

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.

OMB No. 1545-0047

2020**Open to Public
Inspection****A For the 2020 calendar year, or tax year beginning and ending**

B Check if applicable:	C Name of organization MIRIAM'S HOUSE INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 3196 City or town, state or province, country, and ZIP or foreign postal code LYNCHBURG, VA 24503	D Employer identification number 54-1606543
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	E Telephone number 434-847-1101	G Gross receipts \$ 1,531,611.
F Name and address of principal officer: SARAH QUARANTOTTO P. O. BOX 3196, LYNCHBURG, VA 24503		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 1991 M State of legal domicile: VA
J Website: ▶ www.miriamhouseprogram.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO END HOMELESSNESS BY REBUILDING LIVES AND EMPOWERING OUR COMMUNITY'S MOST VULNERABLE. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 13 6 Total number of volunteers (estimate if necessary) 6 143 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 855,992. Current Year 1,120,822. 9 Program service revenue (Part VIII, line 2g) 6,275. 3,950. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 124,307. 99,884. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,472. 56,743. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,007,046. 1,281,399.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 169,003. 149,056. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 438,960. 527,875. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,933. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 234,980. 235,099. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 842,943. 912,030. 19 Revenue less expenses. Subtract line 18 from line 12 164,103. 369,369.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 3,875,706. End of Year 4,284,718. 21 Total liabilities (Part X, line 26) 29,502. 24,021. 22 Net assets or fund balances. Subtract line 21 from line 20 3,846,204. 4,260,697.	

Part II Signature Block

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

Sign Here	Signature of officer SARAH QUARANTOTTO, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name AMY A GALLAGHER, CPA Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00884747 Firm's name ▶ DAVIDSON, DOYLE & HILTON, LLP Firm's address ▶ PO BOX 800 LYNCHBURG, VA 24505-0800 Firm's EIN ▶ 54-1953476 Phone no. 434-846-7611	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
TO END HOMELESSNESS BY REBUILDING LIVES AND EMPOWERING OUR COMMUNITY'S MOST VULNERABLE.
-
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 343,857. including grants of \$ 148,467.) (Revenue \$ 1,001.)
COMMUNITY FIRST: REHOUSES HOMELESS FAMILIES AND INDIVIDUALS TO RETURN THEM TO SAFE AND AFFORDABLE HOUSING WHILE PROVIDING SHORT-TERM HOUSING FINANCIAL ASSISTANCE AND SUPPORTIVE SERVICES.
-
- 4b** (Code:) (Expenses \$ 238,835. including grants of \$ 143.) (Revenue \$ 10,943.)
PERMANENT SUPPORTIVE HOUSING: PROVIDES LONG-TERM HOUSING & SUPPORTIVE SERVICES TO PEOPLE EXPERIENCING CHRONIC HOMELESSNESS.
-
- 4c** (Code:) (Expenses \$ 137,841. including grants of \$ 0.) (Revenue \$ 4,279.)
HOMELESS SYSTEM COORDINATION: LEADS THE COMMUNITY'S HOMELESS RESPONSE EFFORTS TO ENSURE THAT HOMELESSNESS IS RARE, BRIEF AND NONRECURRING IN THE LYNCHBURG AREA.
-
- 4d** Other program services (Describe on Schedule O.)
 (Expenses \$ 26,606. including grants of \$ 446.) (Revenue \$ 76.)
- 4e** Total program service expenses **747,139.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
THE ORGANIZATION - 434-847-1101
409 MAGNOLIA STREET, LYNCHBURG, VA 24503

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH QUARANTOTTO EXECUTIVE DIRECTOR	40.00				X			74,373.	0.	9,988.
(2) ANNE ALFIERI TREASURER	4.00	X		X				0.	0.	0.
(3) KATE WORTHINGTON SIGLER PRESIDENT	4.00	X		X				0.	0.	0.
(4) PAGE M CARRINGTON DIRECTOR	2.00	X						0.	0.	0.
(5) GENIA J DOWDY DIRECTOR	2.00	X						0.	0.	0.
(6) ALLISON B JABLONSKI DIRECTOR	2.00	X						0.	0.	0.
(7) B J MCGRAW VICE PRESIDENT	4.00	X		X				0.	0.	0.
(8) REVERAND TODD VIE DIRECTOR	2.00	X						0.	0.	0.
(9) MAC FRANKFORT DIRECTOR	2.00	X						0.	0.	0.
(10) MICHAEL GILLETTE DIRECTOR	2.00	X						0.	0.	0.
(11) LAURA GROSVENOR SECRETARY	4.00	X		X				0.	0.	0.
(12) KIM S PRICE DIRECTOR	2.00	X						0.	0.	0.
(13) JAMES PEERY III DIRECTOR	2.00	X						0.	0.	0.
(14) LESLIE KING DIRECTOR	2.00	X						0.	0.	0.
(15) HOPE TOWNES, ESQUIRE DIRECTOR	2.00	X						0.	0.	0.
(16) REVEREND KEITH R ANDERSON DIRECTOR	2.00	X						0.	0.	0.
(17) WILL POATS DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOY LEE PRICE, ESQUIRE DIRECTOR	2.00	X						0.	0.	0.
(19) TINA RAGLAND DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								74,373.	0.	9,988.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								74,373.	0.	9,988.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	24,635.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	567,466.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	528,721.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 35,701.			
	h	Total. Add lines 1a-1f		1,120,822.			
	2 a	PROGRAM FEES	Business Code	532000	3,950.	3,950.	
b						
c						
d						
e						
f	All other program service revenue						
g	Total. Add lines 2a-2f		3,950.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		54,828.			54,828.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	10,358.			
	b	Less: rental expenses	(ii) Personal	0.			
	c	Rental income or (loss)		10,358.			
	d	Net rental income or (loss)		10,358.	10,358.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	294,710.			
	b	Less: cost or other basis and sales expenses	(ii) Other	856.			
	c	Gain or (loss)		-856.			
	d	Net gain or (loss)		45,056.			45,056.
	8 a	Gross income from fundraising events (not including \$ 24,635. of contributions reported on line 1c). See Part IV, line 18		12,452.			
	b	Less: direct expenses		558.			
	c	Net income or (loss) from fundraising events		11,894.			11,894.
	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 and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	SETTLEMENT PROCEEDS	Business Code	900099	32,500.		32,500.
	b	OTHER		900099	1,991.	1,991.	
	c					
	d	All other revenue					
	e	Total. Add lines 11a-11d		34,491.			
	12	Total revenue. See instructions		1,281,399.	16,299.	0.	144,278.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	149,056.	149,056.		
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	74,373.	47,441.	15,381.	11,551.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	369,750.	280,500.	86,327.	2,923.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,500.	11,123.	4,094.	283.
9 Other employee benefits	35,009.	32,251.	1,816.	942.
10 Payroll taxes	33,243.	24,530.	7,701.	1,012.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,222.		6,222.	
c Accounting	5,150.	3,863.	644.	643.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,772.	32,772.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	2,099.	1,376.	596.	127.
14 Information technology				
15 Royalties				
16 Occupancy	14,929.	14,929.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,712.	40,712.		
23 Insurance	16,451.	13,380.	2,908.	163.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE & REPAIRS	32,441.	32,048.	294.	99.
b CONTRACT LABOR	25,792.	25,792.		
c OTHER PROGRAM EXPENSE	12,682.	12,682.	0.	0.
d POSTAGE & PRINTING	11,563.	4,359.	405.	6,799.
e All other expenses	34,286.	20,325.	5,570.	8,391.
25 Total functional expenses. Add lines 1 through 24e	912,030.	747,139.	131,958.	32,933.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	397,302.	1	450,348.
	2 Savings and temporary cash investments	351,028.	2	175,012.
	3 Pledges and grants receivable, net	80,830.	3	99,609.
	4 Accounts receivable, net	11,606.	4	57,793.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,551.	9	3,613.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,513,797.		
	b Less: accumulated depreciation	10b 403,858.		
		1,107,092.	10c	1,109,939.
	11 Investments - publicly traded securities		11	492,558.
	12 Investments - other securities. See Part IV, line 11	1,919,087.	12	1,890,405.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	5,210.	15	5,441.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,875,706.	16	4,284,718.	
Liabilities	17 Accounts payable and accrued expenses	29,502.	17	24,021.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	29,502.	26	24,021.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,789,132.	27	2,198,623.
	28 Net assets with donor restrictions	2,057,072.	28	2,062,074.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,846,204.	32	4,260,697.
	33 Total liabilities and net assets/fund balances	3,875,706.	33	4,284,718.

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck 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	1,281,399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	912,030.
3	Revenue less expenses. Subtract line 2 from line 1	3	369,369.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,846,204.
5	Net unrealized gains (losses) on investments	5	45,124.
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	4,260,697.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2020)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number

54-1606543

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,919,087.	1,745,188.	1,954,056.	1,854,281.	1,753,498.
b Contributions					
c Net investment earnings, gains, and losses	95,535.	296,967.	-84,672.	225,345.	224,908.
d Grants or scholarships					
e Other expenditures for facilities and programs	93,112.	91,250.	91,705.	93,383.	92,978.
f Administrative expenses	31,106.	31,818.	32,491.	32,187.	31,147.
g End of year balance	1,890,405.	1,919,087.	1,745,188.	1,954,056.	1,854,281.

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

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☒ 90.0000 %

c Term endowment ☒ 10.0000 %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,441.		80,441.
b Buildings		1,349,489.	341,969.	1,007,520.
c Leasehold improvements				
d Equipment		83,867.		83,867.
e Other			61,889.	-61,889.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,109,939.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FUNDS HELD IN TRUST BY		
(B) OTHERS	1,890,405.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,890,405.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,298,167.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	45,124.
b	Donated services and use of facilities	2b	4,416.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-32,772.
e	Add lines 2a through 2d	2e	16,768.
3	Subtract line 2e from line 1	3	1,281,399.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,281,399.

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

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

1	Total expenses and losses per audited financial statements	1	883,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,416.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,416.
3	Subtract line 2e from line 1	3	879,258.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	32,772.
c	Add lines 4a and 4b	4c	32,772.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	912,030.

Part XIII Supplemental Information.

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

Part V, line 4:

TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS
ENDOWMENT

Part X, Line 2:

THE ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE IRS
AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES
THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND
DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL
ADVERSE AFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF
OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED
ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN

Part XIII Supplemental Information *(continued)*

INCOME TAX POSITIONS AT DECEMBER 31, 2019.

Part XI, Line 2d - Other Adjustments:

INVESTMENT MANAGEMENT FEES

Part XII, Line 4b - Other Adjustments:

INVESTMENT MANAGEMENT FEES

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL LUNCHEON (event type)	FALL RAFFLE (event type)	None (total number)	
Revenue	1 Gross receipts	29,785.	7,302.		37,087.
	2 Less: Contributions	24,635.	0.		24,635.
	3 Gross income (line 1 minus line 2)	5,150.	7,302.		12,452.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	0.	0.		
	8 Entertainment	0.	0.		
	9 Other direct expenses	312.	246.		558.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				558.
	11 Net income summary. Subtract line 10 from line 3, column (d)				11,894.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain: _____**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2020

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **MIRIAM'S HOUSE INC.** Employer identification number **54-1606543**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING ASSISTANCE TO FAMILIES	0	146,993.	0.		
TRANSPORTATION ASSISTANCE TO FAMILIES	0	235.	0.		
PERSONAL NEEDS ASSISTANCE TO FAMILIES	0	1,828.	0.		

Part IV

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number

54-1606543

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number

54-1606543

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	X	4	35,701.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
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 ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2020

Supplemental Information.

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number
54-1606543

Form 990, Part III, Line 4d, Other Program Services:

THE TWO OTHER PROGRAMS INCLUDE HOMELESS OUTREACH AND MOBILE ENGAGEMENT
WHICH OFFERS OUTREACH AND ENGAGEMENT SERVICES TO UNSHELTERED
INDIVIDUALS IN THE LYNCHBURG AREA; AND AFTERCARE SUPPORT WHICH HELPS
FORMERLY HOMELESS FAMILIES MAINTAIN THEIR HOUSING AND THEIR GOALS.

Expenses \$ 26,606. including grants of \$ 446. Revenue \$ 76.

Form 990, Part VI, Section B, line 11b:

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD BEFORE IT IS
FILED.

Form 990, Part VI, Section B, Line 12c:

STAFF SUPERVISORS, THE EXECUTIVE DIRECTOR, AND THE BOARD ARE ALL
RESPONSIBLE FOR MONITORING THE CONFLICT OF INTEREST POLICY. EMPLOYEES ARE
REQUIRED TO DISCLOSE ANY CONFLICTS OF INTERESTS RELATING TO ANY OF THE
ORGANIZATION'S PROGRAMS, PROJECTS, OR GRANTS WHEN SUCH CONFLICT ARISES. IF
A CONFLICT OF INTEREST ARISES, THE EMPLOYEE OR BOARD MEMBER IS NOT ALLOWED
TO PARTICIPATE DURING ANY DISCUSSIONS OR VOTES RELATED TO THE PROJECT OR
FUNDING FOR WHICH THERE IS A CONFLICT.

Form 990, Part VI, Section B, Line 15a:

THE EXECUTIVE DIRECTOR'S RAISE IS DETERMINED AND APPROVED BY THE BOARD OF
DIRECTORS. THE EXECUTIVE DIRECTOR DETERMINES THE RAISES OF ALL OTHER STAFF
MEMBERS BASED ON THEIR PERFORMANCE REVIEW.

Form 990, Part VI, Section C, Line 19:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number

54-1606543

A MANAGEMENT AND PERSONNEL POLICIES MANUAL (WHICH INCLUDES THE CONFLICT OF INTEREST POLICY) IS MAINTAINED IN THE OFFICE AND AVAILABLE FOR ANY EMPLOYEE, BOARD MEMBER, OR CITIZEN TO REVIEW. FINANCIAL STATEMENTS ARE MAINTAINED IN THE OFFICE AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR REVIEWING THE OVERSIGHT OF THE AUDIT AND REVIEW OF THE 990 HAS NOT CHANGED FROM PRIOR YEAR.

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
88	NEW BACK DECK	07/08/04	SL	39.00	MM	17	11,940.				11,940.	4,730.		306.	5,036.
91	NEW UPSTAIRS FLOORING	08/29/05	SL	7.00	HY	17	12,829.				12,829.	12,829.		0.	12,829.
92	NEW LIVING ROOM FLOORING	10/03/05	SL	7.00	HY	17	3,206.				3,206.	3,206.		0.	3,206.
97	MISC LH IMPROVEMENTS	12/29/05	SL	7.00	HY	17	5,899.				5,899.	5,899.		0.	5,899.
98	KITCHEN TILE	05/10/05	SL	7.00	HY	17	10,263.				10,263.	10,263.		0.	10,263.
108	2 HOT WATER HEATERS	05/01/06	SL	7.00	HY	17	11,955.				11,955.	11,955.		0.	11,955.
109	PAVING	12/31/06	SL	15.00	HY	17	5,800.				5,800.	5,224.		387.	5,611.
111	LH IMPROVEMENTS - 2ND FLOOR FLOORING, 1ST FLOOR WALLS	01/01/07	SL	39.00	MM	17	3,504.				3,504.	1,166.		90.	1,256.
121	FLOORING - OFFICES	03/03/08	SL	7.00	HY	17	2,796.				2,796.	2,796.		0.	2,796.
124	FLOORING - UPSTAIRS HALLWAY	09/22/08	SL	7.00	HY	17	5,851.				5,851.	5,851.		0.	5,851.
125	FLOORING - LOUNGE	09/30/08	SL	7.00	HY	17	3,000.				3,000.	3,000.		0.	3,000.
134	BUILDING - MHLF	12/31/10	SL	39.00	MM	17	942,164.				942,164.	218,429.		24,158.	242,587.
136	ROOF	01/14/11	SL	15.00	HY	17	28,500.				28,500.	16,150.		1,900.	18,050.
145	FENCE	03/22/16	SL	15.00		16	5,456.				5,456.	1,365.		364.	1,729.
147	TW OFFICE FLOORING - INSTALLATION	02/28/17	SL	7.00		16	835.				835.	337.		119.	456.
150	ALL 2ND FLOOR BATHROOM RENOVATIONS	12/11/17	SL	15.00		16	20,000.				20,000.	2,777.		1,333.	4,110.
152	HEAT PUMP #4	06/19/18	SL	15.00		16	4,100.				4,100.	410.		273.	683.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
154	BASEMENT REMODEL	12/31/18	SL	39.00	MM	16	33,476.				33,476.			858.	858.
155	BASEMENT REMODEL	12/31/19	SL	39.00	MM	16	208,977.				208,977.			5,358.	5,358.
160	BASEMENT REMODEL	05/29/20	SL	39.00		16	27,311.				27,311.			408.	408.
166	BUILDING WIRING IMPROVEMENTS	05/07/20	SL	39.00		16	1,626.				1,626.			28.	28.
	* 990 Page 10 Total Buildings						1,349,488.				1,349,488.	306,387.		35,582.	341,969.
	Furniture & Fixtures														
42	(D)FURNITURE (OLD DOMINION)	01/01/94	SL	7.00	HY	17	24,344.				24,344.	24,344.		0.	24,344.
58	BATHROOM RENOVATIONS	01/13/00	SL	39.00	MM	17	2,270.				2,270.	1,158.		58.	1,216.
62	FREEZER	06/14/01	SL	7.00	HY	17	489.				489.	489.		0.	489.
63	(D)FREEZER	06/14/01	SL	7.00	HY	17	489.				489.	489.		0.	489.
64	MONEY SAFE	02/28/01	SL	7.00	HY	17	450.				450.	450.		0.	450.
79	PLAYGROUND EQUIPMENT	11/06/02	SL	7.00	MQ	17	29,520.				29,520.	29,520.		0.	29,520.
87	2 LATERAL FILING CABINETS	09/02/04	SL	7.00	HY	17	999.				999.	999.		0.	999.
114	EMERGENCY LIGHTING	07/12/07	SL	7.00	HY	17	1,353.				1,353.	1,353.		0.	1,353.
115	AIPHONE INTERCOM SYSTEM	08/29/07	SL	7.00	HY	17	1,900.				1,900.	1,900.		0.	1,900.
119	6 ARMOIRES	02/12/08	SL	7.00	HY	17	939.				939.	939.		0.	939.
120	(D)STOVE	02/21/08	SL	7.00	HY	17	554.				554.	554.		0.	554.
123	ARMOIRE	07/29/08	SL	7.00	HY	17	317.				317.	317.		0.	317.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
128	5 TON CARRIER AIR CONDITIONER	06/22/09	SL	7.00	HY	17	3,500.				3,500.	3,500.		0.	3,500.
131	(D)REFRIGERATOR	03/04/10	SL	7.00	HY	17	626.				626.	626.		0.	626.
132	MULTI MEDIA PROJECTOR	02/09/10	SL	5.00	HY	17	549.				549.	549.		0.	549.
135	HEAT EXCHANGE	01/27/11	SL	7.00	HY	17	650.				650.	650.		0.	650.
137	3 DELL LAPTOPS - SCG, EG, EL	03/22/12	SL	5.00	HY	17	2,047.				2,047.	2,047.		0.	2,047.
138	PHONE SYSTEM	06/20/12	SL	7.00	HY	17	2,215.				2,215.	2,215.		0.	2,215.
140	DELL PC - RK	07/11/14	SL	5.00		16	619.				619.	619.		0.	619.
141	SECURITY SYSTEM	07/24/14	SL	7.00		16	8,815.				8,815.	6,820.		1,259.	8,079.
142	DISHWASHER	10/22/14	SL	5.00		16	509.				509.	509.		0.	509.
143	2 RECTANGULAR CONFERENCE TABLES	04/15/15	SL	7.00		16	548.				548.	371.		78.	449.
144	(D)22 OFFICE CHAIRS 4 LAMPS & 2 END TABLES	04/24/15	SL	7.00		16	4,500.				4,500.	3,001.		643.	3,644.
146	PHONE LINE INSTALLATION	02/16/17	SL	7.00		16	789.				789.	320.		113.	433.
148	TC'S COMPUTER - INTEL 3.40GHZ I5 & ACER 24" FLAT M	03/27/17	SL	5.00		16	918.				918.	506.		184.	690.
149	2 LAPTOPS & SETUP - SQ, CONF. RM.	08/28/17	SL	5.00		16	1,894.				1,894.	884.		379.	1,263.
151	SERVER	03/08/18	SL	5.00		16	1,310.				1,310.	480.		262.	742.
153	DELL LAPTOP - FRANCIS	10/30/18	SL	5.00		16	699.				699.	163.		140.	303.
156	ACCESS CONTROL FOR FRONT DOOR	01/13/19	SL	7.00		16	2,261.				2,261.	323.		323.	646.
157	ACCESS CONTROL FOR REAR DOOR	01/13/19	SL	7.00		16	1,425.				1,425.	204.		204.	408.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
158	THINKPAD E590 LAPTOP, MOUSE & MONITOR - LW	08/15/19	SL	5.00		16	1,405.				1,405.	117.		281.	398.
159	(D)LAPTOP	03/22/12	SL	5.00	HY	17	683.				683.	683.		0.	683.
161	BASEMENT PHONE EQUIPMENT	05/28/20	SL	7.00		16	908.				908.			76.	76.
162	RECEPTION DESK PARTITION	07/09/20	SL	7.00		16	880.				880.			63.	63.
163	FRACTUL CPU, NETWORK ADAPTER - FINANCE MANAGER	06/26/20	SL	5.00		16	1,086.				1,086.			109.	109.
164	OUTDOOR DINING SET	09/08/20	SL	7.00		16	756.				756.			36.	36.
165	JVC 70' ROKU SMART TV AND WALL MOUNT	09/08/20	SL	5.00		16	710.				710.			47.	47.
167	REME-HALO UNIT - BASEMENT	03/09/20	SL	7.00		16	850.				850.			101.	101.
168	HVAC UNIT	06/04/20	SL	7.00		16	7,350.				7,350.			613.	613.
169	REME LED UNIT - CONF. RM.	09/29/20	SL	7.00		16	850.				850.			30.	30.
170	LENOVO THINKBOOK - LW	05/18/20	SL	5.00		16	961.				961.			112.	112.
171	LAPTOP - BT	12/10/20	SL	5.00		16	574.				574.			10.	10.
172	LAPTOP - SA	12/03/20	SL	5.00		16	553.				553.			9.	9.
	* 990 Page 10 Total Furniture & Fixtures						115,064.				115,064.	87,099.		5,130.	92,229.
	Land														
133	LAND	12/31/10	L				80,441.				80,441.			0.	
	* 990 Page 10 Total Land						80,441.				80,441.	0.		0.	0.
	* Grand Total 990 Page 10 Depr						1,544,993.				1,544,993.	393,486.		40,712.	434,198.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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[illegible]