		PUB	LIC DISCLOSURE COPY - STATE REGISTRAT			-
	n	00	Return of Organization Exempt Fror	n Incor	ne Tax	OMB No. 1545-0047
For	m <b>Y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except priv	vate foundations)	2021
Denr	rtment o	of the Treasury	Do not enter social security numbers on this form as it n	nay be made	) public.	Open to Public
Inter	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the la			Inspection
<u>A I</u>	or the	e 2021 calend	ar year, or tax year beginning $ { m JUL}1,2021$ and ending	g JUN 3	30, 2022	
	Check if pplicable	C Name o	forganization	D Em	nployer identificat	tion number
	Addre	SPIR	ITUS CHRISTI PRISON OUTREACH, INC.			
	Name chang		usiness as	1	16-1582433	3
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/	/suite E Tel	lephone number	
	Final return/	, <b>30 M</b>	ILLBANK ST.	5	585-288-05	504
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gros	ss receipts \$	1,892,389.
	Ameno	RUCH	ESTER, NY 14619	<b>H(a)</b> Is	s this a group retu	rn
	Applic tion	F Name a	nd address of principal officer: JAMES M. SMITH	fe	or subordinates?	Yes X No
	pendir	SAME	AS C ABOVE	H(b) A	Are all subordinates inclue	ded? Yes No
		empt status: [		<u>527</u> II	f "No," attach a lis	t. See instructions
			SPIRITUSCHRISTIPRISONOUTREACH.ORG		Group exemption r	
			X Corporation	Year of forma	<u>ition: 2002 M S</u>	State of legal domicile <b>: NY</b>
Pa	art I	Summary				
ø	1		be the organization's mission or most significant activities: BELIEVIN			
ũ		GOODNES	S OF EVERY PERSON AND THE IMPACT OF B	ELONGI	NG, SPIRI	rus
sr në	2	Check this bo	x  if the organization discontinued its operations or disposed of	more than 25	1 1	
Š	3		ting members of the governing body (Part VI, line 1a)			5
യ ത	4		lependent voting members of the governing body (Part VI, line 1b)			4
es	5		of individuals employed in calendar year 2021 (Part V, line 2a)			48
Activities & Governance	6		of volunteers (estimate if necessary)			45
Act	7a		d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
		o			or Year 347,236.	Current Year 547,722.
ne	8		and grants (Part VIII, line 1h)		244,668.	1,330,928.
Revenue	9	•	ce revenue (Part VIII, line 2g)		-1,113.	-42,721.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		186,546.	9,932.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		777,337.	1,845,861.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
			nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	0.
	45	•	to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)	C	925,620.	1,045,924.
ses	162		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h		ing expenses (Part IX, column (D), line 25)			•••
ň	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	5	536,492.	602,724.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		462,112.	1,648,648.
			expenses. Subtract line 18 from line 12		315,225.	197,213.
OL					of Current Year	End of Year
Net Assets or	20	Total assets (I	Part X, line 16)		355,448.	1,501,890.
ASS	21		(Part X, line 26)		229,183.	178,412.
Net	22	<u>Net assets or</u>	fund balances. Subtract line 21 from line 20	1,1	126,265.	1,323,478.
Pa	art II	Signatur	e Block			
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and st	tatements, and	to the best of my kr	nowledge and belief, it is
true	, correc	ct, and complete	Declaration of preparer (other than officer) is based on all information of which pre	eparer has any	knowledge.	
		1.5				

Sign	Signature of officer		Date	
Here	JAMES M. SMITH, EXECUT	IVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	JONATHAN MILLER		04/25/23 self-employed P013	322027
Preparer	Firm's name <b>BONADIO &amp; CO., L</b>	LP	Firm's EIN ▶ 16-113	1146
Use Only	Firm's address 171 SULLY'S TRAI	L		
	PITTSFORD, NY 14	534	Phone no. (585) 38	1 - 1000
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	Χ.Υ	'es 🗌 No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Fo	rm <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) SPIRITUS CHRISTI PRISON OUTREACH, INC. 16-1582433 Page 2
Par	t 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: BELIEVING IN THE INHERENT GOODNESS OF EVERY PERSON AND THE IMPACT OF BELONGING, SPIRITUS CHRISTI PRISON OUTREACH EMPOWERS INDIVIDUALS WHO ARE JUSTICE-INVOLVED AND HOMELESS BY PROVIDING STABLE HOUSING, LIFE
	SKILLS, CONNECTIONS TO TREATMENT SERVICES, AND A SUPPORTIVE COMMUNITY.
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 X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 352,326. including grants of \$) (Revenue \$ 275,363.)
	WOMENS PROGRAM (JENNIFER HOUSE): THE WOMEN'S PROGRAM FACILITATES TWO
	GROUPS FOR WOMEN IN THE MONROE COUNTY JAIL AND ONE GROUP IN THE
	COMMUNITY, WHICH ARE CONDUCTED BY STAFF AND VOLUNTEERS. IN THESE
	VOLUNTARY GROUPS, WOMEN ENGAGE IN THE PROCESS OF REBUILDING THEIR
	LIVES. UPON RELEASE, MANY OF THESE HOMELESS EX-OFFENDERS ELECT TO GO TO
	JENNIFER HOUSE TO CONTINUE THE PROCESS. JENNIFER HOUSE IS A RESIDENCE
	OWNED BY THE ORGANIZATION THAT PROVIDES AN IMMEDIATE, SHORT-TERM, SAFE
	AND STRUCTURED HOME FOR HOMELESS WOMEN. HERE THEY ARE REUNITED WITH
	THEIR CHILDREN, WHILE CONNECTING WITH THE SOCIAL, PHYSICAL, AND MENTAL
	SERVICES NEEDED TO CREATE A SOLID FOUNDATION FOR REBUILDING THEIR
	LIVES. NUMBER SERVED: 35
4b	(Code:         ) (Expenses \$
	MENS PROGRAM (NIELSEN HOUSE): THE MENS PROGRAM VISITS MALES IN THE
	MONROE COUNTY JAIL AND IN SOME AREA STATE CORRECTIONAL FACILITIES AND
	PROVIDES A SAFE GROUP EXPERIENCE. VOLUNTEERS AND STAFF CONDUCT PROGRAMS
	FOR 4 GROUPS OF INCARCERATED MEN AND ONE GROUP IN THE COMMUNITY.
	RELATIONSHIPS ARE FORMED IN THESE GROUPS, AND THE OBSTACLES THAT LED TO
	EACH INCARCERATION ARE EXPLORED. UPON RELEASE, MANY OF THESE HOMELESS
	EX-OFFENDERS ELECT TO GO TO NIELSEN HOUSE TO CONTINUE THE PROCESS.
	NIELSEN HOUSE IS A RESIDENCE PURCHASED BY THE ORGANIZATION AND PROVIDES
	AN IMMEDIATE, SHORT-TERM, SAFE AND STRUCTURED HOME FOR HOMELESS
	EX-OFFENDERS. HERE THEY CONNECT WITH THE SOCIAL, PHYSICAL, AND MENTAL
	SERVICES NEEDED TO CREATE A SOLID FOUNDATION FOR REBUILDING THEIR
	LIVES. NUMBER SERVED: 43
4c	(Code:) (Expenses \$723,044. including grants of \$) (Revenue \$753,074.)
	PERMANENT SUPPORTIVE HOUSING (PSH): THROUGH COLLABORATION WITH HOME
	LEASING, THERE ARE 68 APARTMENT UNITS WITHIN VOTERS BLOCK COMMUNITY,
	CHARLOTTE SQUARE, FLOWER CITY AND THURSTON VILLAGE FOR THE ALUMNI OF
	THE SPIRITUS CHRISTI PRISON OUTREACH THAT OFFERS, WITH RENTAL SUBSIDY
	ASSISTANCE AND ON-SITE CASE MANAGEMENT, PERMANENT HOUSING TO MEN AND
	WOMEN WHO HAVE DEMONSTRATED AN ABILITY TO WORK TOWARDS ACCOMPLISHING
	INDIVIDUAL GOALS, WHICH WILL LEAD THEM TO ECONOMIC SELF-SUFFICIENCY.
	WE SERVE A DIVERSE POPULATION OF WOMEN AND MEN, WHO WERE PREVIOUSLY
	HOMELESS AND/OR JUSTICE INVOLVED. NUMBER SERVED: 68
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,502,599.
	Form <b>990</b> (2021)
132002	2 12-09-21
001	3 25 78/12/ SDT017001 2021 05080 SDTRTWIS CHRIST DRISON O SDT01

Form 990 (				PRISON	OUTREACH,	INC
Part IV	Checklist of	f Required Scheo	dules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? 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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>•</b>		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes, " complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ĕ		
	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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? 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		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		- 23
5	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		х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
132003	12-09-21	⊢orm	330	(2021)

132003 12-09-21

Form 990 (2021)				OUTREACH,	INC.
Part IV Checklist of	Required Scheo	dules <sub>(continue</sub>	əd)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		<u> </u>
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	0.51		v
~~	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%	26		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,	20		<u> </u>
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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~	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			x
25.0	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		- 23
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-		
12000	(gambling) winnings to prize winners?	Eorm	990	(2021)
132004	12-09-21 5	1 0111		(2021)

	990 (2021) SPIRITUS CHRISTI PRISON OUTREACH, INC. 16-1582	433	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 48			
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		
	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
с	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	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			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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	-		
	Enter the amount of reserves on hand	4.		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	I 1	

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	
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	
	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? If "Yes," complete Form 6069.

17

x Х

Form 990 (2021)
-----------------

#### SPIRITUS CHRISTI PRISON OUTREACH, 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	<u>5</u>		
	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	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	<u>7a</u>		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?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	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 reached at the			
9		9		х
Soc	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		л
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		×	•••
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
-	The experimentary's QEO. Exceptions Dimension exchangement official	15a	х	
			X	
b	, , , , , , , , , , , , , , , , , , , ,	15b	43	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$			
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)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.	- /		
	Own website Another's website X 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, ar	nd finan	cial	
	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			
	JAMES M. SMITH - 585-288-0504			
	30 MILLBANK STREET, ROCHESTER, NY 14619		990	

Form 990 (2021)	SPIRITUS CHRISTI PRISON OU	TREACH, INC.	16-1582433	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors							
Check if Sch	nedule O contains a response or note to any line in this Part V	vII					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compen	sated Employees					
	irectors, Trustees, Key Employees, and Highest Compen for all persons required to be listed. Report compensation for		or within the organization's	s tax year.			
1a Complete this table f		r the calendar year ending with	U				

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JAMES M SMITH, LMSW, CASAC	40.00							01 01 0	<u>^</u>	10 500
EXECUTIVE DIRECTOR		-	<u> </u>	X		<u> </u>		91,910.	0.	10,500.
(2) TODD SCHIRMER	2.00									
BOARD VICE PRESIDENT		X	<u> </u>	X		<u> </u>		0.	0.	0.
(3) JOHN KLATTE	2.00	- 						_	<u> </u>	
BOARD SECRETARY		X		X				0.	0.	0.
(4) VELMA CAMPBELL, LMSW, ACSW BOARD PRESIDENT	2.00	x		x				0.	0.	0.
(5) MICHAEL RAMICH	2.00									
BOARD TREASURER		х		x				0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		-								
132007 12-09-21	•							1	1	Form <b>990</b> (2021)

8

Form 990 (2021)

\_ \_ \_ \_ \_ \_

									EACH, INC.	16-15	5824	133	Pa	age <b>8</b>
Pai	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		, , ,			( <b>-</b> )	
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	box, offic	not c , unles	Pos heck i ss per	more rson i	than o s both pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations		am	(F) timate iount other oensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fro orga and	om the anizat I relate nizatie	e ion ed
			-1-	<u>_</u>	0	×	Ξē	Ē						
	Subtotal								91,910.		0.	1(	).5	00.
с	Total from continuation sheets to Part VI								<u> </u>		0.	0. 10,500.		
2	Total number of individuals (including but no compensation from the organization							o re	ceived more than \$100,	000 of reportable	•			0
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>	-		•	•	-		Ŭ	• •		[	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	m of reportabl ),000? <i>If</i> "Yes,	e co " co	mpe mple	ensa ete S	tion Sche	and edule	oth 9 J f	er compensation from t	he organization		4		X
5	rendered to the organization? If "Yes," com											5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	mpensated ind	lepei	nder	nt co	ontra	actor	rs th	nat received more than \$	3100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for t	-	-									(C		
	(A) Name and business	address	NC	ONE	3			_	(B) Description of s	services	C	omper		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to 1	thos (	se lis )	ted	above) who received m	ore than			200 /	

Form **990** (2021)

132008 12-09-21

			2021) SPIRITUS CHRI	STI PRIS	ON OUTREACH	H, INC.	16-1582	433 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response	or note to any lin		(B)	(0)	
					(A) Total revenue	( <b>D</b> ) Related or exempt	(C) Unrelated	(D) Revenue excluded
						function revenue	business revenue	from tax under
				10 000				sections 512 - 514
nts nts	1		Federated campaigns 1a	17,778.				
Gra			Membership dues 1b	20 401				
ξ, Απ			Fundraising events 1c	32,421.				
iar İ			Related organizations 1d	107 100				
ns,			Government grants (contributions) 1e	107,180.				
er (		f	All other contributions, gifts, grants, and	200 242				
jā Đ			similar amounts not included above 1f	390,343.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f	<b>\</b>	547 700			
0 0		n	Total. Add lines 1a-1f	Business Code	547,722.			
	~	_	COST REIMBURSEMENT GRA		1,116,788.	1 116 788		
/ice	2	a b	RESIDENT PROGRAM FEES	624200	212,144.	212,144.		
ue v		с С	SOCIAL SECURITY INCOME	624200	1,996.	1,996.		
E La		-	DOCINE BECONITI INCOME	024200	1,5501	1,550.		
Program Service Revenue		d e						
Pro			All other program service revenue					
_		' "	Total. Add lines 2a-2f		1,330,928.			
	3	9	Investment income (including dividends, intere					
	Ŭ		other similar amounts)		317.			317.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b		1			
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
ani			and sales expenses 7b	43,038.				
evenue			Gain or (loss)	-43,038.				
Re			Net gain or (loss)		-43,038.			-43,038.
Other Ro	8	а	Gross income from fundraising events (not					
ō			including \$ 32,421. of					
			contributions reported on line 1c). See	10 100				
			Part IV, line 18					
			Less: direct expenses 8b	3,490.	6 6 2 0			6 6 2 0
	_		Net income or (loss) from fundraising events	<b>P</b>	6,639.			6,639.
	9	а	Gross income from gaming activities. See					
		<b>۲</b>	Part IV, line 19 9a Less: direct expenses 9b					
			Less: direct expenses9b Net income or (loss) from gaming activities	<u> </u>				
	10		Gross sales of inventory, less returns					
		-	and allowances	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
				Business Code				
sno	11	а	OTHER REVENUE	624200	3,293.			3,293.
ane(		b						
eve:		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d	►	3,293.			
	12		Total revenue. See instructions	►	1,845,861.	1,330,928.	0.	-32,789.
13200	9 12	-09-	21					Form <b>990</b> (2021)

	Check if Schedule O contains a respons	(A)	nis Part IX (B)		[ (D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	102,410.	54,740.	47,670.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	772,125.	709,719.	62,406.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,945.	15,014.	2,931.	
	Other employee benefits	79,696.	68,661.	11,035.	
	Payroll taxes	73,748.	58,867.	14,881.	
	Fees for services (nonemployees):	,		, , , , , , , , , , , , , , , , , ,	
	Management				
		10,100.	3,363.	6,737.	
		10,100.	5,505.	0,757.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	10,701.	10,312.	389.	
	column (A), amount, list line 11g expenses on Sch 0.)	10,701•	10,512.	505.	
	Advertising and promotion	106,876.	106,876.		
	Office expenses	100,070.	100,070.		
	Information technology				
	Royalties	41,540.	41 E40		
		20,707.	<u>41,540.</u> 20,707.		
		20,101.	20,707.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
)	Interest				
	Payments to affiliates		05 005		
2	Depreciation, depletion, and amortization	25,005.	25,005.		
3					
	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.)	280,403.	280,403.		
	FOOD	78,069.	78,069.		
	HOUSEHOLD SUPPLIES	29,323.	29,323.		
		43,343.	43,343.		
d					
	All other expenses	1 640 640	1 500 500	146 040	
	Total functional expenses. Add lines 1 through 24e	1,648,648.	1,502,599.	146,049.	
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

SPIRITUS CHRISTI PRISON OUTREACH, INC.

132010 12-09-21

Form 990 (2021)

Part IX Statement of Functional Expenses

#### 08200425 784124 SPI017001

Form **990** (2021)

16-1582433 Page 10

#### SPIRITUS CHRISTI PRISON OUTREACH, INC. Part X Balance Sheet

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

Cash - non-interest-bearing

1

**(A)** Beginning of year

408,347.

<u>16-1582433</u> Page 11

**(B)** End of year

481,281.

	2	Savings and temporary cash investments			447,506.	2	447,813.
	3	Pledges and grants receivable, net			181,235.		269,919.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
	Ũ	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	U	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges				9	1,359.
`	-		 I I			9	1,555.
	10a	Land, buildings, and equipment: cost or other	100	455,111.			
	Ь	basis. Complete Part VI of Schedule D		153,593.	318,360.	10c	301,518.
		Less: accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	510,500.		501,510.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,355,448.	15	1,501,890.
	16	Total assets. Add lines 1 through 15 (must equa			41,183.		50,412.
	17	Accounts payable and accrued expenses			41,103.		50,412.
	18	Grants payable				18	
	19 00	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, subst				00	
Liabilities	~~	controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela			60,000.	23	0.
	24	Unsecured notes and loans payable to unrelated			00,000.	24	<u> </u>
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			128,000.	0.5	120 000
		of Schedule D			229,183.		<u>128,000.</u> 178,412.
	26	Total liabilities. Add lines 17 through 25			229,103.	26	1/0,412.
ş		Organizations that follow FASB ASC 958, che	ск nere				
alances		and complete lines 27, 28, 32, and 33.			1,065,598.	07	1 242 011
alaı	27	Net assets without donor restrictions			60,667.		<u>1,242,811.</u> 80,667.
qB	28	Net assets with donor restrictions			00,007.	28	00,007.
n		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🛄			
ΥĽ		and complete lines 29 through 33.					
Net Assets or Fund Ba	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
μ	31	Retained earnings, endowment, accumulated inc			1 106 065	31	
Ne	32	Total net assets or fund balances			1,126,265.		1,323,478.
	33	Total liabilities and net assets/fund balances	<u></u>		1,355,448.	33	1,501,890.
							Form <b>990</b> (2021)

Form 990 (2021)

1

Form	990 (2021) SPIRITUS CHRISTI PRISON OUTREACH, INC.	16-	1582433	Pag	<sub>ge</sub> 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			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,845		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,648		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,120	5,2	65.
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,	1			
	column (B))	10	1,323	3,4	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				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	Х	<b> </b>
	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:				
	X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
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 Audi <sup>†</sup>	t		
	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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L

Form **990** (2021)

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## 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

	SPIRITUS CHRISTI PRISON OUTREACH, INC.	16-1582433
Organization type (che		• • • • • • • •
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

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

501(c)(3) taxable private foundation

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**

X 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**

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

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

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

**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)

123452 11-11-21

08200425 784124 SPI017001

#### SPIRITUS CHRISTI PRISON OUTREACH, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	
<u>    1</u>		_ \$ <u>28,000</u> , Complete Part noncash contril	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	
2		\$74,333. \$\$Complete Part noncash contril	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	
3		\$ <u>34,256.</u> Person Payroll Noncash (Complete Part noncash contril	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	tribution
4		_ \$ <u>80,000.</u> Person Payroll Noncash (Complete Part noncash contril	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	tribution
5		\$10,000. \$\$(Complete Part noncash contril)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	tribution
6		\$11,000. Person Payroll Noncash (Complete Part noncash contril	X II for

Employer identification number

16-1582433

#### SPIRITUS CHRISTI PRISON OUTREACH, INC.

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
7		\$ <u> </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
8		\$7,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>10,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$22,000.	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
12		\$28,118.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

16-1582433

08200425 784124 SPI017001

Schedule B (Form 990) (2021)

SPIRITUS CHRISTI PRISON OUTREACH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$60,000.	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
14		\$47,180.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

16-1582433

123452 11-11-21

08200425 784124 SPI017001

SPIRI	TUS CHRISTI PRISON OUTREACH, INC.		16-1582433
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11	-21	_   *	

Schedule B (Form 990) (2021)

Page 3 Employer identification number

Schedule B (Form 990) (2021)

08200425 784124 SPI017001

Schedule B	8 (Form 990) (2021) ganization		Page 4 Employer identification number
	US CHRISTI PRISON OUTR		16-1582433
Part III	from any one contributor. Complete columns (a	h) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year /. For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a 	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
_	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
123454 11-11-	21		Schedule B (Form 990) (2021)

SCHEDULE	D
----------	---

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

### **Supplemental Financial Statements**

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

INC.



Employer identification number

16-1582433

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

Name of th	e organization			
	SPIRITUS CHR	RISTI	PRISON	OUTREACH,
Part I	Organizations Maintaining Dor	or Advi	ised Funds	or Other Simila
	organization answered "Yes" on Form 99	90, Part IV	/, line 6.	
			(a	) Donor advised fund

Par			Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		a di fi un dia	
		(a) Donor advis	ed 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 v	-		
-	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Par	t II Conservation Easements. Complete if the org			
	•			v, iii e 7.
1	Purpose(s) of conservation easements held by the organization	· · · · ·	_	tariably important land area
	Preservation of land for public use (for example, recreation of natural habitat		_	torically important land area tified historic structure
	Preservation of open space			tilled historic structure
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	oution in the form of a c	onservation essement on the last
~	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
c	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
-	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year ►	, 3	, ,	5
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspec	tion, 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, a	nd enforcing conservat	ion easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservation e	asements during the year
	► \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremer	nts of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			YesNo
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization'	s financial statements t	hat describes the
Der	organization's accounting for conservation easements.	Art Listoriaal Tra	anuran ar Othar	Cimilar Acceto
Par		-	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
та	If the organization elected, as permitted under FASB ASC 95	, ,		
	of art, historical treasures, or other similar assets held for pub			ance of public
	service, provide in Part XIII the text of the footnote to its finar			
D	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, c	or research in furtherand	ce of public service,
				► ¢
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>			• ·
2	If the organization received or held works of art, historical trea	asures or other similar		
2	the following amounts required to be reported under FASB A		-	, provide
а	Revenue included on Form 990, Part VIII, line 1	•		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	10-28-21			



		S CHRISTI						16-15			age <b>2</b>
Par	t III Organizations Maintaining C								contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t make się	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o								_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 990,	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custodi								٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								7		٦
	Did the organization include an amount on F						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i	Check here if the ex	cplanatio	n has been	provided on	Part XIII		<u></u>			
T ai		(a) Current year		rior year	(c) Two yea		0. (d) Three y	oare back		VADR	hack
4		(a) Ourient year		nor year		13 Dack			(e) i ou	yours	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	,	e (line 1g	i, column (a	)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held a	nd administer	red for the	e organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investr		.,	t or other (other)		ccumulate preciation	d	( <b>d)</b> Boo	k valu	е
	Land		nent)		5,700.	uep			2	5,7	00
	Land						86,92			<u>7,4</u>	
	Buildings			34	4,405.		00,92	· · ·	40	/,4	<u>0 T •</u>
	Leasehold improvements				5 006		66 66		<u> </u>	0 2	27
	Equipment			9	5,006.		66,66			8,3	5/.
	Other								20	1 5	10
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, colum</u>	n (B), line 1	0c.)				30	1,5	10.

Schedule D (Form 990) 2021

132052 10-28-21

Part VII	) (Form 990) 2021 SPIRITUS CH	IRISTI PRISON (	OUTREACH,	INC.	16-1582433 Page 3
	J				
	Complete if the organization answered "Yes'				
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of	f valuation: Cost	or end-of-year market value
. ,	ial derivatives				
	/ held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (U)					
(H) Total (Col	(b) must aqual Form 000, Part V, col. (B) line 12 )				
	(b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes'	on Form 990. Part IV. line	1 11c. See Form 990	). Part X. line 13	
	(a) Description of investment	(b) Book value			or end-of-year market value
(1)		.,,			,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(0)					
(9)					
(9) Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
(9)	Other Assets.				
(9) Total. (Col.	Other Assets. Complete if the organization answered "Yes'		11d. See Form 990	), Part X, line 15	
(9) Total. (Col.	Other Assets. Complete if the organization answered "Yes'	on Form 990, Part IV, line Description	11d. See Form 990	), Part X, line 15	. (b) Book value
(9) Total. (Col.	Other Assets. Complete if the organization answered "Yes'		11d. See Form 990	D, Part X, line 15	
(9) Total. (Col. Part IX	Other Assets. Complete if the organization answered "Yes'		11d. See Form 990	D, Part X, line 15	
(9) Total. (Col. Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes'		11d. See Form 990	), Part X, line 15	
(9) Total. (Col. Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes'		11d. See Form 990	D, Part X, line 15	
(9) Total. (Col. Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes'		11d. See Form 990	D, Part X, line 15	
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes'		11d. See Form 99(	D, Part X, line 15	
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes'		11d. See Form 990	D, Part X, line 15	
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes'		11d. See Form 990	D, Part X, line 15	
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a	Description	11d. See Form 990	D, Part X, line 15	
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Other Assets. Complete if the organization answered "Yes" (a	Description	11d. See Form 990	D, Part X, line 15	
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a (a (a) (a) (a) (a) (a) (a) (a) (a) (	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Other Assets. Complete if the organization answered "Yes" (a (a (a) (a) (a) (a) (a) (a) (a) (a) (	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X Part X 1.	Other Assets. Complete if the organization answered "Yes" (a 	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X Part X 1. (1) Fe	Other Assets. Complete if the organization answered "Yes" (a (a (a) (a) (b) must equal Form 990, Part X, col. (B) lin (b) must equal Form 990, Part X, col. (B) lin (c) Dther Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fe (2) Cz	Other Assets. Complete if the organization answered "Yes" (a 	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fe (2) C2 (3)	Other Assets. Complete if the organization answered "Yes" (a (a (a) (a) (b) must equal Form 990, Part X, col. (B) lin (b) must equal Form 990, Part X, col. (B) lin (c) Dther Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fe (2) C2 (3) (4)	Other Assets. Complete if the organization answered "Yes" (a (a (a) (a) (b) must equal Form 990, Part X, col. (B) lin (b) must equal Form 990, Part X, col. (B) lin (c) Dther Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fe (2) C2 (3)	Other Assets. Complete if the organization answered "Yes" (a (a (a) (a) (b) must equal Form 990, Part X, col. (B) lin (b) must equal Form 990, Part X, col. (B) lin (c) Dther Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fe (2) Ci (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a (a (a) (a) (b) must equal Form 990, Part X, col. (B) lin (b) must equal Form 990, Part X, col. (B) lin (c) Dther Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col (7) (8) (9) Total. (Col (1) (2) (2) (3) (4) (5) (6) (3) (4) (5) (3) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6	Other Assets. Complete if the organization answered "Yes" (a (a (a) (a) (b) must equal Form 990, Part X, col. (B) lin (b) must equal Form 990, Part X, col. (B) lin (c) Dther Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	) Description			(b) Book value
(9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col (7) (8) (9) Total. (Col (1) (6) (2) (2) (3) (4) (5) (6) (3) (4) (5) (6) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (8) (9) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a (a (a) (a) (b) must equal Form 990, Part X, col. (B) lin (b) must equal Form 990, Part X, col. (B) lin (c) Dther Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	) Description			(b) Book value

Schedule D (Form 990) 2021

132053 10-28-21

Schedu	ule D (Form 990) 2021 SPIRITUS CHRISTI PRISON C	DUTREACH,	INC.	16-2	1582433 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stater	nents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1 1	Fotal revenue, gains, and other support per audited financial statements			1	1,849,351.
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a N	Net unrealized gains (losses) on investments	2a			
b [	Donated services and use of facilities	2b			
c F	Recoveries of prior year grants	2c			
<b>d</b> (	Other (Describe in Part XIII.)	2d	3,490.		
	Add lines <b>2a</b> through <b>2d</b>			2e	3,490.
	Subtract line <b>2e</b> from line <b>1</b>			3	1,845,861.
4 /	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
с /	Add lines <b>4a</b> and <b>4b</b>			4c	0.
				5	1 8/5 861
5 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	·····			1,845,861.
5 Part	XII Reconciliation of Expenses per Audited Financial State	ments With E	xpenses per F		
Part	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With E	Expenses per F	Return	1.
Part 1 ⊺	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ments With E	Expenses per F		
Part 1 ⊺ 2 /	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Fotal expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With E	Expenses per F	Return	1.
<b>Part</b> 1 7 2 / a [	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Fotal expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a.	Expenses per F	Return	1.
Part 1 7 2 / a [ b F	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a           2a           2a           2b	Expenses per F	Return	1.
Part 1 7 2 4 a 6 b 7 c 0	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Fotal expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a.           2a.           2b.           2b.           2c.	Expenses per F	Return	1.
Part 1 7 2 / a [ b F c ( d (	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Conated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a           2a           2b           2c           2d	Expenses per F	Return	1.
Part 1 1 2 4 a [ b F c ( d ( e 4	XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Dther losses         Dther (Describe in Part XIII.)         Add lines 2a through 2d	2a         2a           2b         2c           2c         2d	Expenses per F	1	n. <u>1,652,138.</u>
Part 1 1 2 4 a [ b F c () d () e 4 3 5	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Conated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d	Expenses per F	1 2e	n. <u>1,652,138.</u> 3,490.
Part 1 7 2 4 a 6 b 7 c 6 d 6 e 4 3 5 4 4	XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Conated services and use of facilities         Prior year adjustments         Other losses         Other losse         Other losse	2a         2a           2b         2b           2c         2d	Expenses per F	1 2e	n. <u>1,652,138.</u> 3,490.
Part 1 1 2 4 a 0 b 7 c 0 d 0 e 4 3 5 4 4 a 1	XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Dther (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a         2a           2b         2b           2c         2d           2d         2d	Expenses per F	1 2e	n. <u>1,652,138.</u> 3,490.
Part 1 1 2 4 a [ b F c 0 d 0 e 4 3 5 4 4 a 1 b 0	XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Dther losses         Dther (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         nvestment expenses not included on Form 990, Part VIII, line 7b	2a         2a           2b         2b           2c         2d           2d         4a           4b         4b	Expenses per F	1 2e	n. <u>1,652,138.</u> <u>3,490.</u> <u>1,648,648.</u> 0.
Part 1 1 2 4 a [ b 6 c 0 d 0 e 4 3 5 1 b 0 c 4 5 1	XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Conated services and use of facilities         Prior year adjustments         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         nvestment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2b           2c         2d           2d         4a           4b         4b	3,490.	1 2e 3	n. <u>1,652,138.</u> 3,490.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSES

<u>3,4</u>90.

3,490.

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSES

132054 10-28-21

SCHEDULE G	Suppleme	vities	OMB No. 1545-0047							
(Form 990)		blete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
	0	-	tach to Form 99				1.		2021 Open to Public	
Department of the Treasury Internal Revenue Service	► Go					the latest information	ation.		Inspection	
Name of the organization	ו								entification number	
		S CHRISTI						16-1582		
	complete this part		rganization answ	/ered "Y	es" or	n Form 990, Part I\	/, line 1	17. Form 990-E	Z filers are not	
1 Indicate whether th	e organization rais	ed funds through					у.			
a Mail solicitat					•	overnment grants				
	email solicitations			ation of al fundra		nment grants				
d In-person so			g 🛄 Specia		asing	events				
2 a Did the organization		r oral agreement v	vith any individua	al (incluc	ling of	ficers, directors, tr	ustees	, or		
key employees list	ed in Form 990, Pa	art VII) or entity in	connection with	professi	onal fi	undraising services	s?	Ye	s 🗌 No	
<b>b</b> If "Yes," list the 10			fundraisers) purs	uant to	agreei	ments under which	the fu	Indraiser is to b	e	
compensated at le	ast \$5,000 by the	organization.				1				
(i) Name and addres	s of individual			(iii) fundr	Did	(iv) Gross receipt		Amount paid or retained by)	(vi) Amount paid	
or entity (fund		(ii) A	ctivity	have c or cor	ustody itrol of	from activity		fundraiser	to (or retained by) organization	
					utions?			sted in col. (i)		
				Yes	No	-				
Total					►					
3 List all states in whi	ch the organizatio	n is registered or I	icensed to solicit	contrib	utions	or has been notifi	ed it is	exempt from re	egistration	
or licensing.										
			ations for For	000	000 -	7		0-11-1	- C (Farm 000) 0001	
LHA For Paperwork Re	eduction ACt Noti	ce, see the Instru	ictions for Form	ษษบ or	990-F	<b>.</b> ۷.		Schedul	e G (Form 990) 2021	

#### SPIRITUS CHRISTI PRISON OUTREACH, INC. 16-1582433 Page 2

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.

		of fundraising event contributions and gro	DSS INCOME ON FORM 990-	EZ, III IES T AND OD. LIST E		s greater than \$5,000.
			(a) Event #1 DINNER /	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
			SILENT AUCTI		NONE	(add col. <b>(a)</b> through
				(a) (ant ti (pa)	(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	42,550.			42,550.
	2	Less: Contributions	32,421.			32,421.
	3	Gross income (line 1 minus line 2)	10,129.			10,129.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				3,490.
		Direct expense summary. Add lines 4 through	<b>a</b> 1 ( 1)			3,490.
		Net income summary. Subtract line 10 from li				6,639.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	Νο	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	Net gaming income summary. Subtract line r				<u> </u>
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	lf "	Yes," explain:				
		)-21-21			Saba	dule G (Form 990) 2021

Schedule G (Form 990) 2021	SPIRITUS C	CHRISTI	PRISON	OUTREACH,	INC. 16-	1582433	Page 3
<b>11</b> Does the organization conduct	t gaming activities with n	onmembers?				Yes	No
12 Is the organization a grantor, b	peneficiary or trustee of a	trust, or a me	ember of a par	tnership or other er	ntity formed		
to administer charitable gamir						Yes	No
<b>13</b> Indicate the percentage of gar	ning activity conducted i	n:					
<b>a</b> The organization's facility							%
<b>b</b> An outside facility						13b	%
<b>14</b> Enter the name and address of	of the person who prepare	es the organiz	ation's gamin	g/special events bo	oks and records:		
Name 🕨							
Address 🕨							
<b>15a</b> Does the organization have a	contract with a third part	y from whom	the organizati	on receives gaming	revenue?	🗌 Yes	No No
<b>b</b> If "Yes," enter the amount of g	aming revenue received	by the organi	zation 🕨 \$		and the amount		
of gaming revenue retained by					_		
c If "Yes," enter name and addre							
Name 🕨							
Address 🕨							
<b>16</b> Gaming manager information:							
Name							
Gaming manager compensation	on 🕨 💲						
	-						
Description of services provide	ed 🕨						
Director/officer	Employee		Independent o	contractor			
17 Mandatory distributions:							
a is the organization required ur	ider state law to make ch	naritable distri	butions from t	he gaming proceed	ls to		
retain the state gaming license						Yes	No No
<b>b</b> Enter the amount of distribution							
organization's own exempt ac					-		
Part IV Supplemental Int	formation. Provide th	e explanation	s required by	Part I, line 2b, colur	nns (iii) and (v); and P	art III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b	o, as applicable. Also prov	vide any addit	ional informat	ion. See instruction	S.		
132083 10-21-21					Sche	dule G (Form	990) 2021
			34				,

Schedule G	(Form 990) Supplemental Infor	SPIRITUS	CHRISTI	PRISON	OUTREACH,	INC.	16-1582433	Page 4
Part IV	Supplemental Infor	mation (continue	d)					
							Schedule G (F	orm 990)

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.



16-1582433

INC.

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

SPIRITUS CHRISTI PRISON OUTREACH

CHRISTI PRISON OUTREACH EMPOWERS INDIVIDUALS WHO ARE JUSTICE-INVOLVED

AND HOMELESS BY PROVIDING STABLE HOUSING, LIFE SKILLS, CONNECTIONS TO

TREATMENT SERVICES, AND A SUPPORTIVE COMMUNITY.

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

THE 990 WAS MADE AVAILABLE TO MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR

REVIEW PRIOR TO BEING FILED.

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

THE BOARD'S AUDIT COMMITTEE ASKS COVERED INDIVIDUALS TO SIGN AND SUBMIT

CONFLICT OF INTEREST DISCLOSURE STATEMENTS ON AN ANNUAL BASIS. THE AUDIT

COMMITTEE THEN LOOKS FOR, AND REVIEWS, POTENTIAL CONFLICTS AND HANDLES THEM

IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY.

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

THE PERSONNEL COMMITTEE OF THE AFFILIATE ORGANIZATION, COMPRISED OF

INDEPENDENT PERSONS, REVIEWS AND APPROVES THE SALARIES OF THE

ORGANIZATION'S EXECUTIVE DIRECTOR AND KEY EMPLOYEES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XII, LINE 2C

THERE WERE NO CHANGES IN THIS PROCESS FROM THE PRIOR YEAR.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

36

SPIRITUS CHRISTI PRISON OUTREACH, INC. 16-1582433	Schedule O (Form 990) 202 Name of the organization		СПртсшт	ססדמסאז		TNO	Page Employer identification number 16-1582433
		SPIRITUS	CHRISTI	PRISON	OUTREACH,	INC.	10-1502433
32212 11-11-21 Schedule O (Form 990)							Schedule O (Form 990) 202