

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">THE DRAKE HOUSE, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>10500 CLARA DRIVE</p> City or town, state or province, country, and ZIP or foreign postal code <p>ROSWELL GA 30075</p>	D Employer identification number <p align="center">20-0943038</p> E Telephone number <p align="center">770-587-4712</p> G Gross receipts \$ 1,839,329
F Name and address of principal officer: <p>NESHA MASON 10500 CLARA DRIVE ROSWELL GA 30075</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.THEDRAKEHOUSE.ORG		L Year of formation: 2004
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">TO PROVIDE A LIFELINE OF SUPPORTIVE HOUSING AND ENRICHMENT PROGRAMS FOR HOMELESS MOTHERS AND THEIR CHILDREN IN NORTH METRO ATLANTA, GEORGIA.</p>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)	3	25		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	24		
	6 Total number of volunteers (estimate if necessary)	6	710		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0		
Revenue		Prior Year	Current Year		
	8 Contributions and grants (Part VIII, line 1h)	1,456,706	1,543,293		
	9 Program service revenue (Part VIII, line 2g)	91,349	118,239		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,461	-3,611		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	293,266	170,145		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,839,860	1,828,066		
Expenses					
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	783,913	873,310		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 97,631				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	689,808	741,632		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,473,721	1,614,942		
	19 Revenue less expenses. Subtract line 18 from line 12	366,139	213,124		
Net Assets or Fund Balances		Beginning of Current Year	End of Year		
	20 Total assets (Part X, line 16)	4,677,035	5,170,096		
	21 Total liabilities (Part X, line 26)	28,890	308,827		
	22 Net assets or fund balances. Subtract line 21 from line 20	4,648,145	4,861,269		

Part II Signature Block

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

Sign Here	Signature of officer NESHA MASON Type or print name and title <p align="right">EXECUTIVE DIRECTOR</p>	Date
Paid Preparer Use Only	Print/Type preparer's name ROGER A. SANTI, CPA	Preparer's signature Date 10-25-20
	Firm's name ▶ SANTI & ASSOCIATES, PC 4010 OLD MILTON PKWY Firm's address ▶ ALPHARETTA, GA 30005-3423	Check <input type="checkbox"/> if self-employed PTIN P00121054 Firm's EIN ▶ 58-2019486 Phone no. 770-623-4440

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE A LIFELINE OF SUPPORTIVE HOUSING AND ENRICHMENT PROGRAMS FOR HOMELESS MOTHERS AND THEIR CHILDREN IN NORTH METRO ATLANTA, GEORGIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,394,379** including grants of \$) (Revenue \$ **1,828,066**)
SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,394,379**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-21 contain questions about organizational activities and financial reporting, with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee reporting (2a-2b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7d), sponsoring organizations (8-9), and charitable trusts (12a-12b).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 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 assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

KATHY CURTIS
ROSWELL

10500 CLARA DRIVE

GA 30075

770-587-4712

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NESHA MASON	40.00									
EXECUTIVE DIRECTOR	0.00			X			84,673	0	0	
(2) SHERRY ABNEY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) JIM ALFORD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) JASON BINDER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) MEG CHAPMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) CHARLES CURTIS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) JAYNE DICUS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) MIKE EIKENBERRY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) JENNIFER FANN-TUCKER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) SUE GLANDER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) CINDY HARDY	1.00									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LISA HASTY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) VETTA HAUSER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) ANDREA JOHNSON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) LAYNE KAMSLER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) VICTORIA KING	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) LAURA MADAJEWSKI	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) GENILLE MCELVEY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) JEFF MEYERS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal							84,673			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							84,673			

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	345,263		
	d Related organizations	1d			
	e Government grants (contributions)	1e	251,646		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	946,384		
	g Noncash contributions included in lines 1a-1f	1g \$	25,238		
	h Total. Add lines 1a-1f		1,543,293		
Program Service Revenue	2a APARTMENT UNIT RENTALS	Business Code	118,239	118,239	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		118,239		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,652	7,652	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses	6b			
	c Rental Inc. or (loss)	6c			
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales exps.	7b		11,263	
	c Gain or (loss)	7c		-11,263	
	d Net gain or (loss)		-11,263	-11,263	
	8a Gross income from fundraising events (not including \$ 345,263 of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a THE DRAKE CLOSETS	Business Code	170,145	170,145	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		170,145		
12 Total revenue. See instructions		1,828,066	284,773	0	0

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	84,673	42,337	21,168	21,168
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	644,000	547,132	59,261	37,607
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,903	25,812	3,489	2,602
9 Other employee benefits	56,169	45,444	6,143	4,582
10 Payroll taxes	56,565	45,765	6,186	4,614
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	51,763	47,104	2,588	2,071
12 Advertising and promotion	18,663	17,389	708	566
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	112,176	112,176		
17 Travel	3,331	3,042	161	128
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	36		36	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	164,510	149,704	8,226	6,580
23 Insurance	32,270	29,562	1,504	1,204
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	78,515	72,993	3,068	2,454
b SUPPLIES & OFFICE EXPENSE	78,169	71,944	3,458	2,767
c REPAIRS & MAINTENANCE	56,727	51,835	2,718	2,174
d WORKSHOPS	40,061	38,082	1,979	
e All other expenses	105,411	94,058	2,239	9,114
25 Total functional expenses. Add lines 1 through 24e	1,614,942	1,394,379	122,932	97,631
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X 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	
Assets	1	Cash—non-interest-bearing	242,815	1	411,962
	2	Savings and temporary cash investments	717,462	2	1,168,021
	3	Pledges and grants receivable, net	160,239	3	39,866
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	75,229	8	55,984
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,387,480		
	b	Less: accumulated depreciation	10b 969,786	10c 3,437,744	3,417,694
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	43,546	15	76,569
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,677,035	16	5,170,096	
Liabilities	17	Accounts payable and accrued expenses	13,522	17	114,390
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	174,862
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,368	25	19,575
	26	Total liabilities. Add lines 17 through 25	28,890	26	308,827
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	4,600,775	27	4,830,040
	28	Net assets with donor restrictions	47,370	28	31,229
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	4,648,145	32	4,861,269	
33	Total liabilities and net assets/fund balances	4,677,035	33	5,170,096	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,828,066
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,614,942
3	Revenue less expenses. Subtract line 2 from line 1	3	213,124
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,648,145
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,861,269

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) AMY MOORE	1.00									
BOARD MEMBER	0.00	X						0	0	
(21) PAM PAGE	1.00									
BOARD MEMBER	0.00	X						0	0	
(22) NATASHA ROBINSON	1.00									
BOARD MEMBER	0.00	X						0	0	
(23) TISHA ROSAMOND	1.00									
BOARD MEMBER	0.00	X						0	0	
(24) KAREN TRYLOVICH	1.00									
BOARD MEMBER	0.00	X						0	0	
(25) ANU WHITAKER	1.00									
BOARD MEMBER	0.00	X						0	0	
(26) LYNN WILSON	1.00									
BOARD MEMBER	0.00	X						0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

2019

Open to Public
Inspection

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 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)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 university:
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	928,160	1,093,091	2,587,544	1,456,706	1,543,293	7,608,794
2 Tax revenues levied for the organization'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	928,160	1,093,091	2,587,544	1,456,706	1,543,293	7,608,794
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						7,608,794

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	928,160	1,093,091	2,587,544	1,456,706	1,543,293	7,608,794
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,948	4,496	8,084	7,413	7,652	31,593
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1,387	1,324			2,711
11 Total support. Add lines 7 through 10						7,643,098
12 Gross receipts from related activities, etc. (see instructions)					12	1,045,598
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.55%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.59%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section 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).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2019		
a	From 2014		
b	From 2015		
c	From 2016		
d	From 2017		
e	From 2018		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2019 distributable amount		
i	Carryover from 2014 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2019 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2019 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2015		
b	Excess from 2016		
c	Excess from 2017		
d	Excess from 2018		
e	Excess from 2019		

Part VI **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.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 2,711

Schedule B
(Form 990, 990-EZ,**or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2019▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FULTON CO. DEPT. OF COMM. DEVELOP. 137 PEACHTREE STREET SW, SUITE 400 ATLANTA GA 30303	\$ 142,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FULTON COUNTY HOUSING & HUMAN SVCS 141 PRYOR STREET, SW, SUITE 7001 ATLANTA GA 30303	\$ 48,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROSWELL PRESBYTERIAN CHURCH 755 MIMOSA BOULEVARD ROSWELL GA 30075	\$ 55,209	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	INS. INDUSTRY CHARITABLE FOUNDATION 1999 AVENUE OF THE STARS, SUITE 1100 LOS ANGELES CA 90067	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF METROPOLITAN DALLAS 1800 N. LAMAR STREET DALLAS TX 75202	\$ 37,153	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE STOCKEL FAMILY FOUNDATION 55 WALLS DRIVE, SUITE 300 FAIRFIELD CT 06824	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2019

Open to Public Inspection

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 3 regarding art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

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

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and activity items.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) TENANT SAVINGS PAYABLE	13,575
(3) OTHER PAYABLES	6,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,575

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 1,828,066.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,614,942.

Part XIII Supplemental Information.

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

Series of horizontal dotted lines for providing supplemental information.

Part XIII Supplemental Information (continued)

A large area with horizontal dotted lines for supplemental information.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Soliciting 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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>HOLIDAY DONATIO</u> (event type)	<u>ICE CREAM FUNDR</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	271,172	53,081	16,195	340,448
	2 Less: Contributions	271,172	53,081	16,195	340,448
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (FURNITURE)	X	1	13,975	FMV
26	Other ▶ (VEHICLES)	X	1	11,263	FMV
27	Other ▶ ()				
28	Other ▶ ()				

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

29			
----	--	--	--

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

Part III

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THE DRAKE HOUSE, INC. IS A CRISIS RESIDENTIAL ASSESSMENT CENTER FOR HOMELESS WOMEN AND CHILDREN IN NORTH FULTON COUNTY, GEORGIA. IT PROVIDES IMMEDIATE RESIDENTIAL HOUSING, COMBINED WITH AN EMPOWERMENT PROGRAM DESIGNED TO PROVIDE STABILITY FOR THE CHILDREN AND ASSIST THE FAMILY IN WORKING TOWARD HOUSING SELF-SUFFICIENCY. THE DRAKE HOUSE, INC. ADDRESSES THE LONG-STANDING NEED FOR EMERGENCY HOUSING FOR WOMEN AND CHILDREN IN THE NORTH FULTON COMMUNITY. IT OFFERS RESIDENTIAL HOUSING AND IN-DEPTH ASSESSMENTS TO FAMILIES. THE TARGET POPULATION IS SINGLE MOTHERS WITH MINOR CHILDREN. THESE MOTHERS MAY BE UNEMPLOYED OR UNDEREMPLOYED AND LACK SUFFICIENT INCOME TO MEET ALL EXPENSES OF LIFE IN THE NORTH FULTON COMMUNITY. WOMEN AND CHILDREN ENTERING THE DRAKE HOUSE ARE OFFERED A VARIETY OF SUPPORT SERVICES TO EMPOWER AND EDUCATE THEM AND MOVE THEM TOWARDS SELF-SUFFICIENCY. RESIDENTS PARTICIPATE IN A GOAL SETTING PROCESS AND AN EMPOWERMENT PLAN. INITIAL GOALS INCLUDE ADDRESSING MEDICAL NEEDS OF THE MOTHER AND THE CHILDREN, AND THE EDUCATIONAL NEEDS OF THE CHILDREN. ONSITE LIFE SKILLS CLASSES ARE CONDUCTED EVERY WEEK ON TOPICS SUCH AS JOB READINESS, PERSONAL FINANCES, PARENTING SKILLS, AND HEALTH AND WELLNESS. AN ADVOCACY PROGRAM PROVIDES ENCOURAGEMENT, MOTIVATION, AND SUPPORT DURING THE FAMILY'S STAY. THE GOAL OF THE DRAKE HOUSE, INC. IS TO CREATE AN ENVIRONMENT THAT ALLOWS HOMELESS FAMILIES TO BE INCLUDED IN NORTH FULTON COMMUNITY LIFE, ENJOY A STABILIZED, IMPROVED QUALITY OF LIFE, MAKE INCREASINGLY RESPONSIBLE CHOICES, EXERT GREATER CONTROL OVER THEIR LIFE COMPETENCIES, DEVELOP AND EXERCISE THEIR COMPETENCIES AND TALENTS, AND EXPERIENCE PERSONAL SECURITY AND SELF-RESPECT.

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE PRESIDENT, VICE PRESIDENT, TREASURER, SECRETARY, AND PAST PRESIDENT. THE ADDITIONAL MEMBERS OF THE BOARD DO NOT RECEIVE A COPY OF THE FORM 990 UNLESS THEY REQUEST IT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE DRAKE HOUSE, INC. ENSURES ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY BY REQUIRING THAT ALL CONFLICTING INTERESTS ARE FULLY DISCLOSED. THE INDIVIDUAL WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF THE TRANSACTION. A COMPETITIVE BID OR COMPARABLE VALUATION MUST EXIST, AND THE BOARD OF DIRECTORS OR DULY CONSTITUTED COMMITTEE MUST DETERMINE THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND THEN THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

PAGE 1 OF 1

Schedule O (Form 990 or 990-EZ) (2019)

Form **4562**

Depreciation and Amortization.
(Including Information on Listed Property)

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return

THE DRAKE HOUSE, INC.

Identifying number

20-0943038

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	164,514

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	164,514
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	Office Building	10/03/06	560,000		560,000	31 MO S/L	226,667	17,777
16	Playground Equipment	11/28/06	10,208		10,208	10 MO S/L	10,208	0
17	Other Improvements/Landscaping	12/31/06	5,000		5,000	10 MO S/L	5,000	0
23	Mary Drake Sign	1/19/07	6,368		6,368	10 MO S/L	6,368	0
26	Plumbing - Valves on water mains	12/07/07	12,000		12,000	10 MO S/L	12,000	0
27	Miscellaneous Repairs	2/08/08	3,525		3,525	10 MO S/L	3,525	0
28	Awnings	2/20/08	2,780		2,780	10 MO S/L	2,780	0
29	Windows (7)	1/29/08	2,400		2,400	10 MO S/L	2,400	0
30	Awnings	2/25/08	1,220		1,220	10 MO S/L	1,220	0
33	Patio Doors - Apartments	6/04/09	1,200		1,200	10 MO S/L	1,200	0
47	Patio Doors - Apartments	7/08/09	2,508		2,508	10 MO S/L	2,508	0
48	Main Breaker - Rewire	8/31/09	291		291	10 MO S/L	287	4
49	Cabinets - Apartment A1	9/16/09	585		585	10 MO S/L	570	15
50	Patio Doors - Apartments	2/04/10	3,708		3,708	10 MO S/L	3,492	216
51	Canvas Awnings	12/18/09	2,087		2,087	10 MO S/L	1,982	105
52	Dormer Roofs - Building A	1/15/10	766		766	10 MO S/L	728	38
55	Furniture & Accessories - Middle School R	11/01/09	1,135		1,135	7 MO S/L	1,135	0
56	Furniture & Accessories - Preschool Room	11/01/09	694		694	7 MO S/L	694	0
57	Bronze Plaque	11/01/09	424		424	7 MO S/L	424	0
59	Tree Removal	11/01/09	1,450		1,450	10 MO S/L	1,402	48
60	Pavers	11/01/09	3,500		3,500	10 MO S/L	3,383	117
61	Grade & Timbers	11/01/09	1,650		1,650	10 MO S/L	1,595	55
62	Outdoor Seating	11/01/09	997		997	10 MO S/L	964	33
63	Tables	11/01/09	400		400	7 MO S/L	400	0
64	Paint	11/01/09	330		330	10 MO S/L	319	11
65	Kitchen Cabinets	11/01/09	3,000		3,000	10 MO S/L	2,900	100
66	Book Shelving	11/01/09	500		500	10 MO S/L	483	17
68	16 Vinyl Windows	11/16/10	8,400		8,400	10 MO S/L	7,210	840
76	Apartment Building	7/01/10	561,116		561,116	31 MO S/L	160,319	17,813
80	Land - Apartment	7/01/10	62,346		62,346	0 -- Land	0	0
81	Armstrong Flooring - Unit A-4	3/21/12	1,854		1,854	10 MO S/L	1,344	186
82	Armstrong Flooring - Unit B-1	3/27/12	1,854		1,854	10 MO S/L	1,344	186
83	Armstrong Flooring - Unit A-3	5/02/12	1,290		1,290	10 MO S/L	924	129
84	TDC Kitchen Update	9/27/11	1,250		1,250	3 MO S/L	1,250	0
87	Carpet	4/04/12	1,249		1,249	7 MO S/L	1,249	0
90	Wireless Installation	7/01/12	6,250		6,250	5 MO S/L	6,250	0
91	Computer Installation	7/01/12	7,500		7,500	10 MO S/L	5,198	743
92	Built-in Cabinets - Social Worker Office	10/25/12	3,300		3,300	10 MO S/L	2,200	330
93	HVAC	4/29/13	67,619		67,619	10 MO S/L	41,698	6,762
94	Computer Monitors	6/17/13	579		579	5 MO S/L	579	0
95	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
96	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
97	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
98	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
99	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
100	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
101	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
102	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
103	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
104	Dell Computer	Mass Sale: 6/30/20 3/16/13	772		772	5 MO S/L	772	0
105	Computer Installation	Mass Sale: 6/30/20 3/05/13	5,638		5,638	5 MO S/L	5,638	0
106	TDC - Point of Sale System	6/21/13	4,354		4,354	5 MO S/L	4,354	0
107	Lighting System	5/01/13	3,277		3,277	7 MO S/L	2,887	390
108	Office Buildout Design & Engineering Serv	6/30/14	14,340		14,340	10 MO S/L	7,170	1,434
109	Shed	6/30/14	10,533		10,533	7 MO S/L	7,523	1,505
111	HVAC - Unit A7	8/27/13	1,000		1,000	10 MO S/L	583	100

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
112	Jefferson Oak Flooring & Scuba Pad	5/05/14	4,510			4,510	10 MO S/L	2,330	451
113	Stack System for Washer/Dryer	9/18/13	1,723			1,723	5 MO S/L	1,723	0
	Mass Sale: 6/30/20								
114	Stack System for Washer/Dryer	9/18/13	1,723			1,723	5 MO S/L	1,723	0
	Mass Sale: 6/30/20								
115	Stack System for Washer/Dryer	9/18/13	1,723			1,723	5 MO S/L	1,723	0
116	Stack System for Washer/Dryer	9/18/13	1,723			1,723	5 MO S/L	1,723	0
117	Washer & Dryer	9/19/13	2,465			2,465	5 MO S/L	2,465	0
	Mass Sale: 6/30/20								
118	Washer & Dryer	9/19/13	2,465			2,465	5 MO S/L	2,465	0
	Mass Sale: 6/30/20								
119	Washer & Dryer	9/19/13	2,465			2,465	5 MO S/L	2,465	0
120	Washer & Dryer	9/19/13	2,465			2,465	5 MO S/L	2,465	0
122	Salesforce.com CRM System	3/31/14	10,213			10,213	5 MO S/L	10,213	0
123	Gutters & Carpentry Work - Apartments	2/20/14	7,200			7,200	10 MO S/L	3,840	720
124	Gutters & Carpentry Work - Office	3/12/14	3,820			3,820	10 MO S/L	2,037	382
125	Roof - Apartments	2/20/14	12,860			12,860	10 MO S/L	6,859	1,286
126	Roof - Office	2/20/14	8,550			8,550	10 MO S/L	4,560	855
127	Furniture for Children's Room	7/18/13	2,196			2,196	7 MO S/L	1,856	314
128	Dell Computer	10/04/13	640			640	5 MO S/L	640	0
	Mass Sale: 6/30/20								
129	Dell Computer	10/04/13	640			640	5 MO S/L	640	0
	Mass Sale: 6/30/20								
130	Dell Computer	10/04/13	640			640	5 MO S/L	640	0
	Mass Sale: 6/30/20								
131	Dell Computer	10/04/13	640			640	5 MO S/L	640	0
	Mass Sale: 6/30/20								
132	Dell OptiPlex 3010	1/09/14	627			627	5 MO S/L	627	0
	Mass Sale: 6/30/20								
133	Dell OptiPlex 3010	1/09/14	627			627	5 MO S/L	627	0
	Mass Sale: 6/30/20								
134	Dell OptiPlex 3010	1/09/14	627			627	5 MO S/L	627	0
	Mass Sale: 6/30/20								
135	Dell OptiPlex 3020 Minitower	4/02/14	627			627	5 MO S/L	627	0
	Mass Sale: 6/30/20								
136	Dell OptiPlex 3020 Minitower	4/02/14	627			627	5 MO S/L	627	0
	Mass Sale: 6/30/20								
137	Dell OptiPlex 3020 Minitower	4/02/14	627			627	5 MO S/L	627	0
	Mass Sale: 6/30/20								
138	Dell OptiPlex 3020 Minitower	4/26/14	627			627	5 MO S/L	627	0
	Mass Sale: 6/30/20								
139	Dell OptiPlex 3020 Minitower	4/26/14	627			627	5 MO S/L	627	0
	Mass Sale: 6/30/20								
140	Dell OptiPlex 3020 Minitower	4/26/14	627			627	5 MO S/L	627	0
	Mass Sale: 6/30/20								
141	Dell OptiPlex 3020 Minitower	5/06/14	627			627	5 MO S/L	627	0
142	Dell OptiPlex 3020 Minitower	5/06/14	627			627	5 MO S/L	627	0
143	Dell OptiPlex 3020 Minitower	5/06/14	627			627	5 MO S/L	627	0
144	Dell OptiPlex 3020 Minitower	6/21/14	637			637	5 MO S/L	637	0
145	Dell OptiPlex 3020 Minitower	6/21/14	637			637	5 MO S/L	637	0
146	Dell OptiPlex 3020 Minitower	6/21/14	637			637	5 MO S/L	637	0
147	Dell OptiPlex 3020 Minitower	6/21/14	637			637	5 MO S/L	637	0
148	Dell OptiPlex 3020 Minitower	6/21/14	637			637	5 MO S/L	637	0
149	Landscaping	5/07/15	2,974			2,974	10 MO S/L	1,239	297
150	Jefferson Oak & Scuba Pad - B6	10/30/14	384			384	10 MO S/L	179	38
151	Tub/Shower Valve	3/24/15	1,250			1,250	10 MO S/L	531	125
152	Dell OptiPlex 3020	9/05/14	627			627	5 MO S/L	606	21
153	Dell OptiPlex 7020	6/01/15	908			908	5 MO S/L	742	166
154	60 Inch TV	4/01/15	963			963	5 MO S/L	819	144
155	Folding Tables (4)	6/11/15	556			556	7 MO S/L	324	80
156	Folding Chairs (16)	6/11/15	784			784	7 MO S/L	457	112
157	Poppies I Painting	5/11/15	4,800			4,800	7 MO S/L	2,857	686
158	Antimicrobial 6 Person Locker	6/11/15	595			595	7 MO S/L	347	85
159	Antimicrobial 6 Person Locker	6/11/15	595			595	7 MO S/L	347	85
160	Utility Cart	5/11/15	249			249	7 MO S/L	148	36
161	Cafeteria Table	5/11/15	269			269	7 MO S/L	160	39
162	Portable Double Sided Bike Rack	5/11/15	519			519	7 MO S/L	309	74
163	Frigidaire Gallery Refrigerator/Freezer	5/11/15	1,967			1,967	7 MO S/L	1,171	281
167	Salesforce Updates	7/23/15	1,800			1,800	3 MO S/L	1,800	0
168	Salesforce CRM System - Phase I	3/05/13	2,185			2,185	5 MO S/L	2,185	0
169	Website Development	7/01/15	4,827			4,827	3 MO S/L	4,827	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
170	Training Table 1 of 6	9/24/15	504			504	7 MO S/L	270	72
171	Fixtures for TDC Sandy Springs	4/21/16	2,510			2,510	7 MO S/L	1,135	359
172	Training Table 2 of 6	9/24/15	504			504	7 MO S/L	270	72
173	Training Table 3 of 6	9/24/15	504			504	7 MO S/L	270	72
174	Training Table 4 of 6	9/24/15	504			504	7 MO S/L	270	72
175	Training Table 5 of 6	9/24/15	504			504	7 MO S/L	270	72
176	Training Table 6 of 6	9/24/15	504			504	7 MO S/L	270	72
177	Wireless Access Point Device 1 of 5	1/28/16	1,579			1,579	5 MO S/L	1,079	316
178	Wireless Access Point Device 2 of 5	1/28/16	1,579			1,579	5 MO S/L	1,079	316
179	Wireless Access Point Device 3 of 5	1/28/16	1,579			1,579	5 MO S/L	1,079	316
180	Wireless Access Point Device 4 of 5	1/28/16	1,579			1,579	5 MO S/L	1,079	316
181	Wireless Access Point Device 5 of 5	1/28/16	1,579			1,579	5 MO S/L	1,079	316
182	Wireless Upgrade Devices	2/01/16	733			733	5 MO S/L	501	147
183	iPad	3/18/16	365			365	5 MO S/L	237	73
184	iPad	3/18/16	365			365	5 MO S/L	237	73
185	iPad	3/18/16	365			365	5 MO S/L	237	73
186	iPad	3/18/16	365			365	5 MO S/L	237	73
187	HVAC Unit - 2.5 Ton - A-5	9/25/15	2,300			2,300	10 MO S/L	863	230
188	Jefferson Oak Flooring A-7 & A-8	10/20/15	2,686			2,686	10 MO S/L	985	268
189	Exterior Lighting for Buildings A & B	1/06/16	4,760			4,760	10 MO S/L	1,666	476
190	Jefferson Oak Flooring B-7	1/08/16	480			480	10 MO S/L	168	48
191	HVAC System A-8	3/11/16	2,275			2,275	10 MO S/L	758	228
192	HVAC System B-5	3/11/16	2,275			2,275	10 MO S/L	758	228
193	Exterior Lighting for The Drake Center	12/09/15	3,000			3,000	10 MO S/L	1,075	300
194	Parking Lot Paving & Striping - Drake Cent	3/07/16	17,858			17,858	10 MO S/L	5,953	1,785
195	Concrete Curbing - Drake Center	6/30/16	2,100			2,100	10 MO S/L	630	210
196	Tree Removal for Parking Lot Resurfacing	3/01/16	1,040			1,040	10 MO S/L	347	104
197	The Drake Center Addition	8/19/15	267,315			267,315	31 MO S/L	32,530	8,487
199	1997 Dodge Caravan Minivan	2/03/17	3,193			3,193	5 MO S/L	1,543	639
201	Tree Removal at Apartments	12/08/16	3,500			3,500	10 MO S/L	904	350
202	Tree Removal at Playground	6/08/17	3,400			3,400	10 MO S/L	708	340
203	16 Hot Water Heaters	8/17/16	10,946			10,946	10 MO S/L	3,101	1,095
204	HVAC - A6	11/30/16	2,300			2,300	10 MO S/L	594	230
205	HVAC - B6	11/30/16	2,300			2,300	10 MO S/L	594	230
206	HVAC - B7	11/30/16	2,300			2,300	10 MO S/L	594	230
207	HVAC - B8	11/30/16	2,300			2,300	10 MO S/L	594	230
208	HVAC - B1	1/11/17	2,500			2,500	10 MO S/L	625	250
209	HVAC - B4	1/11/17	2,500			2,500	10 MO S/L	625	250
210	HVAC - A1	1/12/17	2,500			2,500	10 MO S/L	625	250
211	HVAC - A2	1/12/17	2,500			2,500	10 MO S/L	625	250
212	HVAC - A3	3/06/17	2,500			2,500	10 MO S/L	583	250
213	HVAC - A4	3/06/17	2,500			2,500	10 MO S/L	583	250
214	HVAC - B2	3/06/17	2,500			2,500	10 MO S/L	583	250
215	HVAC - B3	3/06/17	2,500			2,500	10 MO S/L	583	250
216	Sign for TDC Sandy Springs	11/17/16	3,420			3,420	5 MO S/L	1,767	684
217	Flooring at TDC Sandy Springs	11/07/16	3,722			3,722	5 MO S/L	1,985	744
218	Outdoor Security Lights at TDC Sandy Spr	11/16/16	3,685			3,685	5 MO S/L	1,904	737
219	Materials & Labor at TDC Sandy Springs	2/09/17	3,200			3,200	5 MO S/L	1,547	640
220	The Drake Village Apartments	2/14/17	957,038			957,038	31 MO S/L	73,424	30,382
221	Land - The Drake Village Apartments	2/14/17	400,000			400,000	0 -- Land	0	0
223	Replacement of Cast Iron Pipes under A-1//	2/07/18	12,920			12,920	10 MO S/L	1,830	1,292
224	TDV Renovations	6/15/18	612,095			612,095	31 MO S/L	21,051	19,431
225	TDV Vinyl Flooring	5/03/18	4,115			4,115	10 MO S/L	480	412
228	TDH Appliances	6/13/18	20,839			20,839	5 MO S/L	4,515	4,168
229	Outdoor Furniture for Pavilion	6/22/18	4,672			4,672	7 MO S/L	667	668
230	Custom Playground	8/17/17	20,093			20,093	10 MO S/L	3,684	2,009
231	Outdoor Pavilion	6/18/18	12,137			12,137	10 MO S/L	1,214	1,213
233	2019 Ford Truck Transit Wagon T350	10/31/18	44,426			44,426	5 MO S/L	5,924	8,885
234	Donated Laptops	1/01/19	6,102			6,102	5 MO S/L	610	1,221
235	TDV Fence & Gates	7/11/18	4,861			4,861	10 MO S/L	486	486
236	TDV Roof Replacement	6/24/19	17,908			17,908	10 MO S/L	0	1,791
237	Pavilion	10/29/18	14,960			14,960	10 MO S/L	997	1,496
238	HVAC System	1/30/19	26,820			26,820	10 MO S/L	1,118	2,682
239	TDV HomeAid Renovations	1/17/19	222,754			222,754	31 MO S/L	2,946	7,072
240	2004 Honda Civic LX	7/23/19	1,347			1,347	5 MO S/L	0	0
	Sold/Scrapped: 7/29/19								
241	2002 Honda CRV EX	6/22/20	4,146			4,146	5 MO S/L	0	0
	Sold/Scrapped: 6/26/20								
242	2000 Lexus GS 300	8/30/19	3,484			3,484	5 MO S/L	0	0
	Sold/Scrapped: 8/30/19								
243	2002 Mitsubishi Galant ES	9/03/19	2,286			2,286	5 MO S/L	0	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Sold/Scrapped: 9/03/19									
244	TDCA Leasehold Improvements	12/05/19	16,414				16,414	5 MO S/L	0	1,915
245	Pipe Rehabilitation	1/07/20	19,625				19,625	30 MO S/L	0	327
246	Elevated Walkways & Stairs Replacement	6/11/20	95,098				95,098	30 MO S/L	0	264
247	TDCR Leasehold Improvements	6/30/20	5,952				5,952	5 MO S/L	0	0
248	Speed Queen Stacked Washer & Dryer	5/11/20	3,685				3,685	5 MO S/L	0	123
249	Speed Queen Stacked Washer & Dryer	5/11/20	3,685				3,685	5 MO S/L	0	123
	Total Other Depreciation		<u>4,429,256</u>				<u>4,429,256</u>		<u>835,783</u>	<u>164,514</u>
	Total ACRS and Other Depreciation		<u>4,429,256</u>				<u>4,429,256</u>		<u>835,783</u>	<u>164,514</u>
	Grand Totals		4,429,256				4,429,256		835,783	164,514
	Less: Dispositions and Transfers		41,779				41,779		30,516	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>4,387,477</u>				<u>4,387,477</u>		<u>805,267</u>	<u>164,514</u>

Form **990**

Event Income and Deduction Worksheet

2019

Description **ICE CREAM FUNDRAISER**

Name
THE DRAKE HOUSE, INC.

Taxpayer Identification Number
20-0943038

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	53,081
7. Total revenue. Add lines 1 through 6	7.	53,081
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	4,284
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	4,284
16. Net Income/Loss. Line 7 minus Line 15	16.	48,797

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	4,284
Total Exempt Activity Expense	4,284

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990**

Event Income and Deduction Worksheet

2019

Description **HOLIDAY DONATIONS**

Name
THE DRAKE HOUSE, INC.

Taxpayer Identification Number
20-0943038

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	<u>271,172</u>
7. Total revenue. Add lines 1 through 6	7.	<u>271,172</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	<u>2,086</u>
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	<u>2,086</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>269,086</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	<u>2,086</u>
Total Exempt Activity Expense	<u>2,086</u>

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Name THE DRAKE HOUSE, INC.	Taxpayer Identification Number 20-0943038
--------------------------------------	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	3,215
7. Total revenue. Add lines 1 through 6	7.	3,215
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	79
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	79
16. Net Income/Loss. Line 7 minus Line 15	16.	3,136

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	79
Total Exempt Activity Expense	79

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990**

Event Income and Deduction Worksheet

2019

Description **FASHION SHOW**

Name
THE DRAKE HOUSE, INC.

Taxpayer Identification Number
20-0943038

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	1,600
7. Total revenue. Add lines 1 through 6	7.	1,600
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	442
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	442
16. Net Income/Loss. Line 7 minus Line 15	16.	1,158

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	442
Total Exempt Activity Expense	442

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form **990**

Event Income and Deduction Worksheet

2019

Description **TAPPIN' OUT HOMELESSNESS**

Name
THE DRAKE HOUSE, INC.

Taxpayer Identification Number
20-0943038

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	16,195
7. Total revenue. Add lines 1 through 6	7.	16,195
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	326
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	326
16. Net Income/Loss. Line 7 minus Line 15	16.	15,869

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	326
Total Exempt Activity Expense	326

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990/990PF	Rent Income and Deduction Worksheet	2019
Name THE DRAKE HOUSE, INC.		Taxpayer Identification Number 20-0943038
Description APARTMENT UNIT RENTALS		

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	118,239
Expenses (see details on worksheets below):		
2. Fees for services	2.	
3. Depreciation Expense	3.	
4. Direct Expense	4.	
5. Total expenses. Add lines 8 through 12	5.	
6. Net Income/Loss. Line 7 minus Line 13	6.	118,239

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	_____
On investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Direct Expense:

Interest	_____
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	_____
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	_____
Utilities	_____
Supplies	_____
Other expenses	_____
Total Direct Expense	_____

Information is being used for the following Form 990-T schedules:

- Schedule C
- Schedule E
- Schedule F
- Schedule G

Expense Allocation to Program Service Accomplishments for 990/990E:

First	_____
Second	_____
Third	_____
All other	_____

SCHEDULE G
(Form 990 or
990-EZ)
Fundraising Other Events
2019

 For calendar year 2019, or tax year beginning **07/01/19**, and ending **06/30/20**

Name

Employer Identification Number

THE DRAKE HOUSE, INC.
20-0943038

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>TAPPIN' OUT HOM</u>	_____	_____	(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	16,195			16,195
	2 Less: Charitable contributions	16,195			16,195
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

5059 The Drake House, Inc.
 20-0943038
 FYE: 6/30/2020

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 51,763	\$ 47,104	\$ 2,588	\$ 2,071
TOTAL	<u>\$ 51,763</u>	<u>\$ 47,104</u>	<u>\$ 2,588</u>	<u>\$ 2,071</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 29,729	\$ 26,285	\$ 1,854	\$ 1,590
BAD DEBT	22,541	22,541		
FURNISHINGS	14,440	14,440		
CONTRIBUTIONS	12,076	12,076		
CONTRACT LABOR	10,400	10,400		
EQUIPMENT RENTALS	5,755	5,339	231	185
SPECIAL EVENT EXPENSES	4,284			4,284
SPECIAL EVENT EXPENSES	2,086			2,086
MEMBERSHIP & DUES	1,190	1,083	60	47
POSTAGE & DELIVERY	982	894	49	39
PRINTING	932	851	45	36
SPECIAL EVENT EXPENSES	442			442
SPECIAL EVENT EXPENSES	326			326
PROPERTY TAXES	149	149		
SPECIAL EVENT EXPENSES	79			79
TOTAL	<u>\$ 105,411</u>	<u>\$ 94,058</u>	<u>\$ 2,239</u>	<u>\$ 9,114</u>