEE. THE INSPIRITUS TEAM HELPS REFUGEES TRANSITION FROM ARRIVAL, WHEN REFUGEES OFTEN HAVE VERY FEW POSSESSIONS, TO ECONOMIC SELF-RELIANCE. THIS IS ACCOMPLISHED THROUGH RESETTLEMENT SERVICES, SOCIAL ADJUSTMENT PROGRAMS INCLUDING

Department of the Treasury

## 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.

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OMB No. 1545-0047

Internal Revenue Service Name of the organization

EXTENDED CULTURAL ORIENTATION, YOUTH AFTER-SCHOOL AND SUMMER PROGRAMMING, AND THE INSPIRITUS FINANCIAL OPPORTUNITY CENTER WHICH PROVIDES EMPLOYMENT SERVICES, INCOME SUPPORTS, AND FINANCIAL LITERACY ENRICHMENT AND COACHING. INSPIRITUS PROVIDES SUPPORT AND SUPPLEMENTAL SERVICES TO THE ATLANTA AND SAVANNAH REFUGEE COMMUNITIES THROUGH ITS DEPARTMENT OF HUMAN SERVICES EMPLOYMENT CONTRACT AND PHILANTHROPIC SUPPORT. IN ADDITION TO A HIGHER NUMBER OF REFUGEES SERVED IN FY22 AS A RESULT OF AN INCREASED PRESIDENTIAL DETERMINATION OF THE NUMBER OF REFUGEES TO BE WELCOMED IN THE U.S., INSPIRITUS PARTNERED WITH THE U.S. OFFICE OF REFUGEE RESETTLEMENT THROUGH A CONTRACT WITH LUTHERAN IMMIGRATION AND REFUGEE SERVICE (LIRS) TO WELCOME AND SERVE AN UNPRECIDENTED INFLUX OF AFGHAN REFUGEES IN FY2022, WITH MOST ARRIVING BETWEEN NOVEMBER 2021 AND MID-FEBRUARY 2022 IN THE ATLANTA, SAVANNAH, AND BIRMINGHAM REGIONS. THESE INDIVIDUALS AND FAMILIES WERE RESETTLED UNDER THE U.S. GOVERNMENT'S AFGHAN PLACEMENT AND ASSISTANCE PROGRAM FOR THOSE ARRIVING IN THE U.S. AFTER BEING EVACUATED FROM KABUL, AFGHANISTAN WHEN THE TALIBAN TOOK CONTROL OF THE COUNTRY IN AUGUST 2021. MOST OF THOSE RESETTLED UNDER THIS PROGRAM SERVED AS ON-THE-GROUND PARTNERS WITH THE U.S. MILITARY AND U.S. EMBASSY IN PROFESSIONAL ROLES AND CAPACITIES. INSPIRITUS ALSO PARTNERS WITH LIRS AND THE U.S. GOVERNMENT TO OFFER FINGER-PRINTING SERVICES FOR RELATIVES AND INDIVIDUALS WHO PLAN TO BECOME SPONSORS OF UNACCOMPANIED CHILDREN ACROSS GEORGIA, ALABAMA, AND TENNESSEE, AS WELL AS POST-RELEASE CASE MANAGEMENT TO ENSURE THAT UNACCOMPANIED CHILDREN, WHO HAVE BEEN RELEASED TO SPONSORS AND ARE IDENTIFIED AS NEEDING ADDITIONAL SUPPORT, SAFELY AND SUCCESSFULLY INTEGRATE INTO THEIR NEW HOMES AND COMMUNITIES.

Department of the Treasury

Internal Revenue Service Name of the organization

## 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.

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

Employer identification number

OMB No. 1545-0047

**Open to Public** 

Inspection

INSPIRITUS OFFERS GROUP INSTRUCTION AND 1:1 DIGITAL LITERACY COACHING TO PROVIDE INDIVIDUAL, NEEDS-BASED DIGITAL LITERACY COACHING FOR REFUGEES SEEKING EMPLOYMENT. IN FY2022, INSPIRITUS CONTINUED TO PROVIDE THE NEW TRAFFICKING VICTIMS ASSISTANCE PROGRAM (TVAP) IN ATLANTA, WHICH EMPOWERS FOREIGN NATIONAL SURVIVORS OF HUMAN TRAFFICKING THROUGH TRAUMA-INFORMED, PERSON-CENTERED, COMPREHENSIVE CASE MANAGEMENT SERVICES. TVAP FACILITATES TIMELY ACCESS TO VITAL SERVICES, SUCH AS EMERGENCY ASSISTANCE, HOUSING, SAFETY PLANNING, BASIC NEEDS, HEALTH, LEGAL, EDUCATION, EMPLOYMENT, AND LANGUAGE, THAT SURVIVORS NEED TO STABILIZE AND RE-ESTABLISH THEIR ABILITY TO LIVE INDEPENDENTLY. IN 2022 INSPIRITUS ALSO PARTNERED WITH THE U.S. ADMINISTRATION FOR CHILDREN AND FAMILIES TO PROVIDE SERVICES AND INFRASTRUCTURE TO SUPPORT ALL REFUGEES IN ALABAMA AS THE STATE REFUGEE COORDINATOR.

INSPIRITUS' CHILDREN AND FAMILY SERVICES ASSISTS THE GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES (GA-DFCS) IN PLACING CHILDREN AT RISK AND WITH SPECIAL MEDICAL AND BEHAVIORAL NEEDS INTO SAFE AND QUALITY FOSTER CARE HOMES THROUGH INSPIRITUS' SPECIALIZED FOSTER CARE PROGRAM IN GEORGIA. FOSTER FAMILIES RECEIVE FULL SUPPORT FROM INSPIRITUS STAFF, INCLUDING CASE MANAGEMENT, RESPITE, AND ONGOING TRAINING. INSPIRITUS HAS A PROVEN TRACK RECORD OF ACCOMPLISHMENT, PROVIDING HIGH QUALITY SERVICES TO FOSTER CHILDREN AND FAMILIES. INSPIRITUS WORKS IN COLLABORATION WITH THE GA-DFCS TO ENSURE THAT THE SAFETY, WELL-BEING, AND PERMANENCY GOALS FOR CHILDREN ARE MET, INCLUDING REUNIFICATION WITH BIRTH FAMILIES OR

PART III, LINE 4C

#### Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

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



Name of the organization

Employer identification number

ADOPTION AS APPROPRIATE. INSPIRITUS FOCUSES ON MEETING GEORGIA'S NEED FOR SPECIALIZED SERVICES FOR CHILDREN AND YOUTH IN FOSTER CARE WHO HAVE COMPLEX MEDICAL AND BEHAVIORAL HEALTH NEEDS, CONCENTRATING IN THE ATLANTA METRO AND NORTHWEST GEORGIA REGIONS.

AN EXTENSION OF INSPIRITUS' CHILDREN AND FAMILY SERVICES, FAMILY INTERVENTION SERVICES (FIS) OFFERED SERVICES AND PROGRAMS TO FAMILIES AND CHILDREN FOCUSED ON STRENGTHENING FAMILY RELATIONSHIPS AND MAINTAINING OR BUILDING STRONG, HEALTHY FAMILY UNITS, TO ENSURE CHILDREN HAVE SAFE HOMES WHERE THEY CAN THRIVE, REDUCING INCIDENTS OF ABUSE OR NEGLECT AND HELPING FAMILIES STAY TOGETHER AND AVOID STATE INTERVENTION FROM GA-DFCS. A+ PARENTS PROVIDED PARENT EDUCATION SERVICES BASED ON SEVERAL NATIONALLY RECOGNIZED, EVIDENCE-BASED PROGRAMS THAT ENHANCE OVERALL PARENTING CAPACITIES.

## PART III, LINE 4D

INSPIRITUS DISASTER RELIEF PROGRAMMING HAS PROVIDED DISASTER LONG-TERM RECOVERY SERVICES SINCE 1994 IN THE SOUTHEASTERN UNITED STATES. IN RECENT YEARS, THE INSPIRITUS DISASTER RELIEF PROGRAM HAS EXPANDED TO PROVIDE EMERGENCY DISASTER RESPONSE SERVICES DURING THE FIRST 2-12 WEEKS AFTER A DISASTER. THESE SERVICES INCLUDE ASSISTANCE SUCH AS: VOLUNTEER COORDINATION, CLEAN UP & DEBRIS REMOVAL SERVICES, AND LOCAL DISASTER RESPONSE CAPACITY BUILDING. IN FY2022, INSPIRITUS DISASTER RESPONSE TEAMS SUPPORTED LOCAL COMMUNITIES FOLLOWING TORNADOS, FLOODS, AND/OR HURRICANES IN TENNESSEE, GEORGIA, AND KENTUCKY.

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.

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INSPIRITUS CONTINUES TO PROVIDE DISASTER LONG-TERM RECOVERY SERVICES TO COMMUNITIES IN NEED DURING THE 3-48 MONTHS AFTER A DISASTER. THESE SERVICES INCLUDE: CASE MANAGEMENT, CONSTRUCTION MANAGEMENT, VOLUNTEER MANAGEMENT, AND LOCAL LONG-TERM RECOVERY CAPACITY BUILDING. IN FY2022, INSPIRITUS LONG-TERM RECOVERY SERVICES SUPPORTED LOCAL COMMUNITIES IN TENNESSEE, GEORGIA, AND KENTUCKY, PARTNERING WITH LOCAL LONG-TERM RECOVERY COLLABORATIVES TO MEET UNMET NEEDS THAT SUPPORT HOME REPAIRS AND REBUILDS FOR THE MOST VULNERABLE SURVIVORS, INCLUDING VULNERABLE HOMEOWNERS WHO CANNOT RECOVER WITHOUT FURTHER ASSISTANCE DUE TO DISABILITIES, LOW-INCOME, UNDER-INSURANCE, AND OTHER EXTENUATING CIRCUMSTANCES. IN FY2022, INSPIRITUS SUSTAINED AND EXPANDED COLLABORATIVE PARTNERSHIPS WITH NONPROFITS AND CORPORATIONS SUCH AS LUTHERAN DISASTER RESPONSE, HOME DEPOT, AMERICAN RED CROSS, THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, ROTHROCK FOUNDATION, AMERICORPS, AND FOUNDING PARTNERS, THE SOUTHEASTERN SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA AND THE FLORIDA-GEORGIA DISTRICT OF THE LUTHERAN CHURCH-MISSOURI SYNOD, WHILE CONTINUING TO BUILD COLLABORATIVE PARTNERSHIPS WITH LOCAL AND NATIONAL VOADS TO HELP ENSURE THE COMMUNITIES WE SERVE ARE ABLE TO SUCCESSFULLY RECOVER AND BUILD INCREASED LOCAL CAPACITIES.

INSPIRITUS' EMPOWERMENT PROGRAM IN MIDDLE TENNESSEE PROVIDES SERVICES THAT SUPPORT LOW-INCOME COMMUNITIES WITH SPECIAL FOCUS ON EMPOWERING VULNERABLE WOMEN, CHILDREN, SENIORS, AND ADULTS LIVING WITH DISABILITIES. INSPIRITUS PROGRAMS INCLUDE: BUILDING HEALTHY FAMILIES, THRIVE STUDIOS, AND HEALTHY GARDENS. BUILDING HEALTHY FAMILIES OFFERS HUNGER RELIEF AND

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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Employer identification number

COMMUNITY GROUP SUPPORT FOR WOMEN LIVING IN POVERTY TO EMPOWER THEM TO BREAK THE BONDS OF ISOLATION, DEVELOP POSITIVE PARENTING TECHNIQUES, AND INTRODUCE TOOLS FOR IMPROVING MENTAL AND PHYSICAL HEALTH. DURING THE RECENT PANDEMIC YEARS, INSPIRITUS HAS OPERATED ONE OF THE HIGHEST VOLUME FOOD PANTRIES IN NASHVILLE AT ITS SITE IN NORTH NASHVILLE, IN PARTNERSHIP WITH THE SECOND HARVEST COMMUNITY FOOD BANK. AT THIS SITE, INSPIRITUS ALSO HAS HISTORICALLY OPERATED A COMMUNITY KITCHEN, PROVIDING WARM MEALS TO HOMELESS AND LOW-INCOME WOMEN AND CHILDREN IN PARTNERSHIP WITH THE NASHVILLE RESCUE MISSION AND METROPOLITAN DEVELOPMENT AND HOUSING AGENCY. THOUGH THESE SERVICES HAVE BEEN ADAPTED TO ACCOMMODATE COVID-19 SAFETY MEASURES AND A BUILDING REDEVELOPMENT NEXT DOOR AT THE NASHVILLE RESCUE MISSION. IN FY2022, THE BUILDING HEALTHY FAMILIES PROGRAM HAS SERVED SIGNIFICANTLY MORE UNDUPLICATED INDIVIDUALS THAN PRIOR YEARS THROUGH ITS FOOD PANTRY, PARTICULARLY TO FAMILIES AND INDIVIDUALS EXPERIENCING ECONOMIC HARDSHIP. INSPIRITUS' THRIVE STUDIOS YOUTH COMMUNITY ARTS PROGRAM EMPOWERS YOUTH LIVING IN LOW-INCOME COMMUNITIES TO DEVELOP HEALTHY SOCIAL EMOTIONAL SKILLS, SELF-ESTEEM, AND COMMUNITY RESILIENCY THROUGH ARTISTIC CREATION AND EXPRESSION. IN FY2022, THRIVE STUDIOS HAS CONTINUED TO DEVELOP A MORE INTENTIONALLY RELEVANT CURRICULUM INCLUDING PROJECTS THAT PARTNER WITH LOCAL ARTISTS TO HELP YOUTH PROCESS THEIR FEARS AND ANXIETIES ABOUT THE WORLD AROUND THEM. INSPIRITUS' HEALTHY GARDENS PROGRAM PROVIDES ALL MATERIALS AND EDUCATION NECESSARY FOR FAMILIES TO PLANT AND HARVEST THEIR OWN NUTRITIOUS VEGETABLES RIGHT OUTSIDE THEIR DOOR, ENABLING COMMUNITIES STRUGGLING WITH FOOD INSECURITY TO ATTAIN FOOD SUSTAINABILITY AND PROMOTING MENTAL AND PHYSICAL HEALTH.

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

IN FY2022, HEALTHY GARDENS HAS INCREASED STAFFING AND PLANTED NEW GARDENS, PROVIDING A SUSTAINABLE AND AFFORDABLE SOURCE OF FRESH PRODUCE IN DESIGNATED FOOD DESERT COMMUNITIES AND HELPING PROVIDE HUNGER RELIEF DURING A TIME OF NEED. DURING FY2022, HEALTHY GARDENS HAS CONTINUED TO STEWARD A NEW PARTNERSHIP WITH MEHARRY MEDICAL COLLEGE TO IMPLEMENT THIS PROGRAM IN THEIR BRIDGE TO SUCCESS PROGRAM AS PART OF A STRATEGIC SOLUTION TO INCREASE HEALTH AND WELLBEING OUTCOMES. PAYMENTS, UTILITIES ASSISTANCE, HUNGER RELIEF, EMPLOYMENT PLACEMENT, PERSONAL PROTECTIVE EQUIPMENT, SPECIALIZED AFTER SCHOOL SUPPORT AND CHILDREN'S LEARNING TECHNOLOGY TO SUPPORT COVID-19 REMOTE LEARNING.

#### PART VI, SECTION A, LINE 3

THE ORGANIZATION HOLDS A WRITTEN AGREEMENT WITH LSA MANAGEMENT, INC. FOR THE PURPOSE OF PROVIDING CERTAIN MANAGEMENT DUTIES. LSA MANAGEMENT, INC. PROVIDES THE ORGANIZATION STRATEGIC FINANCIAL ADVISEMENT SERVICES, INCLUDING ANNUAL BUDGET DEVELOPMENT, MONTHLY BUDGET VARIANCE ANALYSIS, FINANCIAL REPORTING, AND STRATEGIC FINANCIAL PLAN MAINTENANCE. KIRBY NICKERSON, CHIEF FINANCIAL OFFICER OF INSPIRITUS, INC., IS COMPENSATED BY LSA MANAGEMENT, INC. FOR HIS WORK ON SAID FINANCIAL DUTIES PROVIDED TO INSPIRITUS, INC. KIRBY NICKERSON'S 2021 REPORTABLE COMPENSATION RECEIVED FROM LSA MANAGEMENT, INC. TOTALED \$249,074.

PART VI, LINE 11B

A COPY OF THE FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT BEFORE PUBLISHING.

PART VI, LINE 12C

## Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE NATURE OF INSPIRITUS' BUSINESS REQUIRES THAT ALL EMPLOYEES SAFEGUARD THE INTEGRITY OF INSPIRITUS. ACCORDINGLY, EMPLOYEES SHOULD AVOID SITUATIONS PRESENTING ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. A CONFLICT OF INTEREST IS BROADLY DEFINED TO INCLUDE ANY SITUATION IN WHICH EMPLOYEES ARE ENGAGED IN TWO OR MORE INCOMPATIBLE ACTIVITIES. A CONFLICT OF INTEREST INCLUDES INVOLVEMENT IN OUTSIDE INTERESTS THAT MAY CONFLICT WITH EMPLOYEES' DUTIES AT INSPIRITUS OR ADVERSELY AFFECT JOB PERFORMANCE. CONFLICTS OF INTEREST CAN RESULT FROM A VARIETY OF CIRCUMSTANCES. INCLUDING THE USE OF EMPLOYEES' ASSOCIATION WITH INSPIRITUS FOR PRIVATE ADVANTAGE; DEALINGS WITH CLIENTS OR SUPPLIERS; OUTSIDE BUSINESS ACTIVITIES AND ACCEPTANCE OF GIFTS OR PREFERENTIAL TREATMENT. SINCE THE APPEARANCE OF CONFLICTS OF INTEREST CAN BE AS DETRIMENTAL TO INSPIRITUS AS A CONFLICT ITSELF, AGENCY POLICY ALSO APPLIES TO APPARENT CONFLICT OF INTEREST SUCH AS THE USE OF A RELATIVE TO PERFORM SERVICES FOR INSPIRITUS WITHOUT MANAGEMENT'S PRIOR APPROVAL. WHEN A CONFLICT OF INTEREST EXISTS OR IS SUSPECTED, EMPLOYEES HAVE A RESPONSIBILITY TO DISCLOSE INFORMATION THAT OTHERWISE MIGHT BE CONSIDERED PRIVATE OR PERSONAL, SUCH AS INFORMATION CONCERNING FINANCIAL TRANSACTIONS OR A SPOUSE OR RELATIVE'S EMPLOYMENT, TO ENSURE COMPLIANCE WITH INSPIRITUS' RULES, GUIDELINES, STANDARDS, AND POLICIES. EMPLOYEES ENGAGING IN ACTIVITIES THAT ARE CONSIDERED TO BE A CONFLICT OF INTEREST OR GIVE THE APPEARANCE OF A CONFLICT OF INTEREST MAY BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL. CONFLICT OF INTEREST MAY BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL.

#### PART VI, LINE 15A

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE PERFORMANCE OF THE CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THIS COMMITTEE, COMPOSED OF INDEPENDENT BOARD MEMBERS, ARRIVES AT AN ANNUAL COMPENSATION ADJUSTMENT AFTER COMPLETION OF THE ANNUAL REVIEW, AND FOLLOWING A REVIEW OF AN ANNUAL SURVEY OF THE COMPENSATION OF CEOS IN SIMILAR POSITIONS PUBLISHED BY THE LUTHERAN SERVICES IN AMERICA. THE DECISION IS DOCUMENTED IN MEETING MINUTES AND COMMUNICATED TO THE FULL BOARD.

#### PART VI, LINE 19

INSPIRITUS' AUDIT REPORT, ANNUAL REPORT, AND FORM 990 ARE LISTED ON GUIDESTAR'S WEBSITE. THESE DOCUMENTS ARE ALSO AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

## PART XI, LINE 8

-\$28,743 CHANGE IN VALUE OF RESIDUAL TRUST

Schedule O (Form 990 or 990-EZ) 2021	Page 2
Name of the organization	Employer identification number
INSPIRITUS, INC.	58-1535692

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INSPIRITUS GUIDES INDIVIDUALS AND FAMILIES ON A PATH FROM SURVIVING TO THRIVING. WE EMPOWER THOSE WHOSE LIVES HAVE BEEN DISRUPTED TO DISCOVER THEIR STRENGTHS AND RESILIENCE, ACCOMPANYING THEM AS THEY GROW INTO VIBRANT CONTRIBUTORS TO THEIR COMMUNITY. OUR VISION IS: TRANSFORMED COMMUNITIES WHERE ALL, REGARDLESS OF THEIR BACKGROUND OR CIRCUMSTANCES, THRIVE AND ENRICH THE WORLD AROUND THEM. WE SERVE INDIVIDUALS WHO HAVE FLED THEIR COUNTRIES, CHILDREN WHO HAVE BEEN ABUSED, NEGLECTED OR ABANDONED, INDIVIDUALS WHO ARE HOMELESS OR LIVING IN INSTITUTIONS THROUGH THE FOLLOWING PROGRAMMATIC AREAS: REFUGEE SERVICES, IMMIGRATION SERVICES, RESIDENTIAL PROGRAMS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, SPECIALIZED FOSTER CARE, FAMILY INTERVENTION SERVICES, AND DISASTER RELIEF.

Schedule O (Form 990 or 990-EZ) 2021			Page <b>2</b>			
Name of the organization	Name of the organization					
INSPIRITUS, INC.		58-1535	692			
FORM 990, PART III, LINE 4D - OTHER PROGRAM	I SERVICES					
DESCRIPTION	GRANTS	EXPENSES	REVENUE			
MIDDLE TENNESSEE EMPOWERMENT	118,827.	383,116.				
DISASTER RESPONSE SERVICES	98,717.	4,056,615.				
TOTALS	217,544.	4,439,731.				

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Schedule O (Form 990 or 990-EZ) 2021	Pag	je i
Name of the organization	Employer identification number	
INSPIRITUS, INC.	58-1535692	
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS		
	ENDING	
DESCRIPTION	BOOK VALUE	
PREPAID EXPENSES	1,872.	
TOTALS	1,872.	
	============	

Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization		Employer id	lentification number	
INSPIRITUS, INC.		58-15	35692	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES				
	ENDING		COST	
DESCRIPTION	BOOK VAL	UE	OR FMV	
INVESTMENTS	274,	292.	FMV	

TOTALS

274,292. \_\_\_\_\_ 

Schedule O (Form 990 or 990-EZ) 2021	Page
Name of the organization	Employer identification number
INSPIRITUS, INC.	58-1535692
FORM 990, PART X - DEFERRED REVENUE	
DESCRIPTION	ENDING BOOK VALUE
DEFERRED REVENUE	11,942.

TOTALS

JSA

Schedule O (Form 990 or 990-EZ) 2021

11,942.

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#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

INSPIRITUS, INC.

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

				-	
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1)	-				
(2)	-				
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr ent	
						Yes	No
(1) ELCA SOUTHEASTERN SYNOD 58-1536326							
230 PEACHTREE ST NW STE 1100 ATLANTA, GA 30303	SUPPORTS LUTH	NC	501(C)(3)	170(B)(1)(A	N/A		Х
(2) FLORIDA-GEORGIA DISTRICT, LCMS 59-6684282							
5850 T.G. LEE BLVD SUITE 500 ORLANDO, FL 32822	SUPPORTS LUTH	FL	501(C)(3)	170(B)(1)(A	N/A		х
(3)	-						
(4)	-						
(5)	-						
(6)	-						
(7)	-						

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

58-1535692

Part IV Identification of Related Organizations Taxable as a line 34, because it had one or more related organizations	a Corporation or tions treated as	<b>Trust.</b> Co a corporati	mplete if the o on or trust duri	rganization ans ng the tax year.	wered "Yes" or	ı Form 990, Pa	rt IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percer owner
(1) CHARITABLE REMAINDER TRUST (1) 43-6024481							+
1333 SOUTH KIRKWOOD ROAD ST. LOUIS, MO 63122	INVESTING	MO	LCMS FOUNDATION	TRUST			
(2)							
(3)	_						
(4)	-						
(5)	_						
(6)	_						<u> </u>
(7)	_						
						Schedule I	R (For
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Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Share of total income	Share of end-of- year assets		oortionate ations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	eral or aging ner?	Percentage ownership
		country)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

(e)

(f)

#### Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year.

(a)

INSPIRITUS, INC.

(d)

(c)

(b)

58-1535692

(h)

(i)

(g)

Page **2** 

(k)

(j)

Schedule R (Form 990) 2021

**(h)** Percentage

ownership

(i) Section

512(b)(13) controlled

entity? Yes No

Х

# **DPY**

chedule R	(Form 990)2021 INSPIRITUS, INC.	58-1	535692		Р	age 🕄
Part V	Transactions With Related Organizations. Complete if the organiz	ation answered "Yes" on Form 990, Part IV	/, line 34, 35b, or 36.			
Note: Co	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 Dur	ring the tax year, did the organization engage in any of the following transactio	ons with one or more related organizations listed	l in Parts II-IV?			
	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enti			1a		X
	t, grant, or capital contribution to related organization(s)					X
<b>c</b> Gift	t, grant, or capital contribution from related organization(s)			1c	X	
	ans or loan guarantees to or for related organization(s)					X
	ans or loan guarantees by related organization(s)					Х
f Divi	idends from related organization(s)			1f		X
g Sale	e of assets to related organization(s)			1g		X
	chase of assets from related organization(s)					X
i Exc	hange of assets with related organization(s).			1i		X
	ase of facilities, equipment, or other assets to related organization(s)					X
<b>j</b> 200						
<b>k</b> lea	ase of facilities, equipment, or other assets from related organization(s)			1k		X
	formance of services or membership or fundraising solicitations for related org	nanization(s)				X
m Dor	formance of services or membership or fundraising solicitations by related org			1m		X
	aring of facilities, equipment, mailing lists, or other assets with related organiza			1n		X
	aring of racinities, equipment, maining lists, of other assets with related organiza	mon(s)		10		X
o Sna	aring of paid employees with related organization(s)					
<b>p</b> Rei	mbursement paid to related organization(s) for expenses			1p		X
	mbursement paid by related organization(s) for expenses					X
•						
<b>r</b> Oth	er transfer of cash or property to related organization(s)			1r		X
s Oth	her transfer of cash or property from related organization(s).			1s		X
2 If th	ne answer to any of the above is "Yes," see the instructions for information on	who must complete this line, including covered	d relationships and transaction	on threshold	ds.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of det amount inv		ng
1)						
2)						
3)						
4)						
5)						
6)						
A			Sched	ule R (Form	990)	202
1309 1.000		PECTION COPY				

Page **3** 

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#### 58-1535692

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity		<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512 - 514)	Yes	No			Yes	No		Yes	No	]
(1)		_												
(2)		_												
(3)		_												
(4)		_												
(5)														
(6)														
(7)														
(8)														
10)														
[11]		_												
12)		_												
13)		_												
14)														
15)		_												
16)														+

Schedule R (Form 990) 2021

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