

MAY 10, 2022

MIDLANDS HOUSING ALLIANCE, INC. DBA TRANSITIONS 2025 MAIN STREET COLUMBIA, SC 29201

DEAR MR. CURREY:

ENCLOSED IS THE 2020 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2020 FORM 990

A COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

MICHELLE CHAPMAN, CPA PARTNER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

MIDLANDS HOUSING ALLIANCE, INC. DBA TRANSITIONS 2025 MAIN STREET COLUMBIA, SC 29201

PREPARED BY:

MAULDIN & JENKINS, LLC 508 HAMPTON STREET COLUMBIA, SC 29201

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 16, 2022

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

	-	_			
alendar year 2020, or fiscal year beginning	JUL 1	, 2020, and ending	JUN	30	, 20 2 :

1

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-0047

Name of exempt organization or person subject to tax Taxpayer identification number MIDLANDS HOUSING ALLIANCE, INC. DBA TRANSITIONS 20-3524141 Name and title of officer or person subject to tax CRAIG J CURREY CEO Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) _____ 3b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here **b Total tax** (Form 4720, Part III, line 1) ... 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🛛 I am an officer of the above organization or 🔝 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize MAULDIN & JENKINS, LLC 16691 to enter my PIN ERO firm name Enter five numbers, but as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 58030306016 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ► MAULDIN & JENKINS, LLC _____ Date ▶ <u>05/</u>10/22 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO MAY 16, 2022

Use Only

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number MIDLANDS HOUSING ALLIANCE, INC. Address change DBA TRANSITIONS Name change 20-3524141 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 803-791-7472 2025 MAIN STREET 2,970,048. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return COLUMBIA, SC 29201 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CRAIG J CURREY for subordinates? Yes X No 2025 MAIN STREET, COLUMBIA, SC 29201 H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.TRANSITIONSSC.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2005 M State of legal domicile; SC Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE MIDLANDS HOUSING ALLIANCE Activities & Governance (MHA) GOAL IS TO TRANSITION CLIENTS FROM HOMELESSNESS TO PERMANENT if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 25 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 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** 2,491,050. 2,798,712. Contributions and grants (Part VIII, line 1h) 8 37,888. 26,446. Program service revenue (Part VIII, line 2g) 23,198. 11,872. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 34,338. 110,904. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,586,474. 2,947,934. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,598,722. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,511,401. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,221,513. 1,435,140. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,946,541. 2,820,235. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -233,761. 1,393. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 9,908,694. 9,616,170. 20 Total assets (Part X, line 16) 458,189. 147,101. 21 Total liabilities (Part X, line 26) 三年 450,505. 9,469,069 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. Signature of officer Date Sign CRAIG J CURREY, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MICHELLE CHAPMAN, CPA P01263095 Paid self-employed Firm's name ► MAULDIN & JENKINS, LLC Firm's EIN ▶ 58-0692043 Preparer Firm's address ▶ 508 HAMPTON STREET

COLUMBIA, SC 29201

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

No

X Yes

Phone no. 803-799-5810

Fai	Obselvi Oskadala Osastaina a vasa sasa a sasata ta sasalina in this Bast III	X
	Check if Schedule O contains a response or note to any line in this Part III	. 🔼
1	Briefly describe the organization's mission: THE MIDLANDS HOUSING ALLIANCE (MHA) GOAL IS TO TRANSITION CLIENTS FRO	M
	HOMELESSNESS TO PERMANENT HOUSING AND SELF-RELIANCE. IN ADDITION TO	
	PROVIDING 260 UNITS OF LOW BARRIER EMERGENCY SHELTER AND PROGRAM BEDS	<u> </u>
	TRANSITIONS OFFERS A DAY CENTER TO ENCOURAGE PEOPLE WHO LIVE ON THE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		X No
	If "Yes," describe these new services on Schedule O.	
3		X No
3	If "Yes," describe these changes on Schedule O.	_21 NO
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	d
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2, 607, 013. including grants of \$) (Revenue \$39, 3	314.)
	DURING ITS FIRST TEN YEARS OF OPERATION, TRANSITIONS SUCCESSFULLY MOV	ED
	3,084 CLIENTS TO PERMANENT HOUSING WITH ANOTHER 10,338 TO POSITIVE	
	OUTCOMES OFF THE STREETS. IN THE ORGANIZATION'S TENTH YEAR OF	
	OPERATION, TRANSITIONS HELPED 3,110 UNIQUE CLIENTS IN ITS VARIOUS	
	PROGRAMS AND SERVICES. THE ORGANIZATION SERVED 188,539 HEALTHY MEALS	
	AND HAD UP TO 60 PARTNERS WHO PROVIDED SERVICES ONSITE. LAST YEAR	
	ALONE, TRANSITIONS MOVED 267 CLIENTS INTO SAFE, PERMANENT HOUSING OF	
	THEIR OWN WHILE FACILITATING POSITIVE OUTCOMES FOR 1,006 ADDITIONAL	
	INDIVIDUALS. THE APPROACH OF TRANSITIONS IS TO MEET PEOPLE WHERE THEY	
	ARE AND REDUCE BARRIERS TO HOUSING AND SERVICES. THE PROGRAM OFFERS A	
	WIDE RANGE OF TEMPORARY HOUSING AND SERVICES. THE DAY CENTER,	
	CONVALESCENT BEDS, EMERGENCY BEDS, COMMUNITY LONG TERM CARE, AND	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	
		′
4d	Other program services (Describe on Schedule O.)	
-u	(Expenses \$ including grants of \$) (Revenue \$)	
 4е	Total program service expenses > 2,607,013.	
-ru	Total program service expenses	

MIDLANDS HOUSING ALLIANCE, INC. DBA TRANSITIONS

Form 990 (2020) DBA TRANSITI
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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			l
	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
45	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	14b		X
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	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,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	L	X

Form 990 (2020)

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			7.7
	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	00		Х
04-	Schedule J	23		
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	040		Х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
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 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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
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 T	· · · · · · · · · · · · · · · · · · ·	34		Х
35a	Part V, line 1 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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	5. "		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 26 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Enter the manner of Fermi W Zermendede in line fat. Enter of in feet approache			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	х	
	(gambling) winnings to prize winners?	1c	47	

Form 990 (2020) DBA TRANSITIONS

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

22 Enter the number of employees reported on Form W.S. Transmittation (Wage and Tax Statements, 2a 53 b If at least one is reported on line 2a, did the organization line all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e.//lie (see instructions) 3a Did the organization have unrelated business gross is some or \$1,000 or more during the year? 3b If Yes, "has if filed a Form 990-7 for this year? if Yes' to line 3b, provide an explanation or Schedule 0 3c A tray time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization party to 1a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization party to 1a prohibited tax sheller transaction at any time during the tax year? 5c If Yes' to line 3a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5c If Yes' to line 3a or 5b, did the organization file Form 888617? 5c Did any taxable party notify the organization file Form 888617? 5c Did any taxable party notify the organization file Form 888617? 5c Did see the organization party or the organization file Form 888617? 5c Did see the organization party or that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If Yes' to line organization for the seem and gross ecceptives that are normally greater than \$100,000, and did the organization solicit any contributions and party for goods and sarvioss provided to the payor? 5c Organization that may receive deductible contributions under section 170(c). 5d Did the organization receive a contribution of qualified intellectual property, did the organization flores provided to the large transmit		C C C C COntinued)				Yes	No			
filed for the calendar year ending with or within the year covered by this return If all seat one is reported on line 2 and the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _n-file (see instructions) 30. Did the organization have unrelated business gross incorne of \$1,000 or more during the year? 33. Did the organization have unrelated business gross incorne of \$1,000 or more during the year? 43. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial accounts?) 44. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial accounts?) 45. If Yes, "enter the name of the foreign country be seen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 55. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 56. Did any taxable party notify the organization file Form 8886 1? 57. Did any taxable party notify the organization file Form 8886 1? 58. Use of the organization shall never yes oblication an express statement that such contributions or gifts were not tax deductible as charabate contributions? 58. If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as draftable contributions. 58. If Yes," did the organization shall never shall be a strained to the goods or services provided? 59. If Yes," did the organization shall never shall be a strained to the goods or services provided? 59. If Yes, and the organization shall never shall never shall be a strained to the shall never shall never shal	22	Enter the number of employees reported on Form W.3. Transmittal of Wage and Tay Statements	1	1		162	INO			
bit it all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to	Zu		2a	53						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _e/file (see instructions) 3a	b	, , , , , , , , , , , , , , , , , , , ,			2h	х				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year?			15		X			
		If "Yes," see instructions and file Form 4720, Schedule N.								
If "Yes," complete Form 4720, Schedule O.	16		t incon	ne?	16		X			
		If "Yes," complete Form 4720, Schedule O.				000				

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

<u>C</u>						X				
Sec	tion A. Governing Body and Management									
		ı	1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1 b	25							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?			7a		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
~				7b		х				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea									
		-	-	8a	Х					
a b				8b	X					
				OD	- 22					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		Х				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		21				
366	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		V	NI -				
40-	Did the constant of the board of the state o			40-	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?			10a						
р	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	· · · · · · · · · · · · · · · · · · ·			10b	37					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ beto	re filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х					
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe		7.7					
	in Schedule O how this was done			12c	_X_					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	vith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶SC									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (Section 501(c)(3)s	only)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain	on S	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial					
	statements available to the public during the tax year.		• • •							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records							
	RAM'ON O. WIDEMAN - 803-708-4861		-							
	2025 MAIN STREET, COLUMBIA, SC 29201									

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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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	mza	((ipoi	out	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per week	box	box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	au			ted		organization	(W-2/1099-MISC)	from the
	related	ıstee (truste		9	beusa		(W-2/1099-MISC)		organization
	organizations below	ualtn	tional		yoldr	st com	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) CRAIG J. CURREY	40.00								_	
CEO				Х				95,000.	0.	0.
(2) CHARLENE GLIDDEN	2.00									
CHAIR				Х				0.	0.	0.
(3) DAVID COTE	1.00									
VICE CHAIR	1 00			Х				0.	0.	0.
(4) TANISHA BROWN	1.00			3,7					,	0
SECRETARY (5) NICK ANNAN	1.00			Х				0.	0.	0.
TREASURER	1.00			х				0.	0.	0.
(6) NORVELL PETTUS	1.00			Δ				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(7) KEVIN W. LINDLER	1.00	25						•	•	<u>.</u>
DIRECTOR		х						0.	0.	0.
(8) GLENDA THOMPSON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KEVIN GOLDSMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BRENT M. POWERS, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RICH O'DELL	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MATT KENNELL	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) DELGADO CANTAVE	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(14) SARA FAWCETT	1.00	٦,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) WILLIAM MCELVEEN, JR. DIRECTOR	1.00	Х						0.	0.	0.
(16) SIDNEY HEYWARD REX	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(17) LYNNETTE KOON	1.00								<u> </u>	<u>_</u>
DIRECTOR	1.00	х						0.	0.	0.
	I		_	L					· · ·	000

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghe	st C	Compensated Employee	s (continued)				
(A) (B) (C)								(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one				ono	Reportable	Reportable			ed		
	hours per	box	box, unless person is bo officer and a director/tru					1			ar	nount o	of
	week	offi	cer ar	nd a di	irecto	or/trus	stee)	from	from related		1	other	
	(list any	ector						the	organizations		l	pensa	
	hours for	or dir	يو ا			ated		organization	(W-2/1099-MIS	iC)	l	rom the	
	related	ıstee	truste		a)	bens		(W-2/1099-MISC)			ı -	janizati	
	organizations below	ıal trı	onal		ploye	E S					l	d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	SHS
(18) MARK HOCUTT	1.00	=	 =	0	×	Ξ -	<u> </u>			$\overline{}$			
DIRECTOR		Х						0.		0.			0.
(19) DR. PETER ZVEJNIEKS	1.00												
DIRECTOR		Х						0.		0.			0.
(20) CHRIS DANIELS	1.00												
DIRECTOR		Х						0.		0.	<u> </u>		0.
(21) TERRY DAVIS	1.00										1		
DIRECTOR		Х						0.		0.	<u> </u>		0.
(22) JUDIET COOPER	1.00	J											
DIRECTOR	1 00	Х	_					0.		0.			0.
(23) REV. ALLEN TIPPING	1.00												^
DIRECTOR (24) ALLISON TERRACIO	1.00	Х	\vdash			-	-	0.		0.	 		0.
DIRECTOR	1.00	x						0.		0.			0.
(25) HOWARD DUVALL	1.00	22						•		•			<u> </u>
DIRECTOR		x						0.		0.			0.
(26) JEAN DENMAN	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal							▶	95,000.		0.			0.
c Total from continuation sheets to Part V	II, Section A						▶	0.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)							▶	95,000.		0.	<u> </u>		0.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	no re	eceived more than \$100,	000 of reportable	ŧ			
compensation from the organization													0
										1		Yes	No
3 Did the organization list any former officer													Х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the si and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." con											5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs t	hat received more than \$	100,000 of comp	ensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithir	n the organization's tax y	ear.				
(A) Name and business	address	NT/	\\TT	7				(B) Description of s	envices	C		C) nsatior	n
Name and business	addicas	147	INC	<u>. </u>				Description of s	ici vices		ОПРС		
2 Total number of independent contractors (ncluding but n	ot lir	niter	t to	thos	عم اند	ted	l above) who received me	ore than				
\$100,000 of compensation from the organ	-	J. 111			(_		. abovo, who received like	J. J. G. IGIT				

DBA TRANSITIONS 20-3524141 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1,002,409. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 1,796,303. similar amounts not included above ... 1f 16,725. g Noncash contributions included in lines 1a-1f \triangleright 2,798,712. h Total. Add lines 1a-1f **Business Code** 26,446. 2 a RENT REVENUE 624200 26,446. Program Service f All other program service revenue 26,446. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 11,089. 11,089. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 783. assets other than inventory 7a **b** Less: cost or other basis 0. Other Revenue and sales expenses 7b 783. c Gain or (loss) 7c 783. 783. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8a 120,150. Part IV, line 18 **b** Less: direct expenses 98,036. 98,036. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 12,868. 11 a MISCELLANEOUS REVENUE 900099 12,868. d All other revenue

12,868.

39,314.

947,934.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

MIDLANDS HOUSING ALLIANCE, INC. DBA TRANSITIONS

Form 990 (2020)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 305,000. 269,854. 21,179. 13,967. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,033,872. 914,739. 71,790. 47,343. 7 Pension plan accruals and contributions (include 992. 21,659. 19,163. 1,504 section 401(k) and 403(b) employer contributions) 57,679. 65,191. 4,527. 2,985. Other employee benefits 9 85,679. 75,807. 5,949. 3,923. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 10,674. 838. 12,064. 552. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 52,090. 46,088. 3,617. 2,385. 13 Office expenses 43,594. 38,571. 3,027. 1,996. Information technology 14 Royalties 15 199,691. 176,681. 13,866. 9,144. 16 Occupancy 14,641. 12,954. 1,017. 670. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 540. 478. 37. 25. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 17<u>,</u>746. 387,534. 342,878. 26,910. Depreciation, depletion, and amortization 22 91,331. 80,807. 6,342. 4,182. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 266,427. 20,910. 13,789. CONTRACT SERVICES 301,126. SUPPLIES 151,086. 133,676. 10,491. 6,919. 123,194. REPAIRS & MAINTENANCE 108,999. 8,554. 5,641. 17,151. 1,346. 19,385. d OTHER EXPENSES 888. 38,864. 34,387. 2,698. 1.779. e All other expenses 2,946,541. 2,607,013. 204,602. 134,926. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form 990 (2020)
Part X Balance Sheet

Par	<u>t X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	981,737.	1	841,334.
	2	Savings and temporary cash investments	329,960.	2	350,045.
	3	Pledges and grants receivable, net	388,917.	3	513,887.
	4	Accounts receivable, net	40,634.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	8,327.	9	16,698.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,496,730.			
	b	Less: accumulated depreciation 10b 4,179,898.	7,704,363.	10c	7,316,832. 577,374.
	11	Investments - publicly traded securities	454,756.	11	577,374.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	0.646.480
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,908,694.	16	9,616,170.
	17	Accounts payable and accrued expenses	35,151.	17	76,073.
	18	Grants payable	202 500	18	25 222
	19	Deferred revenue	292,500.	19	25,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iit		trustee, key employee, creator or founder, substantial contributor, or 35%		-00	
Liabilities	00	controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23 24	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			130,538.	25	46,028.
	26	-	458,189.	26	147,101.
	20	Organizations that follow FASB ASC 958, check here	130/1031	20	11//1011
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	9,074,600.	27	9,174,792.
3ale	28	Net assets with donor restrictions	375,905.	28	294,277.
Jd E		Organizations that do not follow FASB ASC 958, check here	,		
F		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	9,450,505.	32	9,469,069.
	33	Total liabilities and net assets/fund balances	9,908,694.	33	9,616,170.
			•		Farm 990 (0000)

Pa	TXI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,94					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,94		$\frac{41.}{93.}$			
3								
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6						
7	Investment expenses	7		_	49.			
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	9,46	9,0	69.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in 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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c					
	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 Sing	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2020)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

MIDLANDS HOUSING ALLIANCE, INC. **Employer identification number** Name of the organization DBA TRANSITIONS 20-3524141 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 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 in 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2020 DBA TRANSITIONS

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2268236.	2660636.	2386762.	2491050.	2798712.	12605396 .
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	2268236.	2660636.	2386762.	2491050.	2798712.	12605396.
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)						
6	Public support. Subtract line 5 from line 4.						12605396.
	ction B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2268236.	2660636.	2386762.	2491050.	2798712.	12605396.
8	Gross income from interest.						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,604.	6,001.	14,140.	22,311.	38,318.	83,374.
9	Net income from unrelated business	2,0010	0,0020		22,322	30,3201	00,0720
9	activities, whether or not the						
	,						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	•						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						12688770.
		ete (eee inetwystie	, ma)			12	12,868.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•		outh or fifth town	voor oo o coation F		12,000.
13	organization, check this box and stor						▶□
Sec	ction C. Computation of Publi				• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2020 (I			olumn (f))		14	99.34 %
	Public support percentage from 2019		•	* * * *		15	89.60 %
	33 1/3% support test - 2020. If the o						
102	stop here. The organization qualifies						▶ 🔽
h	33 1/3% support test - 2019. If the o		-		line 15 is 33 1/3%		
17~	and stop here. The organization qual 10% -facts-and-circumstances test	•	• •				
1/8							
	and if the organization meets the facts			-	•	-	\sim
,	meets the facts-and-circumstances te	-	•	*	-	70 and line 15 in	
0	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circu		-		•		
<u>18</u>	Private foundation. If the organization	n ala not check a l	box on line 13, 16a	i, 160, 17a, or 17b	, cneck this box ai	na see instructions	<u> </u>

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	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother 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						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						>
	ction C. Computation of Public					Т Т	
	Public support percentage for 2020 (lin			column (f))		15	%
						16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						/ is not
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2019. If the	=	-	•			▶ ☐ I
•	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
n 990 or 90	00 EZ	0000

	rt IV Supporting Organizations (continued)		<u> </u>	ige o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c				
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type in Supporting Organizations		· ·	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ı		
а	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 ins	struction	<u>s).</u>	
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.	2a		
b	Did the activities described in 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.	2b		
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.	3a		
b	3 1 71 3 7	٥.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 DBA TRANSITIONS

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 **c** From 2017 **d** From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: **a** Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

20-352<u>4141 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 DBA TRANSITIONS Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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 Open to Public Inspection

Name of the organization

MIDLANDS HOUSING ALLIANCE, DBA TRANSITIONS

Employer identification number 20-3524141

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			Complete ii tile
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	ld in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes I
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be u	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose o	conferring
_	impermissible private benefit?			
Pa	Tt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	,	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	,		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it			Yes I
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and ent	forcing conservat	ion easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the
D.	organization's accounting for conservation easements.	Aut Historical Tox		han Oineilan Aasaka
Pa	ct III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		asures, or Oti	ner Similar Assets.
			unus statement ex	ad balance about ways
ıa	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			·
L	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in iurth	erance 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 trea			gain, provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			

DBA TRANSITIONS Schedule D (Form 990) 2020

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			i ago

2

Par	rt III Organizations Maintaining (Collections of Art	, Histori	cal Tre	easures, or	Other	Simila	r Assets	S (continue	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):				-					
а	Public exhibition	d	Lo:	an or exc	hange progra	m				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and explain	how they	further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit		•		-					
	to be sold to raise funds rather than to be n		•		•				Yes	No
Par	rt IV Escrow and Custodial Arrar									
	reported an amount on Form 990, Pa			J				,	,	
1a	Is the organization an agent, trustee, custoo	dian or other intermedia	ary for cor	tribution	s or other ass	ets not in	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XII									
			· ·						Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on								Yes	No
	If "Yes," explain the arrangement in Part XII								_	
	rt V Endowment Funds. Complete).			
	· ·	(a) Current year	(b) Prio		(c) Two years			ears back	(e) Four ye	ars back
1a	Beginning of year balance					,				
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g		1								
2	Provide the estimated percentage of the cu		(line 1a. c	olumn (a)) held as:					
а			%	(,,					
b										
	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sh	- '								
За	Are there endowment funds not in the poss	•	ion that a	e held ar	nd administere	ed for the	organiza	ation		
	by:	3					3		Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz									
4	Describe in Part XIII the intended uses of th	•								
Par	rt VI Land, Buildings, and Equipr									
	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, lii	ne 11a. S	See Form 990,	Part X, li	ne 10.			
	Description of property	(a) Cost or ot			or other		cumulate	ed	(d) Book v	alue
		basis (investm		basis	(other)		reciation			
1a	Land				2,929.				1,832,	929.
	Buildings				5,680.	3.5	35,4	79.	5,340,	201.
	Leasehold improvements				8,384.		44,8		113	512.
	Equipment				9,737.		99,54			190.
	Other				•		, -			
	Add lines 1a through 1e (Column (d) must		/ column :	(D) line 1	00.)				7.316.	832.

DBA TRANSITIONS

Part VII Investments - Other Securities.			
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	e 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" (e 11d. See Form 990, Part X, line 15.	(I-) Dealership
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>		+	
(5)			
<u>(7)</u>			
	15\	_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" (on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			. , ,
(2) ACCRUED EXPENSES			46,028.
(3)			- ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		46,028.
2. Liability for uncertain tax positions. In Part XIII, provide	,		
organization's liability for uncortain toy positions under	EACH ACC 740 Chook h	vere if the toyt of the feetnets has been pro-	ided in Dort VIII

Schedule D (Form 990) 2020

DBA TRANSITIONS

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Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	4.	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5
Pa	t XII Reconciliation of Expenses per Audited Financial		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1 I	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information.	ne 18.)	5
		and 4. Dort IV. lines 4b and 0b. Do	st V. line 4. Dort V. line 0. Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		rt v, line 4, Part X, line 2, Part XI,
III Ies	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de arry additional information.	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

ZUZU

Open to Public Inspection

required to complete this par	 Complete if the organization answer 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(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			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

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.

		or furidialsing event contributions and gro	333 Income on Form 330	LZ, III CO T GITG OD. LIGE C	venta with gross receipt	.5 greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CHEFS' FEAST	ART SHOW		
			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	24,902.	84,020.		108,922.
ď				-		
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	24,902.	84,020.		108,922.
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	5,056.	17,058.		22,114.
		Direct expense summary. Add lines 4 through	. ,		>	22,114.
	11	Net income summary. Subtract line 10 from li				86,808.
Pa	I L I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						- · · · · · · · · · · · · · · · · · · ·
쮜	1	Gross revenue				
ß	2	Cash prizes				
nse						
ğ	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
의						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	L No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
_		to the state (a) is subtished by a superior than a superior	-1			
		ter the state(s) in which the organization condu	_			Van Na
		the organization licensed to conduct gaming ac				Yes No
a	II "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended or te	rminated during the tax v	ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			
-	_	· · -				

Sche	edule G (Form 990 or 990-EZ) 2020 DBA TRANSTITIONS 20	J-3324141	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[193]	,,
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
-	organization's own exempt activities during the tax year > \$		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. lines 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, , , , ,
	100, 100, 10, and 110, at approximation from any additional minoritation of monatorion		

Schedule C	G (Form 990 or 990-EZ) Supplemental Infor	DBA	TRANSITIONS	20-3524141	Page 4
Part IV	Supplemental Infor	mation	(continued)		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MIDLANDS HOUSING ALLIANCE, INC. DBA TRANSITIONS

Employer identification number 20-3524141

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

HOUSING AND SELF-RELIANCE. IN ADDITION TO PROVIDING 260 UNITS OF LOW

BARRIER EMERGENCY SHELTER AND PROGRAM BEDS, TRANSITIONS OFFERS A DAY

CENTER TO ENCOURAGE PEOPLE WHO LIVE ON THE STREET TO ENGAGE IN SERVICES

AND EVENTUALLY ENTER INTO A HOUSING PROGRAM.

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

STREET TO ENGAGE IN SERVICES AND EVENTUALLY ENTER INTO A HOUSING

PROGRAM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM BEDS ARE KEY TO OUTREACH AND SERVICES. THE AGENCY ALSO OFFERS

ADULT DAYCARE SERVICES FOR CLIENTS AND THE GENERAL POPULATION.

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

THE BOARD WILL RECEIVE AND REVIEW THE 990 ABOUT A WEEK BEFORE THE MAY 15

DEADLINE. GENERALLY, WHEN THE AUDIT COMMITTEE HAS APPROVED THE 990, THERE

ARE NO ADDITIONAL COMMENTS. IF THE AUDIT IS NOT COMPLETE BY THIS TIME, THE

REPORT IS FIRST SENT TO THE AUDIT COMMITTEE FOR REVIEW AND THEN TO THE

ENTIRE BOARD AFTER THE COMMITTEE APPROVES IT.

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

A COPY OF THE POLICY IS GIVEN TO ALL MHA BOARD AND STAFF MEMBERS. EACH
BOARD MEMBER, OFFICER, AND STAFF MEMBER SIGNS AND DATES THE POLICY AT THE
BEGINNNING OF HIS/HER TERM OF SERVICE OF EMPLOYMENT AND EACH YEAR
THEREAFTER. FULL DISCLOSURE, BY NOTICE IN WRITING, MUST BE MADE BY THE

Name of the organization MIDLANDS HOUSING ALLIANCE, INC. DBA TRANSITIONS	Employer identification number 20 – 3524141
INTERESTED PARTIES TO THE FULL BOARD OF DIRECTORS IN ALL C	ONFLICTS OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CHIEF EXECUTIVE'S PACKAGE IS DETERMINED BY THE EXECUTI	VE COMMITTEE OF
THE BOARD IN CONSULTATION WITH THE AGENCY'S OUTSOURCED HR	CONSULTING FIRM,
ESOURCES. THE FULL BOARD VOTES ON THE FINAL PACKAGE OF THE	CHIEF EXECUTIVE.
THE CHIEF EXECUTIVE DETERMINES THE COMPENSATION AND PACKAG	ES FOR HIS/HER
EXECUTIVE TEAM IN CONSULTATION WITH ESOURCES. HE/SHE INFOR	MS THE FULL BOARD
OF THE PACKAGE DETAILS, AND THE BOARD APPROVES THE FINAL B	UDGET AFTER THE
FINANCE COMMITTEE HAS REVIEWED THE SALARIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORG	ANIZATION'S
WEBSITE.	