Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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



| A For the 2021 calendar year, or tax year beginning and ending | | | | | | | | |
|--|------------------------|---|---------------|---|------------------------------------|--|--|--|
| B c | heck if pplicab | e: C Name of organization | | D Employer identific | cation number | | | |
| X | Addre | HOMEAID AUSTIN INC | | | | | | |
| | Name | pe Doing business as | | 20-3240754 | | | | |
| | Initial returr | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | |
| | Final | PO BOX 150217 | | 512-508-3 | | | | |
| | termi ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,047,504. | | | |
| | Amer | AUSTIN, IX 76715 | | H(a) Is this a group re | | | | |
| | Appli tion pendi | F Name and address of principal officer: AFKIL WHITAKEK | | for subordinates | | | | |
| | | SAME AS C ABUVE | | H(b) Are all subordinates in | | | | |
| | | empt status: $X 501(c)(3) = 501(c) () $ (insert no.) $4947(a)(1) c$ | or 527 | 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | list. See instructions | | | |
| | | | | H(c) Group exemption | , | | | |
| | orm o | f organization: X Corporation Trust Association Other ► Summary | L Year | of formation: 2005 | State of legal domicile: TX | | | |
| ГС | | | זעד שי | | | | | |
| 9 | 1 | Briefly describe the organization's mission or most significant activities: ENGAGE PROVIDE EMERGENCY SHELTERS, TRANSITIONAL | | | | | | |
| & Governance | 2 | Check this box \blacktriangleright if the organization discontinued its operations or dispos | | | | | | |
| /err | 3 | | | | 17 | | | |
| Go | 4 | Number of independent voting members of the governing body (Part VI, line 1a) | | | 17 | | | |
| оо () | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 4 | | | |
| Activities | 6 | Total number of volunteers (estimate if necessary) | | | 140 | | | |
| ctiv | - | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | | |
| Ā | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | |
| | | | | Prior Year | Current Year | | | |
| ¢ | 8 | Contributions and grants (Part VIII, line 1h) | | 407,787. | 1,047,504. | | | |
| nue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. | | | |
| œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -7,500. | 0. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 400,287. | 1,047,504. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | ····· | 191,089. | 226,311. | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | |
| ц Д | | Total fundraising expenses (Part IX, column (D), line 25) | | 206,874. | 605,196. | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 397,963. | 831,507. | | | |
| | 18 19 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,324. | 215,997. | | | |
| - 2 | | Revenue less expenses. Subtract line 18 from line 12 | | ginning of Current Year | End of Year | | | |
| ets o | 20 | Total assets (Part X, line 16) | | 310,374. | 567,892. | | | |
| Net Assets or | 20 | Total liabilities (Part X, line 26) | | 31,226. | 72,747. | | | |
| Net. | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 279,148. | 495,145. | | | |
| | art II | Signature Block | | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign Here | Signature of officer LYNNE WILLIAMS, EXECUT Type or print name and title | IVE DIRECTOR | Date | | | |
|---|--|-----------------------------------|----------|------------------------------------|--|--|
| Paid | Print/Type preparer's name CATHERINE AVENSON | Preparer's signature E-FILED | if | neck PTIN If-employed P01259734 | | |
| Preparer | Firm's name 🕒 AVENSON HAMANN CI | PAS, LLP | Firm's E | IN ▶ 46-3330935 | | |
| Use Only | Firm's address 7421 BURNET ROAD | #522 | | | | |
| | AUSTIN, TX 78757 | | Phone n | 0.512-693-9131 | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | |
| 132001 12-0 | 9-21 I HA For Paperwork Reduction Act Notic | e, see the separate instructions. | | Form 990 (2021) | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | 1 990 (2021) HOMEAID AUSTIN INC | 20-3240754 Page 2 |
|--------|--|--------------------------------------|
| Par | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: BUILDING NEW LIVES FOR AUSTIN'S INDIVIDUALS AND FAMI | |
| | HOMELESSNESS THROUGH HOUSING AND COMMUNITY OUTREACH. | • |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed c | on the |
| | prior Form 990 or 990-EZ? | |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program so If "Yes," describe these changes on Schedule O. | ervices? Yes X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | vices, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation | s to others, the total expenses, and |
| 4a | revenue, if any, for each program service reported. (Code:) (Expenses \$ 688,507. including grants of \$ |) (Revenue \$) |
| чa | HOMEAID IDENTIFIES LONG-TERM, STABLE HOMELESS CARE I | |
| | ADDITIONAL CAPACITY AND PAIRS THEM WITH BUILDERS, VE | |
| | SUPPLIERS, WHO DONATE THEIR TIME, MATERIALS AND LABO | |
| | AND BUILD HOUSING FOR AUSTIN'S HOMELESS. HOMEAID SEF | |
| | DEVELOPER AND LIAISON BETWEEN OUR HOMELESS CARE PROV | |
| | COMMUNITY AT LARGE, VOLUNTEERS, BUILDERS, REMODELERS | |
| | AND THEIR SUPPLIERS AND VENDORS. | |
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| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |
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| 40 | | |
| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$) |
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| | | |
| 4d | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses 688 , 507. | |
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 Form 990 (2021)
 HOMEAID
 AUSTIN
 INC

 Part IV
 Checklist of Required Schedules
 Inc

| | | | Yes | No |
|--------|--|-----------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _X_ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 5 | | x |
| 6 | similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | | |
| 0 | 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, | 0 | | |
| | 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 | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| 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 | | <u> </u> |
| 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 | 44.1 | | x |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| n_u | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| 40 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | | x |
| 10 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | 18 | | - 22 |
| 19 | | 19 | | x |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | | х |
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| Form | 990 | (2021) |
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 Form 990 (2021)
 HOMEAID
 AUSTIN
 INC

 Part IV
 Checklist of Required Schedules (continued)

| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
|--------|--|------------|-----|----------|
| | 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 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| 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 | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | 37 |
| | 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 | 054 | | v |
| 00 | 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% | 06 | | x |
| 27 | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 26 | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Χ | |
| 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," complete | | | |
| | Schedule N, Part II | 32 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? 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, or IV, and | | | 37 |
| | Part V, line 1 | 34 | | X X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <u>35a</u> | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 054 | | |
| 26 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 35b | | |
| 36 | | 36 | | x |
| 37 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 07 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> . | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 132004 | 4 12-09-21 | Form | 990 | (2021) |

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| | 990 (2021) HOMEAID AUSTIN INC 20-3240 | 754 | P | age 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, | | 163 | NO |
| | filed for the calendar year ending with or within the year covered by this return 2a 4 | | | |
| 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 | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | | <u> </u> |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | 37 |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | - | | v |
| | 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 | | <u> </u> |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7- | | x |
| ام | to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 70 | | х |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| t | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | N/ | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? | 79 7h | N/ | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | 117 | |
| 0 | sponsoring organization have excess business holdings at any time during the year? N/A | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? N/A | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | 1 | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u> | | | |
| 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? \mathbb{N}/\mathbb{A} | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | F = |
| 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? N/A | 17 | | |
| | If "Yes," complete Form 6069. | | 0000 | |
| 132005 | 6 12-09-21 6 | Form | 990 | (2021) |

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| Form | 990 | (2021) |
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HOMEAID AUSTIN INC

X

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

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| | | | | | Yes | No |
|----------|--|------------|------------------------|------------|------------|----------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | 17 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 17 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with | any other | 1 | | |
| | officer, director, trustee, or key employee? | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | 6 | | Х |
| 7a | 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | |
| | more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | | |
| | persons other than the governing body? | | | 7b | | Χ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by th | e following: | | | |
| а | The governing body? | | | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | t the | |] | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters | , affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? \dots | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | / befor | e filing the form? | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | X | |
| С | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | |
| | on Schedule O how this was done | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by in | dependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | 37 | |
| | The organization's CEO, Executive Director, or top management official | | | <u>15a</u> | X | 37 |
| b | Other officers or key employees of the organization | | | 15b | | X |
| 10 | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | ••• | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent to be active the and the set of th | | | 40 | | v |
| | taxable entity during the year? | | | <u>16a</u> | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | 4Ch | | |
| Sec | exempt status with respect to such arrangements? | | | 16b | | |
| | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | |
| 17 10 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | ad 000 | T (agotion 501(a)/2) | | ovoilok | |
| 18 | for public inspection. Indicate how you made these available. Check all that apply. | 10 990 | -1 (Section Son(C)(S): | s of ity) | avalla | JIE |
| | Own website Another's website X Upon request Other (explain | 0.00 | bodulo O | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | finan | cial | |
| 13 | statements available to the public during the tax year. | milit (| a interest policy, and | 1111211 | orai | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and | t records | | | |
| 20 | LYNNE WILLIAMS - 512-508-3375 | | | | | |
| | PO BOX 150217, AUSTIN, TX 78715 | | | | | |
| 132004 | 12-09-21 | | | Form | 990 | (2021) |
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^{2021.05000} HOMEAID AUSTIN INC

| Form 990 (2 | | 20-3240754 | Page 7 |
|-------------|--|------------------------------|-----------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp | ensated | |
| | Employees, and Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1a Comple | te this table for all persons required to be listed. Report compensation for the calendar year ending with o | or within the organization's | tax year. |

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

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|-----------------------------|----------------------|--------------------------------|---|---------|--------------|---------------------------------|--------|---------------------------------|------------------------------|--------------------------|
| Name and title | Average | (do | | | ition | | ne | Reportable | Reportable | Estimated |
| | hours per | box | (do not check more than box, unless person is bo officer and a director/tru | | | s both | n an | compensation | compensation | amount of |
| | week | | cer ar | id a d | Irecto | or/trus | tee) | from | from related | other |
| | (list any | irecto | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | ru stee | ll trus | | /ee | mpen | | 1099-NEC) | 1039-1120) | and related |
| | below | Individual trustee or director | Institutional trustee | - | Key employee | sst co oyee | er | | | organizations |
| | line) | Indivi | Instit | Officer | Key e | Highest compensated employee | Former | | | 0 |
| (1) MELISSA NICEWARNER-DALY | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | 1 | | x | | | | 94,481. | Ο. | 1,077. |
| (2) CHARLIE COLEMAN | 1.00 | | | | | | | | | |
| PAST PRESIDENT | | x | | X | | | | 0. | Ο. | 0. |
| (3) APRIL WHITAKER | 1.00 | | | | | | | | | |
| PRESIDENT | | x | | X | | | | 0. | Ο. | 0. |
| (4) BRYAN HAVEL | 1.00 | | | | | | | | | |
| VICE PRESIDENT | | x | | x | | | | 0. | Ο. | 0. |
| (5) VAIKE O'GRADY | 1.00 | | | | | | | | | |
| SECRETARY | | x | | x | | | | 0. | Ο. | 0. |
| (6) STEVE KRASOFF | 1.00 | | | | | | | | | |
| TREASURER | | x | | x | | | | 0. | Ο. | 0. |
| (7) JOHN JONES | 1.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (8) EMILY BLAIR | 1.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (9) WILL HOLDER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | Ο. | 0. |
| (10) KANDIS RUSHING | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) MCCALLE FRYAR | 1.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | Ο. | 0. |
| (12) LISA JUBELA | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) LEE WHITAKER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | Ο. | 0. |
| (14) TAMMY SCHNIEDER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | Ο. | 0. |
| (15) MELISSA BROWN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) TABETTE STEWART | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (17) ELISE GILES | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| 132007 12-09-21 | | | | | | | | | | Form 990 (2021) |

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|---|---|---|--------------------------------|------------------------|---------|--------------|---------------------------------|--------|--------------------------------|-------------------|-------|---------|----------------|------------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | | |
| | (A) | (B) | (C) | | | | | | (D) | (E) | | | (F) | |
| | Name and title | Average Position (do not check more than one | | | | | | one | Reportable | Reportable | | | stimate | |
| | | hours per week | | | | | is both pr/trus | | compensation | compensatio | | ar | nount | of |
| | | (list any | ⊢ | | | | | | - from the | from related | | com | other pensa | tion |
| | | hours for | direct | | | | P | | organization | (W-2/1099-MIS | I | | rom th | |
| | | related | ee or | Istee | | | insate | | (W-2/1099-MISC/ | 1099-NEC) | | | janizat | |
| | | organizations | trust | nal tru | | oyee | ompe | | 1099-NEC) | | | an | d relat | ed |
| | | below | Individual trustee or director | In stitutional trustee | cer | key employee | Highest compensated employee | Former | | | | orga | anizati | ons |
| (10) | | line) | Indi | Inst | Officer | Key | Higlemp | For | | | | | | |
| | LINDA ASAF D MEMBER | 1.00 | x | | | | | | 0. | | 0. | | | 0 |
| BUAR | D MEMDER | | | - | - | | - | | 0. | | 0. | | | 0. |
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| | | | | | | | | | 04 401 | | _ | | 1 0 | |
| | Subtotal | | | | | | | | 94,481. | | 0. | | 1,0 | <u>//.</u> 0. |
| | Total from continuation sheets to Part VI | | | | | | | | 94,481. | | 0. | | | |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | | | | 1 . | 000 of reportable | | | 1,0 | //• |
| ~ | compensation from the organization | | 030 | nate | Juar | 0000 | <i>-)</i> vvii | 010 | eceived more than \$100, | ooo of reportable | , | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, trust | ee, ł | key e | empl | loye | e, or | hig | hest compensated emp | oyee on | | | | |
| | line 1a? If "Yes," complete Schedule J for s | uch individual | | | · | 2 | - | 0 | | | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$150 | - | | - | | | | | - | - | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| | rendered to the organization? If "Yes," com | plete Schedule | e J f | or su | ich i | oers | on . | | - | | | 5 | | Х |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | mpensated inc | lepe | endei | nt co | ontra | actor | 's th | nat received more than \$ | 100,000 of comp | ensat | ion fro | om | |
| | the organization. Report compensation for | the calendar ye | ear e | endir | ng w | vith o | or wi | thin | | ear. | | | | |
| | (A) Name and business | addraaa | 37/ | ~ *** | - | | | | (B) Description of s | onvisoo | C | | C) | ~ |
| | Name and pushess | auuress | NC | ONE | 5 | | | - | Description of s | ervices | | ompe | nsatio | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii | ncluding but no | ot lir | nited | d to | thos | se lis | ted | above) who received mo | ore than | | | | |
| _ | \$100,000 of compensation from the organiz | 0 | | | _ | |) | | , | | | | | |
| | X | | | | | | | | | | | Form | 990 () | 2021) |

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| function revenue business revenue fr | |
|---|------------------------|
| Total revenue Related or exempt function revenue Umrelated business revenue function revenue Umrelated function revenue Umrelated function revenue In the sec function revenue a b Ammbership dues 10 10 c Fundraising events 14 10 10 d 14 10 10 10 g Rested organizations 11 10 11 g Karate combinations included above c 11 047,504 g Notasi combinations included above c 11,047,504 11,047,504 g Notasi combinations included in the total similar amounts not included above c 11,047,504 11,047,504 g Value Business Code 11,047,504 11,047,504 g Total. Add lines 2a?1 11,047,504 g Total. Add lines 2 | |
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| and the Federated campaigns 1a b Membership dues 1a c Fundraising events 1a d Related organizations 1a d Related organizations 1a g Morean contributions, gifts, grants, and grants (contributions) 1a g Morean contributions (gifts, grants, and grants) 1a g A and the contributions (gifts, grants, and grants) 1a g C and grants) 1a g C and grants) 1a g C and grants) 1a g A and the program service revenue 1a g T datl, Add lines 2a:21 1a g C and ron lines there of tax-exempt bond proceed g T datl, Add lines and tax exempt bond proceed g a Grass rents g a g a Grass memt for mails and tax exempt bond proceed g a Grass mont from alises of tax g a Grass income for line 1b; | from tax under |
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| g Total. Add lines 2a.21 ▶ 3 Investment income (including dividends, interest, and other similar amounts). ▶ 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties ▶ 6 a Gross rents Ga b Less: rental expenses Gb c Rental income or (loss) Gc d Net rental income or (loss) Image: Cost of the rental income or (loss) 7 a Gross amount from sales of assets other than inventory Image: Cost or other basis and sales expenses a Gross income from fundraising events (not including \$ of cost) Image: Cost or other basis and sales expenses a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Image: Cost or other basis and sales copenses b Less: direct expenses Image: Cost of the rest income or (loss) Image: Cost of the rest income or (loss) 8 a Gross income from fundraising events Image: Cost of the rest income or (loss) Image: Cost of the rest income or (loss) 9 a Gross income from gaming activities. See Part IV, line 19 Image: Cost of the rest income or (loss) Image: Cost of the rest income or (loss) 9 a Gross alees of inventory, less returns Image: Cost of the rest income or (loss) Image: Cost orenterest income or (loss) Image: Cost orence orente | |
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| Provide assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) c Gain or (loss) d Net income or (loss) from fundraising events e Part IV, line 19 ga ga b Less: direct expenses e Part IV, line 19 ga ga b Less: direct expenses ga ga c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities d Net income or (loss) from gaming activities d Net income or (loss) from gaming activities loa Gross sales of inventory, less returns | |
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| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income or (loss) from gaming activities. See Part IV, line 19 9 a Gross sales of inventory, less returns | |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b 6a | |
| b Less: direct expenses c Net income or (loss) from fundraising events b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities d Jo d Gross sales of inventory, less returns | |
| including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b c Net income or (loss) from gaming activities 9 a gross income from gaming activities 9 a 9 b 9 b 9 a 9 b 9 b 9 a 9 a 9 b 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 a 9 | |
| contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Part IV, line 19 9a 9b b Less: direct expenses 9a 9b b c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses 9b b c Net income or (loss) from gaming activities b a Gross sales of inventory, less returns | |
| Part IV, line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events 9 a 9 a Part IV, line 19 b Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns | |
| b Less: direct expenses 8b 100100100100100100100100 | |
| c Net income or (loss) from fundraising events ▶ ● 9 a Gross income from gaming activities. See Part IV, line 19 ● ● b Less: direct expenses ● ● ● c Net income or (loss) from gaming activities ● ● ● 10 a Gross sales of inventory, less returns ● ● ● | |
| 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns | |
| Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns | |
| b Less: direct expenses 9b Image: second sec | |
| c Net income or (loss) from gaming activities Image: Comparison of the second seco | |
| 10 a Gross sales of inventory, less returns | |
| | |
| and allowances 10a | |
| | |
| b Less: cost of goods sold 10b | |
| c Net income or (loss) from sales of inventory | |
| Business Code | |
| ິ _{ດ 11 a} | |
| | |
| | |
| 11 a | |
| e Total. Add lines 11a-11d | |
| 12 Total revenue. See instructions ▶ 1,047,504. 0. 0. | 0. |
| | orm 990 (2021) |

HOMEAID AUSTIN INC

132009 12-09-21

Form 990 (2021)

HOMEAID1

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| | and domestic governments. See Part IV, line 21 | | | | |
|--------|--|----------|-------------|---------|-------------------------|
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 95,558. | 52,557. | 4,778. | 38,223. |
| 6 | Compensation not included above to disqualified | | | | ,===: |
| 0 | persons (as defined under section 4958(f)(1)) and | | | | |
| | | | | | |
| _ | persons described in section 4958(c)(3)(B) | 0.0 615 | E1 220 | 1 0 2 1 | 20 116 |
| 7 | Other salaries and wages | 98,615. | 54,238. | 4,931. | 39,446. |
| 8 | Pension plan accruals and contributions (include | F 40F | 2 010 | 0.7.4 | 0 1 0 5 |
| | section 401(k) and 403(b) employer contributions) | 5,487. | 3,018. | 274. | <u>2,195.</u> 5,583. |
| 9 | Other employee benefits | 13,958. | 7,677. | 698. | |
| 10 | Payroll taxes | 12,693. | 6,981. | 635. | 5,077. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| | Legal | | | | |
| | Accounting | 6,269. | | 6,269. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | | | | | |
| | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 4 700 | | 4 700 | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 4,792. | 4 400 | 4,792. | 4.0.0 |
| 12 | Advertising and promotion | 5,397. | 4,428. | 489. | 480. |
| 13 | Office expenses | 2,636. | 2,500. | 136. | |
| 14 | Information technology | 3,477. | | 3,477. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 6,516. | 6,334. | 182. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 8,230. | 6,902. | 993. | 335. |
| 20 | | | • , • • = • | | |
| 21 | | | | | |
| | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 2,884. | | 2,884. | |
| 23 | Insurance | 2,004. | | 2,004. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | PROJECT EXPENSES | 532,516. | 532,516. | | |
| b | SUPPLIES | 15,353. | 11,356. | 671. | 3,326. |
| с | BANK/CC FEES | 8,184. | | 108. | 8,076. |
| d | TELECOMMUNICATIONS | 3,936. | | 3,936. | |
| е | All other expenses | 5,006. | | 2,435. | 2,571. |
| 25 | Total functional expenses. Add lines 1 through 24e | 831,507. | 688,507. | 37,688. | 105,312. |
| 26 | Joint costs . Complete this line only if the organization | | | | |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 132010 |) 12-09-21 | 11 | | | Form 990 (2021) |

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

HOMEAID AUSTIN INC

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

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

(A) Total expenses

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(C) Management and general expenses

(B) Program service expenses

(D) Fundraising expenses

17521104 146917 HOMEAID

Form 990 (2021)

5

Part X Balance Sheet

| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
|-----------------------------|-----|--|----------|-----|------------------------|
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | 5,451. | 9 | 5,000. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 310,374. | 16 | 567,892. |
| | 17 | Accounts payable and accrued expenses | 7,502. | 17 | 41,790. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or former officer, director, | | | |
| litie | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 23,724. | 24 | 30,957. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 31,226. | 26 | 72,747. |
| (0 | | Organizations that follow FASB ASC 958, check here | | | |
| ice | | and complete lines 27, 28, 32, and 33. | | | |
| alan | 27 | Net assets without donor restrictions | | 27 | |
| Ä | 28 | Net assets with donor restrictions | | 28 | |
| nnc | | Organizations that do not follow FASB ASC 958, check here 🕨 🗴 | | | |
| г | | and complete lines 29 through 33. | 0 | | 0 |
| ts o | 29 | Capital stock or trust principal, or current funds | 0. | 29 | 0. |
| Vet Assets or Fund Balances | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 30 | 0. |
| tΑ | 31 | Retained earnings, endowment, accumulated income, or other funds | 279,148. | 31 | 495,145. |
| Ne | 32 | Total net assets or fund balances | 279,148. | 32 | 495,145. |
| | 33 | Total liabilities and net assets/fund balances | 310,374. | 33 | 567,892. |
| | | | | | Form 990 (2021) |

HOMEAID AUSTIN INC

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

1 Cash - non-interest-bearing

2 Savings and temporary cash investments

3 Pledges and grants receivable, net

4 Accounts receivable, net

Loans and other receivables from any current or former officer, director,

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(B) End of year

560,365.

2,527.

(A) Beginning of year

304,923.

1

2

3

4

| Form | 1 990 (2021) HOMEAID AUSTIN INC | 20- | -3240754 | Page 12 |
|------|---|----------|----------|----------------|
| Pa | rt XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | |
| | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,504. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,507. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,997. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 279 | ,148. |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments | 8 | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | |
| | column (B)) | 10 | 495 | ,145. |
| Pa | rt XII Financial Statements and Reporting | | | |
| | 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 "Other," explain on Schedule | О. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | |
| | consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule C |). | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Aud | lit | |
| | Act and OMB Circular A-133? | | За | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red aud | lit | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | |
| | | | | (1000) |

Form **990** (2021)

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

| Attach to i | 0111 330 01 1 0111 330 | |
|------------------------|------------------------|--------------------|
| to www.irs.gov/Form990 | for instructions and | the latest informa |

| ov/Form990 for instructions and the latest information. | | Inspection |
|---|----------|-----------------------|
| | Employer | identification number |

| | | HOME | AID AUSTIN | INC | | | | 2 | 0-3240754 | | | |
|------|-----------|---|-----------------------|---|---------------------------------------|------------------|-----------------|---------------------|---|--|--|--|
| Pa | rt I | Reason for Public (| | | omplete th | nis part.) S | ee instruction | IS. | | | | |
| The | organ | ization is not a private found | | | | | | | | | | |
| 1 | \square | 1 | l. | 0 / | , | , | 1)(A)(i). | | | | | |
| 2 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | | | |
| 3 | | A school described in section 170(b)(1)(A)(ii). (Attach schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 4 | \square | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | |
| | | city, and state: | | | | ooollo | | ,,,, _ | ine neepital e name, | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| 0 | | | | | | | | | | | | |
| 6 | | section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | |
| 7 | X | An organization that norma | 0 | | | | () | | aublic described in | | | |
| ' | 23 | section 170(b)(1)(A)(vi). (C | | inital part of its support if | oni a gove | ennentai | | ie general p | Jublic described in | | | |
| 8 | | A community trust describe | . , | (1)(A)(vi) (Complete Der | ь II) | | | | | | | |
| 9 | \square | | | | | ad in aanii | upotion with a | land grant | | | | |
| 9 | | An agricultural research org | | | | | | | | | | |
| | | or university or a non-land-g | frant conege of agric | ulture (see instructions). | | name, city | , and state of | the college | O | | | |
| 10 | | university: An organization that norma | | than 22 1/20/ of its sum | out from a | optribution | | in face, en | d areas ressints from | | | |
| 10 | | activities related to its exem | , () | | | | | | e | | | |
| | | | , , | , , | () | | | | 0 | | | |
| | | income and unrelated busin | | (less section 511 tax) inc | nn busines | ses acqui | red by the org | anization a | liter June 30, 1975. | | | |
| 4.4 | | See section 509(a)(2). (Con | | value to toot for public oo | fatu Caa | ocation Fl | 20(a)(4) | | | | | |
| 11 | \square | An organization organized a | - | | - | | | | | | | |
| 12 | | An organization organized a | - | - | - | | | • | | | | |
| | | more publicly supported or | - | | | | | | Direck the box on | | | |
| | | lines 12a through 12d that | | | | | | - | | | | |
| а | | Type I. A supporting orga | | | , , , | 0 | (), , | | 0 0 | | | |
| | | the supported organization | | | majority o | of the direc | tors or truste | es of the su | ipporting | | | |
| | | organization. You must o | • | | · · · · · · · · · · · · · · · · · · · | | | ··· (-) - -··· ·· | · | | | |
| b | | Type II. A supporting org | | | | | | | | | | |
| | | control or management o | | | ame perso | ns that co | ntrol or mana | ge the supp | Dorted | | | |
| | | organization(s). You mus | • | | | | | | -1 14- | | | |
| С | | J Type III functionally inte | | | | | | ly integrate | a with, | | | |
| | _ | its supported organization | | | | | | | | | | |
| d | | Type III non-functionally | • • | | | | | 0 | | | | |
| | | that is not functionally int | 0 | 0 , | | | • | an attentiv | /eness | | | |
| | _ | requirement (see instructi | * | • | | | | | | | | |
| e | | Check this box if the orga | | | | | Type I, Type | II, Type III | | | | |
| | - · | functionally integrated, or | | nally integrated supporting | ng organiz | ation. | | | | | | |
| | | er the number of supported o | • | | | | | | | | | |
| g | | vide the following informatior i) Name of supported | (ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount o | fmonetary | (vi) Amount of other | | | |
| | ``` | organization | (1) 2.14 | (described on lines 1-10 | in your governi | ing document? | support (see ir | 5 | support (see instructions) | | | |
| | | 5 | | above (see instructions)) | Yes | INO | | | , | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| Tota | al | | | | | | | | | | | |
| | | | | | | | | | | | | |

OMB No. 1545-0047

Open to Public

Inspection

L

1

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 | ction A. Public Support | | | | | | |
|-------------|--|-----------------------|-----------------------|------------------------|-----------------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | 194,648. | 382,781. | 407,787. | 1047504. | 2032720. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | 194,648. | 382,781. | 407,787. | 1047504. | 2032720. |
| 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) | | | | | | 534,673. |
| | Public support. Subtract line 5 from line 4. | | | | | | 1498047. |
| Sec | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | | 194,648. | 382,781. | 407,787. | 1047504. | 2032720. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2032720. |
| | Gross receipts from related activities, | | , | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, f | fourth, or fifth tax y | /ear as a section 5 | 01(c)(3) | |
| _ | organization, check this box and stop | o here | - | | | | |
| | ction C. Computation of Publi | | | | | I I | |
| | Public support percentage for 2021 (I | | | | | 14 | 73.70 % |
| | Public support percentage from 2020 | | | | | 15 | 76.62 % |
| 1 6a | 33 1/3% support test - 2021. If the o | - | | | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | 1 7 11 | 0 | | | | |
| b | 33 1/3% support test - 2020. If the o | | | | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | 1 2 | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop her | r e. Explain in Part | VI how the organiz | ation |
| | meets the facts-and-circumstances te | 0 | | , | • | | |
| b | 10% -facts-and-circumstances test | | | | | | 10% or |
| | more, and if the organization meets the | | | | • • | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | | |
| | | | | | | Schedule A | (Form 990) 2021 |

132022 01-04-22

| HOMEAID | AUSTIN | INC |
|--------------|-------------|------|
| TIOLITICATED | 110 D T T H | T110 |

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 | ction A. Public Support | | | | | | |
|------|--|----------|----------|---------------------|----------|-----------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| - | 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 | | | | | | |
| | Public support. (Subtract line 7c from line 6.) ction B. Total Support | | - | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | 1 | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | 0 | | | | | ization, |
| | check this box and stop here | | | | | | ····· |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2021 (I | | | column (f)) | | 15 | % |
| | Public support percentage from 2020 | | | | | 16 | % |
| - | ction D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 Investment income percentage from | | | ine 13, column (f)) | | 17 18 | <u>%</u> % |
| | 33 1/3% support tests - 2021. If the | | | | | 33 1/3%, and li | |
| | more than 33 1/3%, check this box ar | | | | | | |
| k | 33 1/3% support tests - 2020. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 23 01-04-22 | | | | | | ule A (Form 990) 2021 |
| | | | 16 | 5 | | | - |

HOMEAID AUSTIN INC

1

2

3a

3b

3c

4a

No

Yes

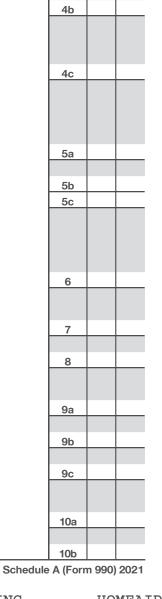
Part IV Supporting Organizations

(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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **c** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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.)

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17

| Schedule A (Form 990) 2021 | HOMEAID | AUSTIN | INC |
|----------------------------|-------------|--------|-----|
| | 1.1 Process | | |

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction 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 | | L |
| Sec | ction D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

| | 1 | Check the box next to the | method that the o | rganization used t | o satisfy the l | ntegral Part Tes | t during the year | (see instructions). |
|--|---|---------------------------|-------------------|--------------------|-----------------|------------------|-------------------|---------------------|
|--|---|---------------------------|-------------------|--------------------|-----------------|------------------|-------------------|---------------------|

a The organization satisfied the Activities Test. Complete line 2 below.

| b | | The organization | is the parent of e | ch of its supported organizations. | Complete line 3 below. |
|---|--|------------------|--------------------|------------------------------------|------------------------|
|---|--|------------------|--------------------|------------------------------------|------------------------|

| c | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions | s). |
|---|--|---|---|-----|
|---|--|---|---|-----|

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.**

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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

3

2a

2b

3a

Yes No

17521104 146917 HOMEAID

| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | | | Part VI). See instructions. |
|------|--|--------------|------------------------------|--------------------------------|
| | All other Type III non-functionally integrated supporting organizations mu | ist complet | e Sections A through E. | 1 |
| Sect | ion 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 | | |
| | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integra | ted Type III supporting orga | nization (see |

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

Schedule A (Form 990) 2021

HOMEAID AUSTIN INC

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Schedule A (Form 990) 2021

132026 01-04-22

instructions).

HOMEAID AUSTIN INC

20-3240754 Page 7

| | dule A (Form 990) 2021 HOMEAID AUSTI | | | | 0-3240754 | Page 7 |
|----------|--|-------------------------------|-------------------------------|------|----------------------|--------|
| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | ied) | 1 | |
| Sect | on D - Distributions | | | | Current Ye | ar |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | |
| | organizations, in excess of income from activity | | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide 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 | ne organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | |
| | | (i) | (ii) | | (iii) Distributab | |
| Sect | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2021 | 15 | Amount for 2 | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable acues required | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | |
| | From 2016 | | | | | |
| | From 2017 | | | | | |
| | From 2018 | | | | | |
| | From 2019 | | | | | |
| | From 2020 | | | | | |
| | Total of lines 3a through 3e | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| | Applied to 2021 distributable amount | | | | | |
| | Carryover from 2016 not applied (see instructions) | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2021 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| | Applied to 2021 distributable amount | | | | | |
| <u> </u> | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| э | Remaining underdistributions for years prior to 2021, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 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: | | | | | |
| | Excess from 2017 | | | | | |
| | Excess from 2018 | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| e | Excess from 2021 | | | | | |

Schedule A (Form 990) 2021

| Schedule A | (Form 990) 2021 | HOMEAID AUSTI | N INC | 20-3240754 Page 8 |
|----------------|--|--|--|---|
| Part VI | Supplemental Information Part IV, Section A, lines line 1; Part IV, Section D | rmation. Provide the expla 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, , lines 2 and 3; Part IV, Sectio | anations required by F , 9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b, | Part II, line 10; Part II, line 17a or 17b; Part III, line 12; d 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, omplete this part for any additional information. |
| | (See Instructions.) | | | |
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| 132028 01-04-2 | 2 | | 21 | Schedule A (Form 990) 202 |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

| 20 | -3 | 2 | 4 | 0 | 7 | 5 | 4 |
|----|----|---|---|---|---|---|---|
| 20 | | _ | - | ~ | | ~ | - |

| HOMEA | ID | AUSTIN | INC |
|-------|----|--------|-----|

| Organization type (check one): | | | | | |
|--------------------------------|--|--|--|--|--|
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | 527 political organization | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | |

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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.

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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

HOMEAID AUSTIN INC

Employer identification number

20-3240754

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | LENNAR HOMES 12401 RESEARCH BLVD BLDG 1 SUITE 300 AUSTIN, TX 78759 | \$35,000. | 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 | HOME BUILDERS ASSOCIATION OF GREATER AUSTIN 8140 EXCHANGE DR AUSTIN, TX 78754 | \$ <u>257,135.</u> | 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 | SMALL BUSINESS ADMINISTRATION 409 3RD ST, SW WASHINGTON, DC 20416 | \$23,724. | 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_ | CHESMAR HOMES <u>3600 W PARMER LN</u> <u>AUSTIN, TX 78727</u> | \$100,000. | 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 |
| 5 | COMMUNITY FIRST VILLAGE 9301 HOG EYE RD, SUITE 950 AUSTIN, TX 78724 | \$476,643. | Person Payroll Noncash X (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.) |

17521104 146917 HOMEAID

Schedule B (Form 990) (2021)

2021.05000 HOMEAID AUSTIN INC

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| Name of c | rganization | | | Emplo | yer identification number |
|------------------------------|---|---------|---|-------|---------------------------|
| HOMEA | ID AUSTIN INC | | | 20 | -3240754 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | ddition | al space is needed | l. | |
| (a) No. from Part I | (b) Description of noncash property given | | (c) FMV (or estimate (See instructions. | | (d) Date received |
| | CONSTRUCTION MATERIALS | | | | |
| 5 | | \$ | 476,6 | 43. | _12/31/21_ |
| (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 |
| 123453 11-1 | 1.21 | \$ | | | |

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2021.05000 HOMEAID AUSTIN INC

17521104 146917 HOMEAID

Page 3

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

| Schedule I | B (Form 990) (2021) | | | | Page | | | |
|---|--|--|--|--------------------|---|--|--|--|
| Name of o | rganization | | | | Employer identification number | | | |
| HOMEA | ID AUSTIN INC | | | | 20-3240754 | | | |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively rel | through (e) and the following lisharitable, etc., contributions of \$1,0 | ine entry. For ora | anizations | at total more than \$1,000 for the year | | | |
| (a) No. | Use duplicate copies of Part III if additional | space is needed. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Descr | iption of how gift is held | | | |
| | | | | | | | | |
| | | | - | | | | | |
| | | (e) Transfer | of gift | | | | | |
| | Transferee's name, address, ar | 1d ZIP + 4 | Rela | ationship of trans | sferor to transferee | | | |
| | | | | | | | | |
| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Descr | iption of how gift is held | | | |
| | | |] : | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| Transferee's name, address, and ZIP + 4 | | | Rela | ationship of trans | sferor to transferee | | | |
| | | | | | | | | |
| (a) No. | | | | | | | | |
| `from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Descr | iption of how gift is held | | | |
| | | | | | | | | |
| | | | - | | | | | |
| | | (e) Transfer | of gift | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Descr | iption of how gift is held | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, ar | Id ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Schedule B (Form 990) (2021)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

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

Attach to Form 990.

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

| 2021 |
|------------------------------|
| Open to Public Inspection |

Employer identification number

20 - 3240754

Name of the organization

HOMEAID AUSTIN INC

| Pa | irt i Types of Property | | | | | | | | | |
|-----|--|--------------|--------------------------------------|---|--|------------|---|---------|-----|----|
| | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contrik amounts reporte Form 990, Part VIII | ed on | (d) Method of de noncash contribu | etermin | 0 | S |
| 1 | Art - Works of art | Γ | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | | |
| | | | | | | | | | | |
| 4 | Books and publications | | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes | ····· - | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | | |
| 13 | | | | | | | | | | |
| 4.4 | Historic structures Qualified conservation contribution - | | | | | | | | | |
| 14 | | | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | |
| 25 | Other (CONSTRUCTI | <u>ON</u>) | X | 2 | 497, | 441. | FMV | | | |
| 26 | Other 🕨 (|) | | | | | | | | |
| 27 | Other 🕨 (|) | | | | | | | | |
| 28 | Other 🕨 (|) | | | | | | | | |
| 29 | Number of Forms 8283 received by 1 | the organiza | ation during | the tax year for co | ontributions | | | | | |
| | for which the organization completed | d Form 828 | 3, Part V, D | onee Acknowledg | ement | 29 | | | | |
| | | | | | | | | | Yes | No |
| 30a | During the year, did the organization | receive by | contributio | n any property rep | orted in Part I, lines | 1 throug | h 28, that it | | | |
| | must hold for at least three years fro | | | | | | | | | |
| | exempt purposes for the entire holdi | ng period? | | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement ir | | | | | | | | | |
| 31 | Does the organization have a gift acc | | olicy that re | quires the review o | of any nonstandard | contribut | ions? | 31 | | Х |
| 32a | | | | | | | | | | |
| | contributions? | | | | | | | 32a | | х |
| b | If "Yes," describe in Part II. | | | | | | | ULU I | | |
| 33 | If the organization didn't report an ar | mount in co | lumn (c) for | a type of property | for which column (| a) is chec | ked | | | |
| | describe in Part II. | | | a type of property | | | | | | |

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

Schedule M (Form 990) 2021

132141 11-17-21

20-3240754 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| 132142 11-17-21 | Schedule M (Form 990) 2021 |
|-----------------|----------------------------|

17521104 146917 HOMEAID

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

20 - 3240754

HOMEAID AUSTIN INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSING WHILE OFFERING JOB SKILLS TRAINING AND SUPPORT TO HELP

RESIDENTS MOVE TOWARD SELF-SUFFICIENCY.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS APRIL AND LEE WHITAKER ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY STAFF AND THE EXECUTIVE COMMITTEE BEFORE BEING

PROVIDED TO THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS MUST DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND RECUSE

THEMSELVES FROM VOTING ON DECISIONS WHICH COULD BENEFIT THEM PERSONALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS COMPARABILITY DATA TO SET THE EXECUTIVE

DIRECTOR'S ANNUAL SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST.

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Schedule O (Form 990) 2021