** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change BACK ON MY FEET Name change 26-2109809 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 215-772-1080 100 SOUTH BROAD STREET 2136 7,961,668. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return PHILADELPHIA, PA 19110 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KATY SHERRATT for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)527) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.BACKONMYFEET.ORG **H(c)** Group exemption number K Form of organization: X Corporation Other -L Year of formation: 2008 M State of legal domicile: PA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 67 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 3000 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 7,379,123. 7,825,577. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 1,856. 1,678. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,840. 9,540. 11 7,395,819. 7,836,795. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 137,069. 756,045. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,248,111. 3,983,493. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 13,700. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,560,274. 1,343,636. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,959,154. 6,083,174. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,753,621. 436,665. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20, 4,843,345. 5,878,607. Total assets (Part X, line 16) 1,338,172. 619,813. 21 Total liabilities (Part X, line 26) ₽E 3,505,173. 5,258,794 22 Net assets or fund balances. Subtract line 21 from line 20 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. 11/14/22 Signature of office Sign PAUL HILGER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00734965 CHRISTOPHER M. PEKULA Paid self-employed Firm's name KREISCHER MILLER Firm's EIN ▶ 23-1980475 Preparer Firm's address 100 WITMER ROAD, SUITE 350 Use Only HORSHAM, PA 19044-2369 Phone no. 215-441-4600

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

forms liste Contracts filing of th	c filing (e-file). You can electronically file Form 8868 to ed below with the exception of Form 8870, Information Fig. for which an extension request must be sent to the IRS is form, visit www.irs.gov/e-file-providers/e-file-for-charical-regions	Return for S in paper ties-and-n	Transfers Associated With Certain Performat (see instructions). For more don-profits.	ersonal Be	enefit	
Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
	ations required to file an income tax return other than Fo			s. REMICs	s. and trusts	
	Form 7004 to request an extension of time to file income			,	,	
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	ridentification numb	er (TIN)
print	BACK ON MY FEET				26-210980	9
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 100 SOUTH BROAD STREET, 213		tions.			
instructions.	City, town or post office, state, and ZIP code. For a for PHILADELPHIA, PA 19110	reign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 4720 (individual)			Form 4720 (other than individual)			09
Form 990-PF			Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
Form 990	-T (corporation)	07				
Teleph If the c	PAUL HILGER / Coposition of the care of PHILADELPHIA, Expression one No. ■ 215-772-1080 PAUL HILGER / Coposition of the care of PHILADELPHIA, Expression one No. ■ 215-772-1080 PHILADELPHIA, Expression of the care of philadelphia of the care of philadelphia of the care of the car	in the Un Group Exe	Fax No. ▶ited States, check this box	f this is fo	r the whole group, c	heck this
the ▶[▶[quest an automatic 6-month extension of time until	anization's	d ending			rn for
	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			_
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					_
•	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct del	oit) with this Form 8868, see Form 84	153-TE and	d Form 8879-TE for	payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8868 (Re	ev. 1-2022)

Pai	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:
	BACK ON MY FEET COMBATS HOMELESSNESS THROUGH THE POWER OF RUNNING,
	COMMUNITY SUPPORT AND ESSENTIAL EMPLOYMENT AND HOUSING RESOURCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$ 3,966,714 • including grants of \$
	OPERATING IN 17 MAJOR CITIES COAST-TO-COAST, BACK ON MY FEET USES
	RUNNING AND COMMUNITY TO MOTIVATE AND SUPPORT INDIVIDUALS EVERY STEP OF
	THE WAY FROM HOMELESSNESS TO INDEPENDENCE. OUR SUCCESS IS MEASURED NOT
	ONLY BY THE HEALTH IMPACT OF MILES RUN, BUT ALSO BY HOW MANY
	INDIVIDUALS OBTAIN EDUCATION, EMPLOYMENT AND HOUSING. BACK ON MY FEET
	RECRUITS PROGRAM PARTICIPANTS ("MEMBERS") AT HOMELESS SHELTERS AND
	RESIDENTIAL FACILITIES AROUND THE COUNTRY AND BEGINS WITH A COMMITMENT
	TO RUN THREE DAYS A WEEK IN THE EARLY MORNING. AFTER 30 DAYS IN THE
	PROGRAM, MEMBERS WITH 90% ATTENDANCE EARN THE OPPORTUNITY TO MOVE INTO
	THE SECOND PHASE OF THE PROGRAM CALLED NEXT STEPS, WHICH PROVIDES
	EDUCATIONAL SUPPORT, JOB TRAINING PROGRAMS, EMPLOYMENT PARTNERSHIP
	REFERRALS AND HOUSING RESOURCES. SINCE LAUNCH, OVER 7,500 MEMBERS HAVE
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4 :	
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,966,714.
4e	Total program service expenses ► 3,966,714.
	FOIII 330 (2021)

13011114 759120 4365.700

Form 990 (2021) BACK ON MY FEET Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			x
_	Schedule D, Part III	8		
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?			- V
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
14a	Did the appropriation projection of the construction of the Helicard Obstance	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_ v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ _V
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes." complete Schedule I, Parts I and II	21		X

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Form **990** (2021)

Form 990 (2021) BACK ON MY FEET
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	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
	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		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ .
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	•	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 4	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
۵	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
			$\Omega\Omega\Omega$	

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	1990 (2021) BACK ON MY FEET	26-2109	009	P	age 🤄				
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
		1		Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	, , , , , , , , , , , , , , , , , , , ,	2a 67							
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.				37				
			3a		X				
	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 aut	-	4-		x				
L	financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	4a						
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 Acc	ounts (ERAD)							
5a			5a		Х				
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 contribution								
	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 service	ces provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required							
	to file Form 8282?		7с		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 confidence of the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit confidence of the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit confidence of the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit confidence of the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit confidence of the organization receives any funds.	tract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g						
h	3								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the							
			8						
9	Sponsoring organizations maintaining donor advised funds.								
a			9a						
b			9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b		10b							
11	Section 501(c)(12) organizations. Enter:	100							
	1 1 1 1	I1a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
		I1b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	I2b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
		13b							
С		13c							
14a			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat				~				
	excess parachute payment(s) during the year?		15		X				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	20070	16		х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in If "Yes," complete Form 4720, Schedule O.		16		- 21				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an	NV							
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532	ıy	17						

6

If "Yes," complete Form 6069.

Par	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belo	w, and for a "	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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	12			
	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	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe	r			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervi	ision			
_	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the average state and a series of the se		4		Х
5			5		Х
6	Did the organization have members or stockholders?	Г	6		X
7 4	more members of the governing body?		7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		1 a		
D	and the state of t	1	7b		X
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followin		7.0		
		*	8a	X	
_	The governing body? Each committee with authority to act on behalf of the governing body?		8b	X	
b			on	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>	9		21
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?	Γ	10a	X	INO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate		IUa		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	,3,	10b	Х	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	he form?	11a	X	
		ile ioiiiii	11a	71	
			100	Х	
	, , , , , , , , , , , , , , , , , , ,		12a 12b	X	
			120	- 22	_
С	, , , , , , , , , , , , , , , , , , , ,		100	Х	
40	on Schedule O how this was done		12c	X	
	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approval by independe	erit			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45	v	
	The organization's CEO, Executive Director, or top management official		15a	X	Х
b	, , , , , , , , , , , , , , , , , , , ,		15b		
46	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				v
-	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 participat	ion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
800	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AZ, CA, CO, DC, FL, GA, IL	TNT M7	MD	NC	N.T
17	· · · · · · · · · · · · · · · · · · ·				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section of the problem in a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the section of the problem is a partial black and the problem is a partial black.	on 501(c)(3)s	only) a	avaılal	oie
	for public inspection. Indicate how you made these available. Check all that apply.				
40	X Own website Another's website X Upon request Other (explain on Schedule (*	e:	.:_!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	π policy, and	ıınanc	ial	
	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	s –			
	PAUL HILGER / CFO - 215-772-1080 100 SOUTH BROAD STREET, SUITE 2136, PHILADELPHIA, PA 1911	<u> </u>			
465	CHE COURDIN O DOD BUIL LICE OF CENERA	U	Ear-	gan	(2021)
132006	6 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES		rorm	33U	(2021)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	ted organization compensated (C)				(D)	(E)	(F)		
Name and title	Average	(do		Pos		າ than ເ	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	_	cer an	u a u	recto	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or di	e e			sated		organization	(W-2/1099-MISC/	from the
	organizations	ruste	l trus		ee ee	u be u		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	tiona		nploy	st cor	_	1033 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) KATY SHERRATT	50.00	1	_			1				
CEO		1		Х				311,142.	0.	37,327
(2) MELODY WESTEN	50.00									-
SVP DEVELOPMENT		1				X		138,029.	0.	24,221
(3) JOSHUA GERSHMAN	50.00									-
SR DIR DIGITAL MARKETING		L				Х	L	111,472.	0.	17,859
(4) PAUL HILGER	50.00									
CFO				X				99,285.	0.	18,986
(5) DAVID GUILMETTE	2.00									
CHAIRMAN		Х		X				0.	0.	0
(6) ANNE BERKOWITCH	2.00]								
VICE CHAIRMAN		Х		X				0.	0.	0 .
(7) PETER COLE	2.00								_	_
VICE CHAIRMAN		Х		X				0.	0.	0 .
(8) ANDREW MARINIELLO	2.00	1								
SECRETARY		Х		X				0.	0.	0
(9) CHARLIE CONSTABLE	2.00									
TREASURER		Х		X				0.	0.	0
(10) JEFF ADAMS	2.00								_	_
BOARD MEMBER		Х						0.	0.	0
(11) JENI BELL	2.00]							_	_
BOARD MEMBER		Х						0.	0.	0
(12) GREG DOUGLASS	2.00									
BOARD MEMBER		Х						0.	0.	0
(13) BRIAN EVANKO	2.00									
BOARD MEMBER		Х						0.	0.	0
(14) ERIC FOSS	2.00]								
BOARD MEMBER		Х						0.	0.	0
(15) BETH ANN KAMINKOW	2.00									
BOARD MEMBER		Х						0.	0.	0
(16) VINCE MELCHIORRE	2.00]								
BOARD MEMBER		Х						0.	0.	0
(17) JAY SHIPOWITZ	2.00									
BOARD MEMBER		Х						0.	0.	0

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Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	it C	ompensated Employee	s (continued)	—			
(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		Ec	(F)	od
Name and the	hours per	box	, unles	ss per	son i	than dis both	n an	compensation	compensation			nount	
	week (list any	_	cer an	id a di	irecto	or/trus	tee)	from the	from related			other	+i o n
	hours for	Individual trustee or director				pə		organization	organizations (W-2/1099-MIS	I		pensa om th	
	related	stee or	rustee			ensate		(W-2/1099-MISC/	1099-NEC)		_	anizat	
	organizations below	ual tru	Institutional trustee		ployee	t com /	L	1099-NEC)				d relat anizati	
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former				orge	ıııızatı	0113
(18) BRENT WYPER	2.00							0		\Box			^
BOARD MEMBER		Х						0.		0.			0.
										\dashv			
										\dashv			
		1											
										\neg			
										\dashv			
		1											
										\neg			
								659,928.		0.	0	8,3	0.2
1b Subtotal c Total from continuation sheets to Part VI								0.59,928.		0.	9	0,3	0.
d Total (add lines 1b and 1c)								659,928.		0.	9	8,3	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				2
compensation from the organization												Yes	3 No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	=		-					•	-			v	
and related organizations greater than \$150Did any person listed on line 1a receive or a	,		,								4	Х	
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	-												
Complete this table for your five highest countered the organization. Report compensation for the organization for the organization.										ensati	ion fro	om	
(A)	ine calendar ye	Jai C	iluii	ig w	itire	JI VVI		(B)	5ai.		(C		
Name and business	address	NO	ONE	3				Description of s	ervices	Co	ompei	nsatio	n
2 Total number of independent contractors (iii	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization					(265	
											Form	990 (2021)

132008 12-09-21

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		·	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns 1a	50,248.				
ant	b	Membership dues 1b	,				
တ် မြ	c		60,775.				
fts, r A	d	Related organizations 1d					
nia G	۰ و		89,638.				
Sir	f	All other contributions, gifts, grants, and	02,000				
uti Per	·		24,916.				
Öğ	a		41,982.				
Contributions, Gifts, Grants and Other Similar Amounts	b h	Total. Add lines 1a-1f		7,825,577.			
- "			Business Code				
ø	2 a						
Ş	b						
Ser	С						
a a	d						
Program Service Revenue	е						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	, and				
		other similar amounts)		1,768.			1,768.
	4	Income from investment of tax-exempt bond pro-	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 14,017.					
•	b	Less: cost or other basis and sales expenses 7b 14,107.					
ung							
eve				-90.			-90.
her Revenue		Net gain or (loss) Gross income from fundraising events (not	·····	- 90 •			- 30 •
Othe	0 d	including \$1,760,775. of					
		contributions reported on line 1c). See	10 766				
			10,766. 10,766.				
			10,700.	0.			
		Net income or (loss) from fundraising events	>	0.			
	9 a	Gross income from gaming activities. See Part IV, line 19 9a					
	h	Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
"			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	9,540.			9,540.
ane	b						
cell eve	С						
Mis	d	All other revenue		0.540			
	е	Total. Add lines 11a-11d		9,540.	^	^	11 010
	12	Total revenue. See instructions	<u> </u>	7,836,795.	0.	0.	11,218.

secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			npiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	Ŭ i	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	== 6 0.4=			
	individuals. See Part IV, line 22	756,045.	756,045.		
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,	466 530	061 251	110 051	00 110
	trustees, and key employees	466,739.	261,351.	118,271.	87,117
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 000 000	1 500 560	050 251	686 661
7	Other salaries and wages	2,727,792.	1,792,760.	258,371.	676,661
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	E40 111	270 170	20 020	120 000
9	Other employee benefits	549,111.	379,178.	37,730.	132,203
10	Payroll taxes	239,851.	151,120.	34,295.	54,436
11	Fees for services (nonemployees):				
а	Management				
b	Legal	40.064		40.064	
	Accounting	40,964.		40,964.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	216 204	E1 400	41 510	100 040
	column (A), amount, list line 11g expenses on Sch O.)	216,284.	51,422.	41,519.	123,343
12	Advertising and promotion	60,649.	11 053	4,680.	11,016
13	Office expenses	95,078.	44,953. 47,539.	19,016.	28,523
14	Information technology	93,070.	47,339.	19,010.	20,323
15	Royalties	169,374.	118,562.	16,937.	33,875
16	Occupancy	15,660.	9,396.	783.	5,481
17	Travel	13,000.	9,390.	703.	3,401
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	8,423.		8,423.	
20	Interest	0,423.		0,423.	
21	Payments to affiliates	34,661.	15,421.	3,819.	15,421
22	. — Г	41,795.	21,808.	13,756.	6,231
23	Other expenses. Itemize expenses not covered	41,700	21,000.	13,730.	0,231
24	above. (List miscellaneous 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.)				
а	RACE EXPENSES	141,440.	21,105.		120,335
b	PROGRAM GEAR EXPENSE	140,474.	140,474.		•
С	OTHER DIRECT PROGRAM EX	108,274.	108,274.		
d	BAD DEBT EXPENSE	105,000.	,		105,000
	All other expenses	165,560.	47,306.	17,760.	100,494
25	Total functional expenses. Add lines 1 through 24e	6,083,174.	3,966,714.	616,324.	1,500,136
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 have				

Form **990** (2021)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

	Balance Sheet					
	Check if Schedule O contains a response or r	ote to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			3,004,745.	1	4,084,464.
2					2	
3				1,680,004.	3	1,639,857.
4					4	
5						
	trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqu					
	under section 4958(f)(1)), and persons describ		6			
7	Notes and loans receivable, net				7	
8				60,241.	8	34,984.
9	Donne del come en en en el eleferone el electrone el			26,149.	9	61,127.
10a	Land, buildings, and equipment: cost or other	.				
	basis. Complete Part VI of Schedule D	10a	380,787.			
b	Less: accumulated depreciation	51,419.	10c	37,118.		
11			11			
12			12			
13			13			
14	Intangible assets	00 505		04 055		
15				20,787.		21,057.
16						5,878,607.
		502,669.		618,362.		
			4 O - I I - I - D			
	•				21	
22						
					-00	
00						
				833 100		0.
			Г	033,100.	24	•
25						
	(0	•	· · · · · · · · · · · · · · · · · · ·	2.403.	25	1,451.
26						619,813.
		heck here	X			0=0,0=0
27	Net assets without donor restrictions			1,403,790.	27	2,612,327.
28			Г	2,101,383.	28	2,646,467.
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current fund	ds			29	
30					30	
31			Г		31	
32	Total net assets or fund balances				32	5,258,794.
33	Total liabilities and net assets/fund balances			4,843,345.	33	5,878,607.
	2 3 4 5 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, substanced to the controlled entity or family member of any of the Loans and other receivables from other disquipment controlled entity or family member of any of the Loans and other receivables from other disquipment cost or other disquipment cost or other disquipment cost or other basis. Complete Part VI of Schedule D 6 Less: accumulated depreciation load linvestments - publicly traded securities lovestments - other securities. See Part IV, line linvestments - other securities. See Part IV, line linvestments - program-related. See Part IV, line lintangible assets 15 Other assets. See Part IV, line 11 load assets. Add lines 1 through 15 (must end frame) payable and accrued expenses frames payable peferred revenue loans and other payables to any current or for trustee, key employee, creator or founder, substanced the payable to unrelated the payable to unrelated the payable to unrelated lines and other liabilities not included on ling Secured mortgages and notes payable to unrelated the payables to any current or for trustee, key employee, creator or founder, substanced liabilities (including federal income tax, parties, and other liabilities not included on ling Secured mortgages and notes payable to unrelated the liabilities. Add lines 17 through 25 organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33. 17 Net assets with donor restrictions organizations that do not follow FASB ASC 958, cand complete lines 29 through 33. 29 Capital stock or trust principal, or current function or paid-in or capital surplus, or land, building, or and capital stock or trust principal, or current function payable to armings, endowment, accumulated payable to armings.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these persor under section 4958(f)(1)), and persons described in sect Notes and loans receivables from other disqualified person under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net 6 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 10b 10c 10a 10c 10c 10a 10c	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 380,787, 10b Less: accumulated depreciation 10b 343,669, 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 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 12 Secured mortgages and notes payable to unrelated third parties 12 Other liabilities (including federal income tax, payables to related third parties 12 Other liabilities (including federal income tax, payables to related third parties 13 Organizations that follow FASB ASC 958, check here 15 Organizations that follow FASB ASC 958, check here 15 Organizations that donor restrictions 15 Net assets with donor restrictions 16 Net assets with donor restrictions 17 Organizations that do not follow FASB ASC 958, check here 15 Organizations that do not follow FASB ASC 958, check here 15 Organizations that do not follow FASB ASC 958,	Cash - non-interest-bearing 3,004,745.	Cash - non-interest-bearing 3 , 004 , 745

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		7 <u>,83</u>			
2	Total expenses (must equal Part IX, column (A), line 25)		5,08			
3	Revenue less expenses. Subtract line 2 from line 1		L,75			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,50	5,1	<u>73.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10 5	5,25	8,7	94.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				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 O.					
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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,			1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	-				
	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					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2021)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

BACK ON MY FEET 26-2109809 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	6201769.	6421608.	7185026.	7379123.	7817154.	35004680.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	6201769.	6421608.	7185026.	7379123.	7817154.	35004680.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						4342713.		
	Public support. Subtract line 5 from line 4.						30661967.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	6201769.	6421608.	7185026.	7379123.	7817154.	35004680.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	2,196.	3,927.	4,760.	1,918.	1,768.	14,569.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)		3,981.	1,018.	28,530.	9,540.			
11	Total support. Add lines 7 through 10						35062318.		
	Gross receipts from related activities,	•	,			12			
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)			
	organization, check this box and stop								
	ction C. Computation of Publi						07.45		
	Public support percentage for 2021 (li					14	87.45 %		
	Public support percentage from 2020					15	87.37 %		
16a	33 1/3% support test - 2021. If the c	•		•		•			
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2020. If the o								
4-	and stop here. The organization quali								
1/a	10% -facts-and-circumstances test	_							
	and if the organization meets the facts			-					
	meets the facts-and-circumstances te	-	•		-	7			
b	10% -facts-and-circumstances test	_					10% or		
	more, and if the organization meets the				-		▶ □		
40	organization meets the facts-and-circu						P		
18	Private foundation. If the organization	n aid not check a l	oox on line 13, 16a	i, 16b, 1/a, or 17b	, cneck this box ar	na see instructions	s		

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
						T	T
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						

	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	ret second third t	fourth or fifth tax	Vear as a section F	I 01(c)(3) organizatio	n .
•	check this box and stop here	-			-		
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
•-	line 18 is not more than 33 1/3%, che						
· nc·	Drivate foundation If the organization	n aid not chack a	nov on line 1/1 10/	a or iun chock th	ne hav and can inc	tructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

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- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
O.D		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		
ıle Δ (For	m 990)	2021

ı uı	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	a		
h	A family member of a person described on line 11a above?			
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
C				
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations			
	tion B. Type I capporting Organizations	\neg	V	NI-
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	\dashv		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	tion D. All Type III Supporting Organizations			
	aon 217 m Type m capperang cigamianene	\neg	Vaa	Na
	Did the averagination was ide to each of its average and averaginations, but the least day of the fifth was the of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	\perp		
Sec	tion E. Type in Functionally integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc			
2	Activities Test. Answer lines 2a and 2b below.	_	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	,		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	,		

	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	o zzosos rageo
1		Check here if the organization satisfied the Integral Part Test as a qualifying t			art VI). See instructions.
		All other Type III non-functionally integrated supporting organizations must co		·	,
Sect	ion A -	Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net s	hort-term capital gain	1		
2		veries of prior-year distributions	2		
_ <u></u>		gross income (see instructions)	3		
4		ines 1 through 3.	4		
5		eciation and depletion	5		
6		on of operating expenses paid or incurred for production or			
		ction of gross income or for management, conservation, or			
		enance of property held for production of income (see instructions)	6		
7		expenses (see instructions)	7		
8		sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggre	egate fair market value of all non-exempt-use assets (see			
		ictions for short tax year or assets held for part of year):			
a	Avera	age monthly value of securities	1a		
b	Avera	age monthly cash balances	1b		
С	Fair n	narket value of other non-exempt-use assets	1c		
d	Total	(add lines 1a, 1b, and 1c)	1d		
е	Disco	ount claimed for blockage or other factors			
	(expla	nin in detail in Part VI):			
2	Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3	Subtr	ract line 2 from line 1d.	3		
4	Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see ir	nstructions).	4		
5	Net v	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multip	oly line 5 by 0.035.	6		
7	Reco	veries of prior-year distributions	7		
8	Minin	num Asset Amount (add line 7 to line 6)	8		
Sect	ion C -	- Distributable Amount			Current Year
1	Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2		0.85 of line 1.	2		
3	Minim	num asset amount for prior year (from Section B, line 8, column A)	3		
4		greater of line 2 or line 3.	4		
5	Incon	ne tax imposed in prior year	5		
6		ibutable Amount. Subtract line 5 from line 4, unless subject to			
		gency temporary reduction (see instructions).	6		
7		Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organ	ization (see
		instructions).			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

Inspection

Name of the organization

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Employer identification number 26-2109809

Total number at end of year 2 Aggregate value of grants from (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 inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all 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 purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefity 6 Did the organization inform all grantses, donors, and donor advisors, or for any other purpose conferring impermissible private benefity of conservation Easements. Complete if the organization incheck all that apply 6 Protection of natural habitat 7 Proseservation of land for public use (for example, recreation or education) 8 Presservation of land for public use (for example, recreation or education) 9 Presservation of a certified historic structure 9 Presservation of open space 1 Complete imperations 2 at through 5 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total aucreage restricted by conservation easements 1 Total aucreage restricted by conservation easements 2 Total aucreage restricted by conservation easements 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of states where property subject to conservation easements is located \$\rightarrow\$ 1 Number of states where property subject to conservation easement is located \$\rightarrow\$ 9 Number of states where property subject to conservation easement is foliated. 1 Number of expenses incurred in monitoring, inspecting, h	Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization informal all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization informal 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? 7 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation assements held by the organization (helds all that apply). 1 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection or natural habitat 1 Prosesvation of part part or organization held a qualified conservation contribution in the form of a corservation assement and the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a corservation assement and a certified historic structure included in (a) 2 Number of conservation easements and a certified historic structure included in (a) 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 easements included by the organization during the tax year 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 Staff and voluntere hours devoted		Organization answered Tes Off Offi 990, Part IV, link		unds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that the assets held in donor advisor further 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 of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of conor advisor, or for any other purpose conferring impermisable private benefit? Part II Conservation Independent of the donor of donor advisors or or any other purpose conferring impermisable private benefit? Preservation of pulpose assements held by the organization check at that apply). Preservation of pulpose assements held by the organization of education) Preservation of a historically important land area Preservation of open space. Complete lines 2 at brough 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I the last the find of the Tax Year a Total number of conservation easements. 2 I the last the find of the Tax Year a Total acreage restricted by conservation easements. 2 I the last the find of the Tax Year a Total number of conservation easements included in (c) acquired after 7725/08, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year perminate of expenses incurred in monitoring, inspecting, handling o	1	Total number at end of year	(-,		(-,
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 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 X b \$ Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X c Assets included in Form 990, Part X c Assets included in Form 990, Part X					
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and section 170(h)(4)(B)(ii)? 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 XIII, line 1 b Assets included in Form 990, Part X b \$ Assets included in Form 990, Part X					
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 (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 					•
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ▶ \$	2				provide
b Assets included in Form 990, Part X \$\infty\$	_				•
					L .
		·			

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othei	r Simila	r Assets	(contin	ued)	30
3	Using the organization's acquisition, accession								(000000		
	collection items (check all that apply):	,	,	,	Ü		o .				
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	e			9- 9						
c	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exen	nnt nurno	se in Part	XIII		
5	During the year, did the organization solicit o	•		•	•			oc iiii ait	AIII.		
3	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										140
1 0	reported an amount on Form 990, Par		cto ii tiic	organizatio	ii answered	103 011	1 01111 000	,, , ait iv,	iii iC 5, 6i		
	Is the organization an agent, trustee, custodi		iary for o	contribution	s or other ass	sets not i	included				
14	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 103		140
D	11 103, explain the arrangement in rait Ain	and complete the for	nowing t	abic.					Amount	-	
С	Reginning balance						1c				
	Additions during the year										
u	Additions during the year										
e	Distributions during the year										
f	Ending balance								7 ٧	$\overline{}$	<u> </u>
	Did the organization include an amount on Fo						ιτy?		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
ı aı	Endowment runus. Complete	(a) Current year		rior year			(d) Three y	voore book	(a) Four	voore h	na ok
		(a) Current year	(0) F	rior year	(c) Two yea	IS DACK	(a) Tillee	Hais Dack	(e) Four	years D	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С		 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administer	ed for th	e organiza	ation			
	by:						9		ſ	Yes	No
	(i) Unrelated organizations								3a(i)	\neg	
	(ii) Related organizations								3a(ii)	$\neg \vdash$	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b	\neg	
4	Describe in Part XIII the intended uses of the								OD		
	t VI Land, Buildings, and Equipm		WITTOTTE	urido.							
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulate		(d) Bool	value	
		basis (investr	nent)	Dasis	(other)	ae	preciation				
_	Land										
b	Buildings										
С	Leasehold improvements				4 070		225 25	-	~ .		
d	Equipment			37	4,972.		337,8		3	7,11	
	Other				5,815.		5,8	12.			0.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colun	nn (B), line 1	0c.)				3'	7,11	. B •

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 BACK ON MY	FEET	26	-2109809 Page 3
Part VII Investments - Other Securities.		0 5 000 5	
Complete if the organization answered "Yes"			
(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)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	<u>e 15.) </u>		
Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Con Form 000 Bort V line 25	
(a) Description of liability	OITT OITH 990, FAILTV, IIIIe	The or Thi. See Form 990, Fart A, line 25.	(b) Book value
			(b) book value
(1) Federal income taxes (2) DEFERRED RENT			1,451.
			1,401.
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	25.)		1,451.
IOUIUIIII IDI IIIUSI GUUAI FUIIII 33U. FAIL A. COL IDLIIII	5 CU.1		_,

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

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 BACK ON MY FEET t XI Reconciliation of Revenue per Audited Financial Statem	onto With	Davanua nar Da		2109809 Page 4
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		nevellue per ne	turn.	
1	T. I			1	8,042,181.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	0,042,101.
	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities		103,043.		
			103,043.		
	Recoveries of prior year grants Other (Describe in Part XIII.)		110,766.		
				2e	213,809.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	7,828,372.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			Ŭ	.,020,0120
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		8,423.	-	
	Add lines 4a and 4b		•	4c	8,423.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	7,836,795.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	6,288,560.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	103,043.		
	Prior year adjustments				
	Other losses	_			
d	Other (Describe in Part XIII.)	2d	110,766.		
е	Add lines 2a through 2d			2e	213,809.
3	Subtract line 2e from line 1			3	6,074,751.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	8,423.		
С	Add lines 4a and 4b			4c	8,423.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,083,174.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part X	(, line 2; Part XI,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inforn	nation.		
י גר כ	om v itne 7.				
· Al	RT X, LINE 2:				

THE ORGANIZATION MEETS THE REQUIREMENTS OF SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3). DONORS MAY DEDUCT CONTRIBUTIONS TO THE ORGANIZATION IN ACCORDANCE WITH THE PROVISIONS OF SECTION 170 OF THE IRC.

THE ORGANIZATION FILES FEDERAL FORM 990. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE 2018. IS DIFFICULT TO PREDICT THE FINAL TIMING AND RESOLUTION OF ANY PARTICULAR UNCERTAIN TAX POSITION. THE ORGANIZATION DOES NOT CURRENTLY ANTICIPATE SIGNIFICANT CHANGES IN ITS UNCERTAIN TAX POSITIONS OVER THE NEXT 12

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete 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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

	MY FEET				26-2109	809
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
- Total						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

132081 10-21-21

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

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 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.							
		(d) Total events						
			BOMF RUNNING	NATIONAL		(add col. (a) through		
			FESTIVAL	VIRTUAL GALA	17			
			(event type)	(event type)	(total number)	col. (c))		
Jue								
Revenue	1	Gross receipts	440,530.	341,418.	1,089,593.	1,871,541.		
Ä	ļ .	Circos receipte		0 = 2, = 201				
	2	Less: Contributions	423,098.	302,190.	1,035,487.	1,760,775.		
	_	2000. Ochungatorio		332,2331				
	3	Gross income (line 1 minus line 2)	17,432.	39,228.	54,106.	110,766.		
	Ť	Caroco moonio (mie i minae mie 2)		00,1200	0 = 7 = 0 0 1			
	4	Cash prizes						
	•	Cach phase						
	5	Noncash prizes			44,210.	44,210.		
S	٦	Tronodon prizos			11/2200	11,2100		
nse	6	Rent/facility costs						
Direct Expenses	٥	Tient/facility costs						
Ω̈́	7	Food and beverages			7,919.	7,919.		
irec	′	Food and beverages			1,515.	7,515.		
		Catastainesset						
	8	Entertainment Other disease and areas		39,227.	1,977.	58,637.		
	9	Other direct expenses		· · · · · · · · · · · · · · · · · · ·		110,766.		
	10	- · · · · · · · · · · · · · · · · · · ·				0.		
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization		000 Part IV line 10 or r	oported more than	0.		
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	1990, Fait IV, line 19, Of 1	eported more triair			
		\$15,000 0111 01111 990-LZ, line 0a.	T	(b) Pull tabs/instant		(d) Total gaming (add		
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)		
Revenue				Singe/progressive singe		(a) an ought con (b)		
Вe		0						
		Gross revenue						
	_	Cook prizes						
es	_	Cash prizes						
Direct Expenses	3	Nanagah prizas						
Ä	3	Noncash prizes						
š	4	Pont/facility costs						
Dire	4	Rent/facility costs						
	_	Other direct evaposes						
	5	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor						
	6	Volunteer labor	No	No No	No			
	_	Direct consens consensus. Add lines O through	- F in an I was (d)					
	7	Direct expense summary. Add lines 2 through	15 in column (a)					
		Not remain a income a manage. Colleting this 2	Strong line 4 and reserved					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
0	Ent	ter the state(s) in which the organization condu	ioto gomina activitico:					
9		the organization licensed to conduct gaming a				Yes No		
						L 162 L INO		
C	11 "	No," explain:						
	_							
10-	\//-	are any of the organization's semina licenses as	wokod suspended or to	rminated during the tax :	00r?	Yes No		
		ere any of the organization's gaming licenses re				res NO		
i.	11	Yes," explain:						

Schedule G (Form 990) 2021 132082 10-21-21

Schedule G (Form 990) 2021 BACK ON MY FEET	26-2109809 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	ned
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ao amount
of gaming revenue retained by the third party \blacktriangleright \$	ie amount
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990)	BACK ON M	Y FEET		26-2109809	Page 4
Part IV	(Form 990) Supplemental Inform	mation (continued	()			
		(00.717000	.,			

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KATY SHERRATT	(i)	259,142.	52,000.	0.	29,400.	7,927.	348,469.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MELODY WESTEN	(i)	138,029.	0.	0.	15,402.	8,819.	162,250.	0.	
SVP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service ■ Go to www.irs.gov/Form990 for the latest information.						Open to Public Inspection			
Name of the organization BACK ON MY FEET Employer ident 26									
Part I General I	Information on Grants a	nd Assistance							
1 Does the organ	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?									
	nd Other Assistance to that received more than						es" on Form 990, Par	t IV, line 21, for any	
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
		<u> </u>		<u> </u>	<u> </u>				
	ber of section 501(c)(3) a	-	-						
3 Enter total num	ber of other organizations	s listed in the line	tadie						

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Schedule I (Form 990) 2021

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Schedule I (Form 990) 2021 BACK ON MY FEET	26-2109809 Page 2				
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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
FINANCIAL AID FOR MEMBERS	82	85,883.	0.		
ALUMNI EMERGENCY GRANTS	354	670,162.	0.		
Part IV Supplemental Information. Provide the information req	 uired in Part I, lin	e 2; Part III, column	(b); and any other ac	 ditional information.	
PART I, LINE 2:					
FINANCIAL AID CANNOT BE USED FOR R	ECURRING	EXPENSES S	UCH AS PHO	NE BILLS OR	
RENT. BOMF MAKES THIS DISTINCTION	BECAUSE R	ESIDENTIAL	MEMBERS C	ANNOT BE	
CONSIDERED SELF-SUFFICIENT IF THEY	CONTINUA	LLY NEED A	SSISTANCE	MEETING	
THEIR MONTHLY EXPENSES. ALL AID IS	DISBURSE	D DIRECTLY	TO A THIR	D PARTY,	
RATHER THAN TO A RESIDENTIAL MEMBER	R. FOR EX	AMPLE, IF	A RESIDENT	IS	
INTERESTED IN GETTING HIS/HER DRIVE	ER'S LICE	NSE, BOMF	WOULD SEND	A CHECK	
DIRECTLY TO THE DEPARTMENT OF MOTOR	R VEHICLE	S INSTEAD	OF PROVIDI	NG IT TO THE	
RESIDENTIAL MEMBER. BOMF BELIEVES	THE THIRD	-PARTY DIS	BURSEMENT	OF FINANCIAL	

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Schedule I (Form 990) 2021

SCHEDULE J (Form 990)

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

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

BACK ON MY FEET

Employer identification number 26-2109809

Pa	art I Questions Regarding Compensation						
			Yes	No			
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.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account 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	1b					
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?	2					
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.						
	Compensation committee X Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X 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:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X			
	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:						
а	The organization?	5a	X				
b	Any related organization?	5b		X			
	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:						
а	The organization?	6a	Х				
	Any related organization?	6b		X			
	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	7		X			
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	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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Schedule J (Form 990) 2021

Schedule I (Form 990)

Schedule J (Form 990) 2021 BA	ACK ON MY FEET	26-2109809	Page 3
Part III Supplemental Information			
Provide the information, explanation, or de	escriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, an	id 8, and for Part II. Also complete this part for any additional information	n.
PART I, LINE 5:			
THE CEO IS ELIGIBLE F	OR AN ANNUAL BONUS BASED ON MEETING CE	RTAIN INDIVIDUAL	
OBJECTIVES AND ORGANI	ZATIONAL GOALS, INCLUDING ATTAINMENT O	F REVENUE AND	
INCOME TARGETS.			
PART I, LINE 6:			
THE CEO IS ELIGIBLE F	OR AN ANNUAL BONUS BASED ON MEETING CE	RTAIN INDIVIDUAL	
OBJECTIVES AND ORGANI	ZATIONAL GOALS, INCLUDING ATTAINMENT O	F REVENUE AND	
INCOME TARGETS.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number BACK ON MY FEET 26-2109809

Par	rt 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 de noncash contribu	etermining	;
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		68,106.	DONOR REPOR	TED VAL	υE
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
13							
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 (EVENT EXPENSE)	Х	1	44,000.	DONOR REPOR	TED VAL	UE
26	Other (PROGRAM EXPEN)	Х	8		DONOR REPOR		
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period'	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	y for which column (a) is che	cked,		
	describe in Part II.						

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Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

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SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BACK ON MY FEET

Employer identification number 26-2109809

DACK ON MI FEET 20 2103003
FORM 990, PART I, LINE I, DESCRIPTION OF ORGANIZATION MISSION:
BACK ON MY FEET COMBATS HOMELESSNESS THROUGH THE POWER OF RUNNING,
COMMUNITY SUPPORT AND ESSENTIAL EMPLOYMENT AND HOUSING RESOURCES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BECOME EMPLOYED AND/OR HOUSED, AND OVER 3,000 MEMBERS HAVE GONE ON TO
COMPLETE FURTHER EDUCATION AND/OR TRAINING PROGRAMS. EVERY \$1 INVESTED
IN BACK ON MY FEET RETURNS \$2.50 TO THE LOCAL COMMUNITY THROUGH
ECONOMIC OUTPUT FROM EMPLOYMENT AND REDUCTION IN COSTS FOR SHELTER,
MEDICAL SERVICES, INCARCERATION AND ADDICTION TREATMENT.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FINAL FORM 990 IS SENT TO THE BOARD OF DIRECTORS' AUDIT
COMMITTEE, WHICH REVIEWS IT IN DETAIL. THE AUDIT COMMITTEE THEN CIRCULATES
THE FORM 990 TO THE ENTIRE BOARD ALONG WITH ITS RECOMMENDATION TO APPROVE
THE DOCUMENT FOR FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE POLICY IS MONITORED THROUGH REQUIRED ANNUAL DISCLOSURE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE CEO, TAKING INTO
CONSIDERATION COMPARABLE SALARIES PAID FOR SIMILAR POSITIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization BACK ON MY FEET	Employer identification number 26-2109809
AZ,CA,CO,DC,FL,GA,IL,IN,MA,MD,NC,NJ,NV,NY,PA,WA	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE BACKONMYFEE	T.ORG WEBSITE.
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM THE PRIOR YEAR	