Form (Rev. January 2020) Department of the Treasury Internal Revenue Service

of Organization Exempt From Ir Ret

Under section 50 (c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

ne Tax 2019 Open to Public Inspection

OMB No. 1545-0047

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.

<u>A_</u>	For the	e 2019 calendar year, or tax year beginning $07/01/19$ , and ending $06/30/2$	20												
В	Check if a			D Employe	ridentification number										
	Address c			١											
	Name cha	nge Doing business as	<b>B</b>		943038										
$\overline{\Box}$	Initial retu	Number and street (or P.O. box if mail is not delivered to street address)  10500 CLARA DRIVE	Room/suite	Telephone	587-4712										
H	Final retur				-										
닏	terminated	ROSWELL GA 30075		G Gross reco	elpts \$ 1,839,329										
	Amended		T	G Gloss led											
	Applicatio	n pending NESHA MASON	H(a) 1s this a gro	oup return for su	ubordinates? Yes X No										
		10500 CLARA DRIVE	H(b) Are all sub	ordinates Inclu	ded? Yes No										
		ROSWELL GA 30075			see Instructions)										
-	T	npt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	1		· · ·										
<u> </u>	Website		H(c) Group exe	ministration or combon or											
<u>,</u>			ear of formation: 2		M State of legal domicile: GA										
	art I	Summary	ear or formation.	001	m State of legal dollficite. G22										
	T	Priofly describe the ergonization's mission or most significant estilities.													
		TO PROVIDE A LIFELINE OF SUPPORTIVE HOUSING AND ENRICHME													
5 E		30.00 - 0.			********************										
naı		HOMELESS MOTHERS AND THEIR CHILDREN IN NORTH METRO ATLANTA, GEORGIA.													
& Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets	6 1 (6 1 (6 1 (6 1 (6 1 (6 1 (6 1 (6 1											
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			25										
oð v)	4	Number of independent voting members of the governing body (Part VI, line 1a)			25										
iţi	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	24										
Activities		Fotal aurabas of valuators (optimate if processes)			710										
Ř		Fotal number of volunteers (estimate if necessary)  Fotal unrelated business revenue from Part VIII, column (C), line 12			0										
	'a	Net unrelated business taxable income from Form 990-T, line 39		7b	0										
_		vet difference business taxable income from Form 550-1, line 55	Prior Ye		Current Year										
4.	8 (	Contributions and grants (Part VIII, line 1h)	1,45	6,706	1,543,293										
Revenue	9 1	Program service revenue (Part VIII, line 2g)	9	1,349	118,239										
š	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,461	-3,611										
ď	111 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29	3,266	170,145										
		Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,83	9,860	1,828,066										
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0										
		Benefits paid to or for members (Part IX, column (A), line 4)			0										
ú	45 0		78	3,913	873,310										
Expenses	16a1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), line 25) ▶ 97,631			0										
per	Ь.	Fotal fundraising expenses (Part IX, column (D), line 25) ▶ 97,631													
Ä	17 (	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	68	9,808	741,632										
		Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,47	3,721	1,614,942										
		Revenue less expenses. Subtract line 18 from line 12		6,139	213,124										
5	S.		Beginning of Cu		End of Year										
sets	20	Total assets (Part X, line 16)		7,035	5,170,096										
AS	21	Total liabilities (Part X, line 26)		8,890	308,827										
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	4,64	8,145	4,861,269										
F	art II	Signature Block													
U	Inder pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	its, and to the be	st of my kno	wledge and belief, it is										
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	ə. ————————————————————————————————————											
		Just Masia		Ditt											
Si	-	Signature of officer	D.T.	Date											
He	ere		TIVE DIE	ŒCTOR											
_		Type or print name and title	I note		Tir PTIN										
D - 1		Print/Type preparer's name  Preparer's signature	Date	Check	□"										
Pai		ROGER A. SANTI, CPA	10-25		58-2019486										
	parer	Firm's name SANTI & ASSOCIATES, PC		irm's EIN	30-2013400										
US	e Only	4010 OLD MILTON PKWY			770-623-4440										
		Firm's address ALPHARETTA, GA 30005-3423	F	hone no.	X Yes No										
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			A TES NO										

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	us mur DDAVR	HOUGE		00 00		122 2000
Part III	19) THE DRAKE	HOUSE, INC.	omplichmente	20-094 38		Page 2
rait III				ne in this Part III		X
1 Briefly	describe the organization		shoo of floto to drift in	ic in the rait in	****************	***************************************
			ORTIVE HOUSIN	G AND ENRICHM	ENT PROGRA	MS FOR
HOMEI	ESS MOTHERS	AND THEIR CH	ILDREN IN NOF	TH METRO ATLA	NTA, GEORG	SIA.
A 202000	X				**********	
10100						
2 Did the	organization undertake a	any significant program se	rvices during the year whic	h were not listed on the		
•	orm 990 or 990-EZ?				F	Yes X No
	" describe these new ser					
		lucting, or make significan	t changes in how it conduc	ts, any program		
service	i Managara i Kabupatan Kabupatan Kabupatan Kabupatan Kabupatan Kabupatan Kabupatan Kabupatan Kabupatan Kabupat					Yes X No
	" describe these changes					
				rgest program services, as	-	
		a 501(c)(4) organizations a e, if any, for each program		mount of grants and allocati	ons to otners,	
life lots	ii expenses, and revenue	a, ii ariy, ior each program	service reported.			
4a (Code:	) (Expenses	s 1.394.37	9 including grants of \$	*************************	\ (Revenue \$	1.828.066
	CHEDULE O					
N 800000						
20,753,955		******************				
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1/2000000						
ACC \$12 2 4 (\$19)		*************	en e		reneggies on Level (conto	
			**********			
*			************			
4h (Codo)	\	<b>C</b>	including grants of C		\ /Bayanya \$	4
N/A	) (Expenses	• OR RECEIVED AND AND AND AND AND AND AND AND AND AN	moduling grants or \$		) (IXEVEITUE W	
	*******			***********	*******	
1 1 1 1 1 1 1 1 1	*********************	****************	*****			4 (4 (4 ) 4 (4 )
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202222				*******	********	
		•	1 - 1 - 1		\ /Davanua f	,
4c (Code: N/A	) (Expenses	\$	including grants of \$		) (Revenue \$ 1177)	
N/A	******		*****************			
1 - 1 - 2 - 2 - 2 - 2						
1. 10.000				**********		
				*********		
1800 - 600 - 6						
1577 (40.40 (40.40 (40.40))	****************************	シェン・バス・シャス トップがたていたかい おおかた かかかり かん				

(Expenses \$

4e Total program service expenses ▶

) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١. ا		3,5
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	-	
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes " complete Schedule D. Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť	_	
•	the environment historic land gross, or historic attrictures? If "Voc." complete School de D. Dort II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			gerrig
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	١		₹.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	المما		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ـ. ا		3,7
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	х	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	If "Yes," complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del></del> -
_ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	Control of the contro			

P	a	a	e	4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			٦,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a		240		_
250		25a		x
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	Lou		
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	HE THEFT		
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			<b>↓</b>
	"Yes," complete Schedule L, Part IV	28c	×	X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
24	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	4.04 5.4 9.5 4.8	32		X.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٠.	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		١
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		₹.	
200	19? Note: All Form 990 filers are required to complete Schedule O.	38	_X_	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	100
1a	Effet the number reported in Box 6 of 1 of in 1666; Effet 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c	X	
	reportable gaining (gainbing) withings to price minors.		_	0 (2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  $\mathbf{x}$ 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand С X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O h Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Form 990 (2019)

X

Form 990 (2019) THE DRAKE HOUSE

Part VI Governance, Managemen

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1 <sub>b</sub>	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,,,,				
-	any other officer director trustee or key employee?			2	цииняени	x
3	Did the organization delegate control over management duties customarily performed by or under the direct			-		
•	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6						X
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	*******		-		-
/ d	and at more mambare of the governing had 2			70		x
L	one or more members of the governing body?	(0) (0) (0) (0)	10000 1000	7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			76		x
	stockholders, or persons other than the governing body?	iden e	- 100 101010 Marriaga	7b	9.68	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y trie it	ollowing;	1	X	10mmmon
a	The governing body?			8a 8b	X	_
Ь	Each committee with authority to act on behalf of the governing body?	ğ		00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					x
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	iai R	evenue C	ode.)	V	-
				40-	Yes	No_
10a	Did the organization have local chapters, branches, or affiliates?	(6		10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1,51	x	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?					x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	torm?		11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts7 .itelatibletiti	12b	X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				<b>3.7</b>	
	describe in Schedule O how this was done			12c	X	_
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14	X	HINO:
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?			394	77	
а	The organization's CEO, Executive Director, or top management official				X	_
b	Other officers or key employees of the organization		· · S#12.835.53555	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?	(900 · · · ·		16a	X	Paraballa
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			110210		Section 1
	organization's exempt status with respect to such arrangements?			16b	X	
Sec	tion 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 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990-T (Section 6104 or 1024-	on 501	(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy,	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	<b>&gt;</b>				
K.P	THY CURTIS 10500 CLARA DRIVE					
RC	SWELL GA 300	<u> </u>	7'	70-58		
DAA				Fo	m 99(	0 (2019)

orm 990 (2019)	THE	DRAKE	HOUSE	NC
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2	O	_	n	9	Δ	k	8

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organ	nization nor any i	relate	d or	ganiz	zatio	n co	mper	nsated any current officer, d	irector, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos heck ss pe	rson i irecto	than o s both r/truste	an e)	(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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(***271099-141130)	(W-211039-WIGG)	related organizations
(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										
BOARD MEMBER	1.00	x						o	0	0
(4) JASON BINDER	0.00	A	-	-				, , , , , , , , , , , , , , , , , , ,		
BOARD MEMBER	1.00	x						0	0	0
(5) MEG CHAPMAN	1 00									
BOARD MEMBER	1.00	x						0	0	0
(6) CHARLES CURTIS	1.00									
BOARD MEMBER	0.00	x						0	0	0
(7) JAYNE DICUS										
BOARD MEMBER	1.00	x						0	0	0
(8) MIKE EIKENBERRY										
BOARD MEMBER	1.00	x						0	0	0
(9) JENNIFER FANN-TU										
DOLDD MENDED	1.00	x						0	o	0
BOARD MEMBER (10) SUE GLANDER	0.00	^						0		
(10)202 022.22.2	1.00							_		
BOARD MEMBER	0.00	X	_		_			0	0	0
(11) CINDY HARDY	1.00									
BOARD MEMBER	0.00	x						0	0	0

Form 990 (2019) THE DRAKE			C.	100	9079			20-094		Page 8
Part VII Section A. Officers	, Directors, :	e	s, Ke	y En	plo	yees	, an	d Highest Compensated	oyees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Posl Posk r check r ess per nd a di	tion more son I	s both	an	( <b>D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) LISA HASTY BOARD MEMBER	1.00	x						0	0	0
(13) VETTA HAUSER	1.00									
BOARD MEMBER (14) ANDREA JOHNSO	0.00	X						0	0	0
BOARD MEMBER	1.00	x						0	0	0
(15) LAYNE KAMSLEF	1.00									
BOARD MEMBER (16) VICTORIA KING		X						0	0	0
BOARD MEMBER	0.00	x						0	0	0
(17) LAURA MADAJEW	1.00	,,								0
BOARD MEMBER (18) GENILLE MCELV		X						0	0	0
BOARD MEMBER (19) JEFF MEYERS	0.00	x						0	0	0
CONTRACTOR AND A CONTRA	1.00	x						0	0	0
BOARD MEMBER  1b Subtotal			()				<b>•</b>	84,673		
c Total from continuation shee									20,000 of	
Total number of individuals (inc reportable compensation from t				ose II	stec	abo	ve) \	wno received more than \$10	JU,000 01	Yes No
<ul> <li>Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization.</li> </ul>	complete Schedu 1a, is the sum of zations greater th	<i>ile J</i> Frepi nan S	<i>for si</i> ortab §150,	uch ir le co 000?	ndivi mpe ' If "	idual ensati Yes,"	on a	and other compensation from		3 X
individual  5 Did any person listed on line 1a for services rendered to the org	receive or accru	ie co	mpe	nsatio	on fi	om a	iny u	unrelated organization or ind	ividual	
Section B. Independent Contractor	s									
Complete this table for your five compensation from the organization.	ation. Report cor	nsate	d inc	deper on for	the	t con caler	trac ndar	year ending with or within t	he organization's tax year.	(C)
Name and	(A) business address							Descript	(B) ion of services	(C) Compensation
		-	-					11		
1100									Y	
Total number of independent co received more than \$100,000 o							ose	listed above) who	0	200

Form 990 (2019) THE DRAKE HOUSE,

III. Cin. C	II L V	Check if		dule O conta	ains a	respor	nse or no	te to	any line in this	s Part VIII		
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campa	aigns		1a			U)				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b							
Ğ,Ğ	С	Fundraising ever			1c		345,26	53				
ar /	d	Related organiza	**************************************	1d			100					
SIL	е	Government grants (cor			1e		251,64	46				
o s	f	All other contributions, g										
the		and similar amounts no	t included	above	1f		946,38	34				
ΞÓ	g	Noncash contributions i	ncluded i	lines 1a-1f	1g	\$	25,23	38				
Son	h	Total. Add lines	1a-1f	*****				-	1,543,293			
							Business Co	ode 🖟				
ø	2a	APARTMENT U	UNIT	RENTALS					118,239	118,239		
<u> </u>	b	**************************************			012002101210							
Program Service Revenue	С	contraractor espira-										
Reve	d		50000000									
5	е	0.0000000000000000000000000000000000000	20/25/201		0000000000							
	f	All other program	servic	e revenue		*****						
	g	Total. Add lines :	2a-2f.				anaman 🕨	-	118,239			
	3	Investment incon	ne (inc	uding dividends	, intere	st, and				'''		
		other similar amo			cacempaness:	·  _	7,652	7,652				
	4	Income from inve	estmen	t of tax-exempt	bond p	roceeds	a a a a a a a a a a a a a a a a a a a	·  _				
	5	Royalties					<b>)</b>	<b>&gt;</b>				
				(I) Real		(ii)	Personal					
	6a	Gross rents	6a									
	b	Less: rental expenses	6b									
	C	Rental Inc. or (loss)	6c					illi				
	d	Net rental income	or (lo	ss)				-		COHOL-SAMOONING		
	/ a	Gross amount from sales of assets	-	(I) Securities		(ii	) Other					
		other than inventory	7a									
ne	b	Less: cost or other										
Ven		basis and sales exps.	7b				11,26					
Re		Gain or (loss)	7c				-11,26	_				
Other Revenue		Net gain or (loss)							-11,263	-11,263		
ŏ	8a	Gross income from										
		(not including \$		345,263								
		of contributions repo		,								
		See Part IV, fine 18			8a							
		Less: direct expe			8b			- 100				
		Net income or (lo	,		vents .							
	9a	Gross income from										
		See Part IV, line 19			9a							
		Less: direct expe			9b			4000				
		Net income or (lo			ties			100				
	10a	Gross sales of in			40-							
		returns and allow			10a							
		Less: cost of goo			10b							
	с	Net income or (lo	os) Iro	iii sales of inver	itory		Business Co	ode III				
Snc	44-	MUE DESCE	T OPP	ne			Duanicus de		170,145	170,145		
en en	11a	ACKNOWNERS OF EXPENSE PROPERTY AND A							1.0,120			
scellaneous Revenue	ь	* - 4 (6 - 6 (4 ) 4 - 4 - 4 (4 ) 4 (4 ) 4 (4 )										
Re	6	All other revenue						_			-	
Σ	u	Total. Add lines							170,145			
	12	Total revenue. S				4110-14-211-211-2			1,828,066	284,773	0	0

J38

Page 10

Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			ete column (A).	П
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing 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):				
а	Management			io	
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	F4 560	45 404	0 500	0 071
	(A) amount, list line 11g expenses on Schedule O.)	51,763	47,104	2,588	2,071 566
12	Advertising and promotion	18,663	17,389	708	300
13	Office expenses				
14	Information technology				
15	Royalties	110 176	112,176		
16	Occupancy	112,176 3,331	3,042	161	128
17	Travel	3,331	3,042	101	120
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36		36	
20	Interest	36		30	
21	Payments to affiliates	164,510	149,704	8,226	6,580
22	Depreciation, depletion, and amortization	32,270	29,562	1,504	1,204
23	Insurance Other expenses. Itemize expenses not covered	52/2/0	25,502	Televis Austrian Latina &	194 - 124 B.
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
2	UTILITIES	78,515	72,993	3,068	2,454
a b	SUPPLIES & OFFICE EXPENSE	78,169	71,944	3,458	2,767
C	REPAIRS & MAINTENANCE	56,727	51,835	2,718	2,174
d	MODKCHODC	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 ► if following SOP 98-2 (ASC 958-720)				

INC. Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 242,815 411,962 Cash—non-interest-bearing 717,462 1,168,021 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 160,239 39,866 3 3 Accounts receivable, net 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 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 Notes and loans receivable, net 55,984 75,229 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 4,387,480 10a b Less: accumulated depreciation 969,786 3,437,744 3,417,694 10b 10c 11 11 Investments—publicly traded securities Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 43,546 76,569 Other assets. See Part IV, line 11 15 15 5,170,096 Total assets. Add lines 1 through 15 (must equal line 33) 4,677,035 16 16 13,522 114,390 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 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% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 174,862 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 15,368 19,575 of Schedule D 308,827 28,890 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,600,775 4,830,040 Net assets without donor restrictions 27 47,370 28 31,229 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

5,170,096 Form 990 (2019)

4,861,269

4,648,145

4,677,035

31

32

33

Form **990** (2019)

Form	990 (2019) THE DRAKE HOUSE, .NC. 20-094 38			Pag	ge <b>12</b>
Pa	Int XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	28,0	066
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	14,	942
3	Revenue less expenses. Subtract line 2 from line 1	3	2	13,:	124
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,6	48,	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	4,8	61,2	269
Pa	irt XII Financial Statements and Reporting				
and a second	Check if Schedule O contains a response or note to any line in this Part XII				
-				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	*******	all		
	reviewed on a separate basis, consolidated basis, or both:				64/632 111 2000000
	Separate basis Consolidated basis Both consolidated and separate basis		100 (180 (180 (180 (180 (180 (180 (180 (		
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		History of the control of the contro		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		- Contractiva		innerent en
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on	5657577233			
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ja	Single Audit Act and OMAD Circular A 1999		3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
D	required audit as audits, evaluin why an Schodule O and describe any stone to undergo such audits		36		

Part VII Section A. Officers	Directors, 1	e	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	oyees (continued)	
(A) Name and title	Name and title  Average hours per week (list any list any list any list and		Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Totalog organization is
(20) AMY MOORE	1.00									
BOARD MEMBER	0.00	X	_					0	0	0
(21) PAM PAGE	1.00								(6)	
BOARD MEMBER	0.00	x						o	o	0
(22) NATASHA ROBIN		<del></del>								
	1.00								_	_
BOARD MEMBER	0.00	X	-	_	_		_	0	0	0
(23) TISHA ROSAMON	1.00									
BOARD MEMBER	0.00	x						0	o	0
(24) KAREN TRYLOVI	СН									
a. N. P. P. N. S.	1.00									
BOARD MEMBER (25) ANU WHITAKER	0.00	X	-	_				0	0	0
(25) ANU WHITAKER	1.00							1		
BOARD MEMBER	0.00	x						o	0	0
(26) LYNN WILSON										
<u></u>	1.00	,							o	0
BOARD MEMBER	0.00	X	-	-				0		
4h Cubtatal						ارسا	_		#	
1b Subtotal				2012010	5555	100			40	
d Total (add lines 1b and 1c)							•			
2 Total number of individuals (inc	luding but not lim	nited	to th	ose	iste	d abo	ve) v	who received more than \$10	00,000 of	
reportable compensation from t	he organization l	<b>-</b>	_						M)	Yes No
3 Did the organization list any for								or highest compensated		
employee on line 1a? If "Yes," of 4 For any individual listed on line								and other compensation from		3
organization and related organi										
				8 2				and the demonstration or ind	Sudduct	4
5 Did any person listed on line 1a for services rendered to the org										A 5
Section B. Independent Contractor										
<ol> <li>Complete this table for your five compensation from the organiz</li> </ol>	highest comper	nsate	ed inc	lepe	nder	nt cor	ntrac	tors that received more than	n \$100,000 of he organization's tax year.	
	(A) business address	iipe.	isanc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uic	Caro	-	Descript	(B) ion of services	(C) Compensation
Harrie dilu	busiless address			-				Sosonpr	(A)	
							_			
								ā.		
									ý <b>–</b>	
									w.	
		_								
2 Total number of independent co	ontractors (includ	ing b	out no	ot lim	ited	to th	ose	listed above) who		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Pu. Charity Status and Public

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

tion or a spetion 4947/sV4) noneyempt shad

2019

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

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

THE DRAKE HOUSE, INC.

Employer identification number 20-0943038

P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete t	this part.) See instruction	S.				
The	orgai	nization is not	a private foundation because	it is: (For lines 1 through 12, che	eck only o	ne box.)						
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).					
2				ed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	Н		or a cooperative hospital service organization described in section 170(b)(1)(A)(liii).									
4	Н	-	·	in conjunction with a hospital de	•			ital's name				
7		city, and state		in conjunction with a neapital de	301DCG III	30000011	Trouble 1/4/4/11/19. Effect the floap	ital 3 Hallic,				
5		-		a college or university owned or		by a gove	erpmontal unit described in					
3	ш				operateu	by a gove	ernmental unit described in					
_			b)(1)(A)(iv). (Complete Part		-tio- 470/	F7474874	4					
6	$\bar{\mathbf{x}}$			vernmental unit described in sec								
7	A			ubstantial part of its support from	ı a govern	mentai un	iit or from the general public					
0			section 170(b)(1)(A)(vi). (Co									
8	Н	-		'0(b)(1)(A)(vi). (Complete Part II	•		-15					
9	Ш			ribed in section 170(b)(1)(A)(ix								
			or a non-land-grant college of	agriculture (see instructions). E	nter the na	ате, ску,	and state of the college or					
40		university:		22.4/20/ of its access			ala dalami da sa ang ang ang ang ang ang ang ang ang an					
10		_	•	more than 33 1/3% of its suppo of functions—subject to certain e			·					
		•		I unrelated business taxable inco	•	, ,						
			•	1975. See section 509(a)(2).	,							
11				clusively to test for public safety			a)(4).					
12		_		clusively for the benefit of, to pe								
				tions described in section 509(								
				at describes the type of supporting				g.				
	а	Type I. A	supporting organization ope	rated, supervised, or controlled b	ov its supp	orted orga	anization(s), typically by giving					
		L		er to regularly appoint or elect a		_						
				mplete Part IV, Sections A and								
	b	Type II. A	supporting organization sup	ervised or controlled in connecti	on with its	supporte	d organization(s), by having					
				ng organization vested in the sa								
		organizat	ion(s). You must complete	Part IV, Sections A and C.								
	С			ipporting organization operated i								
				ructions). <b>You must complete</b> F								
	d			. A supporting organization opera				)				
				organization generally must satis								
			,	ust complete Part IV, Sections		•						
	е			ived a written determination fron functionally integrated supportin			Type I, Type II, Type III					
	f		nber of supported organizatio		y organiza	itiori.						
			llowing information about the		*******							
	g		Ti and the same of		(in ) to the	organization	(v) Amount of monetary	(vI) Amoun	t of			
(		e of supported janization	(ii) EIN	(III) Type of organization (described on lines 1–10	1 ' '	ır governing	support (see	other support				
	019	Jan Heation		above (see Instructions))		ment?	instructions)	instruction				
					Yes	No						
(A)												
(* ')												
(B)												
(D)												
(0)												
(C)												
<b>/</b> 5:					-							
(D)					1							
					-							
(E)												
_												
<b>Cota</b>	1											

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

Sec	tion A. Public Support	rano to quamy	under the tools	noted below, p	nodeo complete	or are may	
	ndar 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
Sec	tion B. Total Support						
Cale	ndar 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. (					12	1,045,598
13	First five years. If the Form 990 is for the o						
500	organization, check this box and stop here tion C. Computation of Public Su			*******	,,		
				Δ)		14	99.55%
14	Public support percentage for 2019 (line 6, Public support percentage from 2018 Scher			D 2011.18.18.11.2		15	99.59%
15	33 1/3% support test—2019. If the organic		, , , , , , , , , , , , , , , , , , , ,		1/3% or more, chec	THE PERSON NAMED IN COLUMN	33.3370
104	box and stop here. The organization qualif						<b>▶</b> X
b	33 1/3% support test—2018. If the organization						V 474 4 V 4 10 10 40 40 10 10 10 10 10 10 10 10 10 10 10 10 10
	this box and <b>stop here</b> . The organization q						▶ [
17a	10%-facts-and-circumstances test—201				or 16b, and line 14	l is	AMARINE SANDO
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac						
	organization						▶□
b	10%-facts-and-circumstances test—201	8. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne	
	15 is 10% or more, and if the organization r	_					
	Explain in Part VI how the organization mee	ets the "facts-and-c	ircumstances" test.	The organization of	qualifies as a public	ly	
	supported organization				888		AUGUSTON -
18	Private foundation. If the organization did						
	instructions						

DESCRIPTION OF THE PROPERTY OF

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.)

Sec	tion A. Public Support	quantity arraser t						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(3) 33 33	(0)	,-,-			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				4			
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							111
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b				torin to to the toring and the torin	Department of the second	lancon to the same	
8	Public support. (Subtract line 7c from							
C	line 6.)							
Sec	tion B. Total Support dar year (or fiscal year beginning in)	(=) 2015	(b) 2016	(=) 2017	(d) 2018	(e) 201	0	(f) Total
		(a) 2015	(b) 2016	(c) 2017	(u) 2016	(e) 201	9	(i) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							i -
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.)  First five years. If the Form 990 is for the	organization's first	second third four	h or fifth tay vear:	as a section 501(c)	(3)		
14	organization, check this box and stop here	-	secona, uma, ioan					
Sec	tion C. Computation of Public Su		tage					
15	Public support percentage for 2019 (line 8,			(f))		55085005 308V21031	15	%
16	Public support percentage from 2018 Sche						16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2019 (li			column (f))			17	%
18	Investment income percentage from 2018				.00.00		18	%
19a	33 1/3% support tests—2019. If the orga	nization did not che	eck the box on line	14, and line 15 is m	ore than 33 1/3%,	and line		
	17 is not more than 33 1/3%, check this bo	x and stop here. 1	he organization qu	alifies as a publicly	supported organiz	ation		
b	33 1/3% support tests—2018. If the orga	nization did not che	eck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3%, and	1	
	line 18 is not more than 33 1/3%, check thi	s box and <b>stop he</b>	<b>re.</b> The organization	n qualifies as a pub	licly supported org	anization 👾	******	············
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 19	b, check this box a	and see instructions	S ((1.4)		CHENTRAL E

#### Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2019

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1	Yes	No
3a		
3b 3c		
4a		
4b		
4c		
5a 5b		
5c		
6		
8		
9a		
9b		
108		

Par	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	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.	11c
Secti	on B. Type I Supporting Organizations	1110
	77	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	165
•		
	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.	_ 1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
- anti	supervised, or controlled the supporting organization.	2
secu	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
ecti	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
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).	2
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.	3
Secti	on 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).	
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).
2 A	ctivities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (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.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
	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.	3a
h	Did the emerization everying 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.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	anizati	ione	rage o
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.			
instructions. All other Type III non-functionally integrated supporting organizations must			
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)
Aggregate fair market value of all non-exempt-use assets (see		The same and the same	
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	5	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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	0)	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	1 0		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	1 -		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Ty		apporting organization (see	

instructions).

	lle A (Form 990 or 990-EZ) 2019 THE AKE HOUSE,		20-0943	038 Page 7
Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes or organizations, in excess of income from activity	of supported		
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4	Amounts paid to acquire exempt-use assets	ica organizations		
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>	
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	on 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 <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017 From 2018			
	Total of lines 3a through e			
_	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount		Edwarf Market Cal	
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
•	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form	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 I	I, LINE 10 - OTHER INCOME DETAIL
	\$ 2,711
Santa excessiones	
* * * * * * * * * * * * * * * *	
******	
* 1001120000401020	
******	
OCCUPANTA INTERNATIONAL N	
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5/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4	
1)+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+	

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

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

THE DRAKE HOUS	SE, INC.   20-0943038
Organization type (check one	):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
-	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.
Special Rules	
regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) e amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.
contributor, during the contributions totaled m during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions and during the year.
Caution: An organization that i	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, t 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

Page 2

Name of organization

Employer identification number

20-0943038 THE DRAKE HOUSE, INC. rem . Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 1 ... FULTON CO. DEPT. OF COMM. DEVELOP. Person 137 PEACHTREE STREET SW, SUITE 400 **Payroll** 142,500 Noncash GA 30303 ATLANTA (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 2 FULTON COUNTY HOUSING & HUMAN SVCS Person 141 PRYOR STREET, SW, SUITE 7001 Payroll \$ 48,500 Noncash GA 30303 ATLANTA (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X ROSWELL PRESBYTERIAN CHURCH Person 755 MIMOSA BOULEVARD Payroll \$ 55,209 Noncash GA 30075 ROSWELL (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 ... INS. INDUSTRY CHARITABLE FOUNDATION Person X 1999 AVENUE OF THE STARS, SUITE 1100 Payroll \$ 40,000 Noncash LOS ANGELES CA 90067 (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. 5 Person UNITED WAY OF METROPOLITAN DALLAS Payroll 1800 N. LAMAR STREET 37,153 Noncash TX 75202 (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. THE STOCKEL FAMILY FOUNDATION Person 6 55 WALLS DRIVE, SUITE 300 **Pavroll** 40,000 Noncash FAIRFIELD CT 06824 (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization Employer Identification number THE DRAKE HOUSE, INC. 20-0943038 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year)

3	Aggregate value of grants from (during year)
4	Aggregate value at end of year
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose
	conferring impermissible private benefit?
Pa	Conservation Easements.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).
	Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area
	Protection of natural habitat  Preservation of a certified historic structure
	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation
	easement on the last day of the tax year.  Held at the End of the Tax Year
а	103201101000000010111010000000000000000
b	Total acreage restricted by conservation easements
С	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a
	historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the
	tax year •
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	<b>▶</b> \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

#### organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1
- Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**\$** \$

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Sched	ule D (Form 990) 2019 THE DRAK	OUSE, II	NC.	)-(	943038		Р	age 2
	t III Organizations Maintainin			reasures, or Othe	r Similar Assets (	continu		
3	Using the organization's acquisition, accessi collection items (check all that apply):							
a	Public exhibition	d 🗔	Loan or exchange pro	ogram				
b	Scholarly research	е 🗌						
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further the or	ganization's exempt pur	pose in Part			
	XIII.							
5	During the year, did the organization solicit o	r receive donations of	fart, historical treasure	es, or other similar		-		40
	assets to be sold to raise funds rather than to	be maintained as pa	art of the organization's	collection?		Ye	s	No
Par	t IV Escrow and Custodial Ar							
	Complete if the organization	n answered "Yes	" on Form 990, Pa	art IV, line 9, or rep	orted an amount o	n Form		
	990, Part X, line 21.							
	ls the organization an agent, trustee, custodi							7
	included on Form 990, Part X?		·			Y€	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					
					<del></del>	Amoun	t	
C .	Beginning balance		95.892.195.8924		ness and 1c			
	Additions during the year							_
	Distributions during the year							_
1	Ending balance	000 B 17 B			1f	Пу		1
	Did the organization include an amount on F					∐ Y€	_	No
CONTRACTOR OF THE PARTY OF THE	If "Yes," explain the arrangement in Part XIII.  t V Endowment Funds.	Check here if the exp	planation has been pro	vided on Part XIII				
rai	Complete if the organizatio	n answered "Ves	" on Form 990. Pa	art IV. line 10				
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r years t	back
1a	Beginning of year balance			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			-i-	
	Contributions							
	Net investment earnings, gains, and				×			
	osses							
	Grants or scholarships							
	Other expenditures for facilities and							
	programs							
	Administrative expenses							
g	End of year balance							
	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) h	eld as:				
a	Board designated or quasi-endowment	%						
b l	Permanent endowment ▶ %							
c	Term endowment ► %							
•	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a .	Are there endowment funds not in the posse	ssion of the organizat	ion that are held and a	dministered for the				_
	organization by:						Yes	No
	(i) Unrelated organizations							_
(	(ii) Related organizations					3a(ii)		_
b	f "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on Schedule R?	5 F201F57	ACCIDENTACION CALCANA DI INTERES	_3b_		

# 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		462,346		462,346
b Buildings	11/10	2,957,564	607,881	2,349,683
c Leasehold improvements	5755	37,643	13,173	24,470
d Equipment	10.1	74,092	47,755	26,337
e Other	813	855,835	300,977	554,858
otal Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Part X. colum	n (B), line 10c.)	CONTRACTOR SOURCE, DOCUMENTAL DOCUMENTS	3,417,694

Schedule D (Form 990) 2019

ð	-	0	9	4	3	0	3	8

10	_				
ш	2	a	a	e	

	Complete if the organization answered "Yes"  (a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(b) book value	Cost or end-of-year	
(1) Financial of	derivatives			
(2) Closely he	ld equity interests			
(3) Other	***************************************			
(A)	*************************************	23/24		
(C)				
(D)	. 1444 - 150 - 150 - 1614 1844 1844 1854 1854 1854 1854 1854 18	193		
	VI	11.7		
		17.00		
(H)		ng =		
	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related.	•	CIRCLE ASSAULT DEPARTMENT AS	
Part VIII	Complete if the organization answered "Yes"	on Form 000 Port IV II	ne 11c See Form 900 Par	V line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
	(a) possipilati di invasimant	(b) Book Valdo	Cost or end-of-year i	
(1)				
(2)				
(3)				
(4)				
(5)		***		181
(6)				
(7)				
(8)				
(7) (8) (9)				
(8)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
(8)	Other Assets.			
(8) (9) Total. <i>(Columi</i>			ne 11d. See Form 990, Par	t X, line 15.
(8) (9) Total. <i>(Column</i>	Other Assets.	on Form 990, Part IV, li	ne 11d. See Form 990, Par	t X, line 15. (b) Book value
(8) (9) Total. <i>(Column</i>	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Par	
(8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Par	
(8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Par	
(8) (9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Par	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Par	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Par	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Par	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Par	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes"  (a) Description	on Form 990, Part IV, li		
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)	on Form 990, Part IV, li	ne 11d. See Form 990, Par	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.	on Form 990, Part IV, li		(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, li		(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, li		(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	on Form 990, Part IV, li		(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability income taxes	on Form 990, Part IV, li		(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) TENAM	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability income taxes  TT SAVINGS PAYABLE	on Form 990, Part IV, li		(b) Book value  90, Part X,  (b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) TENAN (3) OTHER	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability income taxes	on Form 990, Part IV, li		(b) Book value  90, Part X,  (b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) TENAN (3) OTHER (4)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability income taxes  TT SAVINGS PAYABLE	on Form 990, Part IV, li		(b) Book value  90, Part X,  (b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) TENAN (3) OTHER (4) (5)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability income taxes  TT SAVINGS PAYABLE	on Form 990, Part IV, li		(b) Book value  90, Part X,  (b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) TENAN (3) OTHER (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability income taxes  TT SAVINGS PAYABLE	on Form 990, Part IV, li		(b) Book value  90, Part X,  (b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) TENAN (3) OTHER (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability income taxes  TT SAVINGS PAYABLE	on Form 990, Part IV, li		(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) TENAN (3) OTHER (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability income taxes  TT SAVINGS PAYABLE	on Form 990, Part IV, li		(b) Book value  90, Part X,  (b) Book value

	Complete if the organization answered "Yes" on Form		-	
1	Total revenue, gains, and other support per audited financial statements	m 550, i dit i v, inic 12.a.	1	1,828,066
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		*******	1,020,000
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,828,066
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•••••••••••••	312124241 <b>3131</b>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	5	1,828,066
Pa	irt XIII Reconciliation of Expenses per Audited Financia			
	Complete if the organization answered "Yes" on Forr			
1	Total account and large an		1	1,614,942
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	*****************	10.115.10.1.10	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	20		
d	Other (Describe in Part XIII.)	2d	- 30000	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,614,942
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			2/021/012
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	Xalist	
	investment expenses not included on Form 555, Fait Vin, line 75		-5-65 GPR/IT	
h	Other (Describe in Part XIII.)	4b	757000000	
b	Other (Describe in Part XIII.)	4b	40	
C	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	1.614.942
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	4b	4c 5	1,614,942
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8.)	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
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c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942
c 5 Pa Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  Tt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) ; Part IV, lines 1b and 2b; Part V, lines 1b and 2b and	5	1,614,942

Schedule D (	Form 990) 2019	THE	DRAK	OUSE,	INC.			J-09 <b>4</b> 3038	Page 5
Part XIII	Form 990) 2019 Supplem	ental Info	rmation (	continued)					
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* * * * * * * * * * * * * * * *						*********		OMBRES SERVICES SERVICES	***************************************

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

Supplemen.

uppleme information Regarding Fundraising or along Activitie Complete If the organization answered "Yes" on Form 990, Part IV, Ilne 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a.

hing Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for Instructions and the latest information.

THE DRAKE HOUSE, IN	1C -				20-09430	
Part I Fundraising Activities. Complete if t	the organization	on an	swer	ed "Yes" on Form 990		
Form 990-EZ filers are not required to 1 Indicate whether the organization raised funds through an				ack all that apply		
П				eck all triat apply.		
. 🗆	f Solicitation					
	g 🔲 Special fur	iuraisii	ig eve	nts		
<ul><li>d  In-person solicitations</li><li>2a Did the organization have a written or oral agreement with</li></ul>	any individual (in	cludina	ı office	ers directors trustees		N=20 0=20
or key employees listed in Form 990, Part VII) or entity in the bill if "Yes," list the 10 highest paid individuals or entities (fund	connection with p	rofessi	onal fu	undraising services?		Yes No
compensated at least \$5,000 by the organization.	Tallocia, paradalii			THIS GREET WHICH THE TURICULA		
(I) Name and address of Individual or entity (fundraiser)	(II) Activity	raise custo conf	id fund- r have ody or trol of outlons?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in col. (i)	(vI) Amount paid to (or retained by) organization
		Yes	No			
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Total	mond to policit por	otributi.	one or	has been petified it is ever	ant from	
3 List all states in which the organization is registered or lice registration or licensing.	erisea to solicit col	Muanin	OUS OF	nas peen nothed it is exer	препоп	
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 $T_{\lambda}$ 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 g	reater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HOLIDAY DONATIO	ICE CREAM FUNDR	1.	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	271,172	53,081	16,195	340,448
	2	Less: Contributions	271,172	53,081	16,195	340,448
- N		Gross income (line 1 minus				· · · · · · · · · · · · · · · · · · ·
_	_	line 2)				<del></del>
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	<u> </u>			
	7	Food and beverages	<u> </u>			**
Dire	8	Entertainment			1411	
	9	Other direct expenses				
	10	Direct expense summary.	Add lines 4 through 9 in column (d)	£440 KB XX XXX £ £ 7 × 0.33 KB £005 2 KB £005 0.33 KB		-
P	art	III Gaming. Comp	otract line 10 from line 3, column (d) olete if the organization ansv	vered "Yes" on Form 990, Pa	art IV, line 19, or reporte	ed more than
			rm 990-EZ, line 6a.			· · · · · · · · · · · · · · · · · · ·
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
ж	1	Gross revenue				
Se	2	Cash prizes	C			
Direct Expenses	3	Noncash prizes				
it Ex	3	Noncasti prizes				
Direc	4	Rent/facility costs				-
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary.	Add lines 2 through 5 in column (d)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>&gt;</b>	
	8	Net gaming income summ	ary. Subtract line 7 from line 1, colu	mn (d)		
9			organization conducts gaming activ			
		ne organization licensed to No," explain:	conduct gaming activities in each of	r these states?		
	3293			**************		
		ere any of the organization's Yes," explain:	gaming licenses revoked, suspend	ed, or terminated during the tax yea	ar?	Yes No
	9. 4			******************************	express expression to some contract.	
	(4 l)				**********	

Sche	edule G (Form 990 or 990-EZ) 2019 T. DRAKE HOUSE, INC.	20-0943038	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:	20 (20)	
а	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	33 23 33 23 23	
	records:		
	Name I		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	_	
	revenue?		Yes No
b	revenue?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the second sec	<b>16</b>	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		34
	Address ▶		3
16	Gaming manager information:		
	Name ▶	(* * * * * * * * * * * * * * * * * * *	
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Division de la Complexión de la descripción de l		
	Director/officer Employee Independent contractor		
47	Manadatan distributions		
17	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	rate in the state coming licenses		Yes No
<b>L</b>	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or	****	103 110
D	spent in the organization's own exempt activities during the tax year		
Da	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, colur	nns (iii) and (v): an	d
- IIIa	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional forms and the capital and the ca	onal information.	
	See instructions.		
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Schedule G (Form 990 or 990-EZ) 2019

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

Employer identification number 20-0943038 THE DRAKE HOUSE, INC.

Pa	irt I Types of Property					
		(a)	(b)	(c)	(d)	
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts	
1	Art — Works of art	+-				
2	Art — Historical treasures					_
3	Art — Fractional interests					_
4	Books and publications			*		=
5	Clothing and household				The second secon	
Ū						
6	Cars and other vehicles				<del></del>	_
7	Boats and planes					_
8	Intellectual property				- W	_
9	Securities — Publicly traded				)	_
	Securities — Closely held stock					_
10	Securities — Partnership, LLC,					_
11	-					
4.0	or trust interests					_
12	Securities — Miscellaneous					_
13	Qualified conservation					
	contribution — Historic					
	structures					_
14	Qualified conservation					
	contribution — Other					_
15	Real estate — Residential				<del>- 4</del>	_
16	Real estate — Commercial				- V	_
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				- 2	
25	Other ▶ ( FURNITURE )	X	1	13,975	IMV	_
26	Other ► ( VEHICLES )	X	1	11,263	FMV	_
27	Other ► (					_
28	Other ►(					_
29	Number of Forms 8283 received by the	ne organiza	ation during the tax year f	or contributions for		
	which the organization completed For	m 8283, P	art IV, Donee Acknowled	gement	29	
					Yes N	0
30a	During the year, did the organization r	eceive by	contribution any property	reported in Part I, lines 1 th	rough	
-	28, that it must hold for at least three					
	to be used for exempt purposes for th					X_
b	If "Yes," describe the arrangement in		ading portour	P	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	
31	Does the organization have a gift acce		alicy that requires the revi	ew of any nonstandard		
31					31 3	X
22-	contributions?  Does the organization hire or use third	I nartice o	related organizations to	solicit process or sell popo		_
32a						X
		************			32a	
b	If "Yes," describe in Part II.		ump (a) for a time of	arty for which column (a) is	checked	
33	If the organization didn't report an amo	ount in coi	unin (c) for a type of prop	erty for writen column (a) is	origonou,	
	describe in Part II.				Sahadula M (Form 990) 2	040

Schedule M (For	rm 990) 2019	THE	DRAKE	I. SE	, INC			2		943038		Page 2
	Supple	mental In	ıformatio	<b>n.</b> Provid	e the inf	ormation	required number (	by Part I, li	nes (	30b, 32b, and 3 the number of	3, and whethe items received	r d,
	or a con	nbination	of both.	Also comp	olete this	part for a	any additi	onal inform	natio	n		
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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.

20-0943038

Employer identification number

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 THESE MOTHERS MAY BE UNEMPLOYED OR UNDEREMPLOYED AND LACK MINOR CHILDREN. SUFFICIENT INCOME TO MEET ALL EXPENSES OF LIFE IN THE NORTH FULTON WOMEN AND CHILDREN ENTERING THE DRAKE HOUSE ARE OFFERED A COMMUNITY. VARIETY OF SUPPORT SERVICES TO EMPOWER AND EDUCATE THEM AND MOVE THEM RESIDENTS PARTICIPATE IN A GOAL SETTING PROCESS TOWARDS SELF-SUFFICIENCY. INITIAL GOALS INCLUDE ADDRESSING MEDICAL NEEDS OF AND AN EMPOWERMENT PLAN. 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 GOAL OF THE DRAKE HOUSE, INC. IS TO CREATE AN THE FAMILY'S STAY. 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.

ochicadic o	(1 DITTI DOO OI	200-1-21	(2010
Name of the	organization		

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.

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

4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

### Depreciation and Amortization.

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Identifying number

THE DRAKE HOUSE, INC. 20-0943038 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,020,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,550,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year, Subtract line 4 from line 1, If zero or less, enter -0-. If married filling separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property, Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 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 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 164,514 Other depreciation (including ACRS) 16 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 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (f) Method (a) Depreciation deduction (e) Convention (a) Classification of property (business/investment use placed in only-see Instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs. S/L 25-year property 27.5 yrs. MM S/L Residential rental 27.5 yrs. MM S/L property MM S/L 39 yrs. Nonresidential real MM property Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. 12-year S/L MM 30 yrs. 30-year MM S/L 40 yrs. d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 164,514 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

5059 The Drake House, Inc.

20-0943038

102 Dell Computer

104 Dell Computer

Shed

Dell Computer

Computer Installation

Lighting System

HVAC - Unit A7

TDC - Point of Sale System

Office Buildout Design & Engineering Serv

103

105

106

107

108

109

111

# **Federal Asset Report**

FY	E: 6/30/2020		Fo	rm 990	), Pa	age 1					
Asset	Descriptio	n	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
Other	Depreciation:		1010-104								
16	Office Building		10/03/06	560,000					MO S/L	226,667	17,777
16 17	Playground Equipment Other Improvements/Land	scaning	11/28/06 12/31/06	10,208 5,000					MO S/L MO S/L	10,208 5,000	0
23	Mary Drake Sign	scaping	1/19/07	6,368					MO S/L	6,368	0
26	Plumbing - Valves on water	er mains	12/07/07	12,000					MO S/L	12,000	ŏ
27	Miscellaneous Repairs		2/08/08	3,525			3,525		MO S/L	3,525	0
28	Awnings		2/20/08	2,780			2,780		MO S/L	2,780	0
29	Windows (7)		1/29/08	2,400			2,400		MO S/L	2,400	0
30 33	Awnings		2/25/08 6/04/09	1,220 1,200			1,220		MO S/L MO S/L	1,220 1,200	0
47	Patio Doors - Apartments Patio Doors - Apartments		7/08/09	2,508			2,508		MO S/L MO S/L	2,508	0
48	Main Breaker - Rewire		8/31/09	291			291		MO S/L	287	4
49	Cabinets - Apartment A1		9/16/09	585					MO S/L	570	15
50	Patio Doors - Apartments		2/04/10	3,708			3,708		MO S/L	3,492	216
51	Canvas Awnings		12/18/09	2,087					MO S/L	1,982	105
52	Dormer Roofs - Building A	A Middle Cebeel D.	1/15/10	766			766		MO S/L	728	38
55 56	Furniture & Accessories - Furniture & Accessories -			1,135 694			1,135 694		MO S/L MO S/L	1,135 694	0
57	Bronze Plaque	t reschool Room	11/01/09	424			424		MO S/L	424	0
59	Tree Removal		11/01/09	1,450			1,450		MO S/L	1,402	48
60	Pavers		11/01/09	3,500					MO S/L	3,383	117
61	Grade & Timbers		11/01/09	1,650			1,650		MO S/L	1,595	55
62	Outdoor Seating		11/01/09	997			997		MO S/L	964	33
63 64	Tables Paint		11/01/09 11/01/09	400 330			400		MO S/L MO S/L	400 319	11
65	Kitchen Cabinets		11/01/09	3,000			3,000		MO S/L	2,900	100
66	Book Shelving		11/01/09	500					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					MO_S/L	160,319	17,813
80	Land - Apartment		7/01/10	62,346			62,346		Land	0	0
81	Armstrong Flooring - Unit	A-4	3/21/12 3/27/12	1,854					MO S/L MO S/L	1,344 1,344	186 186
82 83	Armstrong Flooring - Unit Armstrong Flooring - Unit		5/02/12	1,854 1,290					MO S/L	924	129
84	TDC Kitchen Update	N-3	9/27/11	1,250			1,250		MO S/L	1,250	0
87	Carpet		4/04/12	1,249			1,249		MO S/L	1,249	0
90	Wireless Installation		7/01/12	6,250			6,250		MO S/L	6,250	0
91	Computer Installation		7/01/12	7,500					MO S/L	5,198	743
92	Built-in Cabinets - Social	Worker Office	10/25/12	3,300			3,300 67,619		MO S/L MO S/L	2,200 41,698	330 6,762
93 94	HVAC Computer Monitors		4/29/13 6/17/13	67,619 579			579		MO S/L MO S/L	579	0,702
24	Computer Monitors  Ma	ass Sale: 6/30/20	0/1//13	317			317		1410 5/2	575	ű
95	Dell Computer		3/16/13	772			772	5	MO S/L	772	0
	Ma	ss Sale: 6/30/20						_			^
96	Dell Computer		3/16/13	772			772	5	MO S/L	772	0
0.5	Ma	ss Sale: 6/30/20	2/16/12	770			770	5	MO S/I	772	0
97	Dell Computer	ass Sale: 6/30/20	3/16/13	772			772	Э	MO S/L	112	U
98	Dell Computer	122 23816. 0/30/20	3/16/13	772			772	5	MO S/L	772	0
70	Ma	ass Sale: 6/30/20	5,10,15	112			,,_	-			
99	Dell Computer		3/16/13	772			772	5	MO S/L	772	0
	Ma	ass Sale: 6/30/20						_	10.65	444	^
100	Dell Computer	G 1 (100100	3/16/13	772			772	5	MO S/L	772	0
101		ss Sale: 6/30/20	2/16/12	770			772	5	MO S/L	772	0
101	Dell Computer	os Sole: 6/20/20	3/16/13	772			112	J	MIO B/L	112	U

0

0

0

0

390

1,434

1,505

100

772

772

772

5,638

4,354

2,887 7,170 7,523

583

5 MO S/L

5 MO S/L

5 MO S/L

5 MO S/L

5 MO S/L 7 MO S/L

14,340 10 MO S/L

1,000 10 MO S/L

MO S/L

MO S/L

772

5,638

4,354

3,277

10,533

3/16/13

3/16/13

3/16/13

3/05/13

6/21/13

5/01/13

6/30/14

6/30/14

8/27/13

772

772

772

5,638

4,354

3,277

14,340

10,533

1,000

Mass Sale: 6/30/20

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr_	Per	Conv Meth	Prior	Current
112 113	Jefferson Oak Flooring & Scuba Pad Stack System for Washer/Dryer Mass Sale: 6/30/20	5/05/14 9/18/13	4,510 1,723			4,510 1,723		MO S/L MO S/L	2,330 1,723	451 0
114	Stack System for Washer/Dryer Mass Sale: 6/30/20	9/18/13	1,723			1,723	5	MO S/L	1,723	0
115 116 117	Stack System for Washer/Dryer Stack System for Washer/Dryer Washer & Dryer	9/18/13 9/18/13 9/19/13	1,723 1,723 2,465			1,723 1,723 2,465	5	MO S/L MO S/L MO S/L	1,723 1,723 2,465	0 0 0
0,00	Mass Sale: 6/30/20					ŕ			,	
118	Washer & Dryer Mass Sale: 6/30/20	9/19/13	2,465			2,465		MO S/L	2,465	0
119 120	Washer & Dryer Washer & Dryer	9/19/13 9/19/13	2,465 2,465			2,465 2,465	5	MO S/L MO S/L	2,465 2,465	0
122	Salesforce.com CRM System	3/31/14	10,213			10,213		MO S/L	10,213	720
123 124	Gutters & Carpentry Work - Apartments Gutters & Carpentry Work - Office	2/20/14 3/12/14	7,200 3,820			7,200 3,820		MO S/L MO S/L	3,840 2,037	720 382
125	Roof - Apartments	2/20/14	12,860			12,860		MO S/L	6,859	1,286
126	Roof - Office	2/20/14	8,550			8,550		MO S/L	4,560	855
127	Furniture for Children's Room	7/18/13	2,196			2,196 640		MO S/L MO S/L	1,856 640	314
128	Dell Computer  Mass Sale: 6/30/20	10/04/13	640			040	J	MO 3/L	040	U
129	Dell Computer	10/04/13	640			640	5	MO S/L	640	0
	Mass Sale: 6/30/20	10/04/10	6.10			640		1000	640	0
130	Dell Computer Mass Sale: 6/30/20	10/04/13	640			640	5	MO S/L	640	0
131	Dell Computer  Mass Sale: 6/30/20	10/04/13	640			640	5	MO S/L	640	0
132	Dell OptiPlex 3010  Mass Sale: 6/30/20	1/09/14	627			627	5	MO S/L	627	0
133	Dell OptiPlex 3010 Mass Sale: 6/30/20	1/09/14	627			627	5	MO S/L	627	0
134	Dell OptiPlex 3010  Mass Sale: 6/30/20	1/09/14	627			627	5	MO S/L	627	0
135	Dell OptiPlex 3020 Minitower Mass Sale: 6/30/20	4/02/14	627			627	5	MO S/L	627	0
136	Dell OptiPlex 3020 Minitower Mass Sale: 6/30/20	4/02/14	627			627	5	MO S/L	627	0
137	Dell OptiPlex 3020 Minitower Mass Sale: 6/30/20	4/02/14	627			627	5	MO S/L	627	0
138	Dell OptiPlex 3020 Minitower Mass Sale: 6/30/20	4/26/14	627			627		MO S/L	627	0
139	Dell OptiPlex 3020 Minitower Mass Sale: 6/30/20	4/26/14	627			627	5	MO S/L	627	0
140	Dell OptiPlex 3020 Minitower Mass Sale: 6/30/20	4/26/14	627			627		MO S/L	627	0
141	Dell OptiPlex 3020 Minitower	5/06/14	627			627		MO S/L	627	0
142	Dell OptiPlex 3020 Minitower Dell OptiPlex 3020 Minitower	5/06/14 5/06/14	627 627			627 627		MO S/L MO S/L	627 627	0
143 144	Dell OptiPlex 3020 Minitower	6/21/14	637			637		MO S/L	637	0
145	Dell OptiPlex 3020 Minitower	6/21/14	637			637		MO S/L	637	0
	Dell OptiPlex 3020 Minitower	6/21/14	637			637 637		MO S/L MO S/L	637 637	0
147	Dell OptiPlex 3020 Minitower	6/21/14 6/21/14	637 637			637		MO S/L MO S/L	637	0
148 149	Dell OptiPlex 3020 Minitower 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	627 908			627 908		MO S/L MO S/L	606 742	21 166
153 154	Dell OptiPlex 7020 60 Inch TV	6/01/15 4/01/15	963			963		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		MO S/L	457	112
157	Poppies I Painting	5/11/15	4,800			4,800 595		MO S/L MO S/L	2,857 347	686 85
158	Antimicrobial 6 Person Locker	6/11/15 6/11/15	595 595			595 595		MO S/L MO S/L	347	85
159 160	Antimicrobial 6 Person Locker Utility Cart	5/11/15	249			249		MO S/L	148	36
161	Cafeteria Table	5/11/15	269			269		MO S/L	160	39
162	Portable Double Sided Bike Rack	5/11/15	519			519		MO S/L	309 1,171	74 281
163	Frigidaire Gallery Refrigerator/Freezer	5/11/15 7/23/15	1,967 1,800			1,967 1,800		MO S/L MO S/L	1,800	0
167 168	Salesforce Updates Salesforce CRM System - Phase I	3/05/13	2,185			2,185		MO S/L	2,185	0
169	Website Development	7/01/15	4,827			4,827		MO S/L	4,827	0
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170   Training Table 1 of 6   924415   594   594   7 MO SL   270   72	Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Fixtures for TDC Sandy Springs	170								
173 Training Table 3 of 6									
174 Training Table 4 of 6		Training Table 3 of 6							72
176   Training Table 6 of 6   924/15   504   504   74   708   72   72   72   72   72   72   73   74   74   75   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   76   75   75		Training Table 4 of 6							72
177   Wireless Access Point Device 1 of 5   1/281/6   1,579   1,579   5   MO S.I.   1,079   316									
178   Wireless Access Point Device 2 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 4 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 4 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 4 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 4 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 5 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 5 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 5 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 5 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 5 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 5   1,2816   1,579   1,579   1,579   5   MO S/L   1,079   316     Wireless Access Point Device 5 of 5   1,2816   1,579									
179   Wireless Access Point Device 3 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316						1,579			
St   Wireless Access Point Device 5 of 5   128/16   1,579   1,579   5   MO S/L   1,079   316   182   Wireless Access Dygrade Devices   3/18/16   365   363   363   5   MO S/L   237   73   318/16   365   365   5   MO S/L   237   73   37   37   37   38   38   38				1,579		1,579			
182   Wireless Upgrade Devices   2,011/16   733   733   5 MO S/L   501   147   147   148   184   149						1,579			
183   iPad									
185   iPad	183	iPad		365		365			73
186   iPad									
187   IVAC Unit - 2.5 Ton - A-5									
189   Exterior Lighting for Buildings & & B   1/06/16   4,760   4,760   10   MO S/L   1,666   476   476   10   10   10   10   10   10   10   1		HVAC Unit - 2.5 Ton - A-5	9/25/15	2,300		2,300	10 MO S/L	863	230
190   Jefferson Oike Flooring B-7   1081/6									
191   HVAC System A-8   3/11/16   2,275   2,275   10   MO S/L   758   228   228   228   228   228   2275   10   MO S/L   758   228		Lefferson Oak Flooring B-7							
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 Center   6/30/16   2,100   2,100   10 MO S/L   5,953   1,785     195   Concrete Curbing - Drake Center   6/30/16   2,100   2,100   10 MO S/L   347   104     197   The Drake Center Addition   2,001   1,040   1,040   10 MO S/L   347   104     197   The Drake Center Addition   2,001   1,040   1,040   10 MO S/L   347   104     197   The Drake Center Addition   2,001   267,315   267,315   31 MO S/L   32,530   8,487     201   Tree Removal at Apartments   12/08/16   3,500   3,500   10 MO S/L   5,943   639     201   Tree Removal at Apartments   12/08/16   3,500   3,500   10 MO S/L   708   340     203   16 Hot Water Heaters   8/17/16   10,946   10,946   10 MO S/L   708   340     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 - B8   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 - A2   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   625   250     213   HVAC - A4   3/06/17   2,500   2,500   10 MO S/L   625   250     214   HVAC - A2   3/06/17   2,500   2,500   10 MO S/L   625   250     215   HVAC - A2   3/06/17   2,500   2,500   10 MO S/L   625   250     216   Sign for TDC Sandy Springs   11/77/6   3,420   3,200   3,200   10 MO S/L   625   250     217   HVAC - A3   3/06/17   2,500   2,500   10 MO S/L   625   250     218   HVAC - A4   3/06/17   2,500   2,500   10 MO S/L   625   250     219   Materials & Labora t TDC Sandy Springs   11/77/6   3,420   3,200   3,200   3 MO S/L   3,43   3,43     210   The Drake Village Apartmen			3/11/16			2,275	10 MO S/L	758	228
194   Parking Lot Paving & Striping - Drake Cent   3/07/16   17,858   17,858   10   MO S/L   630   210     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   3,303   3,000   10   MO S/L   904   350     202   Tree Removal at Playground   6/08/17   3,400   3,400   10   MO S/L   904   350     203   16 Hot Water Heaters   8/17/16   10,946   10,946   10,946   10   MO S/L   3,141   10,952     204   HVAC - A6   11/30/16   2,300   2,300   10   MO S/L   394   230     205   HVAC - B6   11/30/16   2,300   2,300   10   MO S/L   594   230     206   HVAC - B8   11/30/16   2,300   2,300   10   MO S/L   594   230     207   HVAC - B1   11/17   2,500   2,500   10   MO S/L   594   230     208   HVAC - B1   11/17   2,500   2,500   10   MO S/L   625   250     209   HVAC - B1   11/17   2,500   2,500   10   MO S/L   625   250     210   HVAC - B1   11/17   2,500   2,500   10   MO S/L   625   250     211   HVAC - A1   11/21/7   2,500   2,500   10   MO S/L   625   250     212   HVAC - A3   3/06/17   2,500   2,500   10   MO S/L   625   250     213   HVAC - A4   3/06/17   2,500   2,500   10   MO S/L   625   250     214   HVAC - B2   3/06/17   2,500   2,500   10   MO S/L   625   250     215   HVAC - B3   3/06/17   2,500   2,500   10   MO S/L   625   250     216   Sign for TDC Sandy Springs   11/17/16   3,722   3,722   5   MO S/L   583   250     217   HVAC - B3   3/06/17   2,500   2,500   10   MO S/L   583   250     218   HVAC - B3   3/06/17   2,500   2,500   10   MO S/L   583   250     219   Materials & Labora at TDC Sandy Springs   11/17/16   3,722   3,722   5   MO S/L   1,767   684     210   Torce Revisions   7/17/16   3,420   3,420   5   MO S/L   3,434   3,444     211   Torce Revisions   7/17/16   3,420   3,420   3,420   5   MO S/L   3,430   3,		HVAC System B-5							
195   Concrete Curbing - Drake Center   6/30/16   2,100   1,040   1,040   10 MO S/L   347   104   107   The Drake Center Addition   3/191   197 Dodge Caravar Minivan   2/03/17   3,193   3,193   5 MO S/L   3,43   639   201   Tree Removal at Apartments   12/08/16   3,500   3,500   10 MO S/L   708   349   201   Tree Removal at Laysyround   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   708   340   203   16 Hot Water Heaters   8/17/16   10,946   10,946   10 MO S/L   594   230		Parking Lot Paying & Striping - Drake Cent							
196   Tree Removal for Parking Lot Resurfacing   3/01/16   1,040   1,040   10   MO S/L   347   104   107   The Drake Center Addition   3/191   267,315   267,315   31   MO S/L   3,2530   8,487   199   1997 Dodge Caravan Minivan   2/03/17   3,193   3,193   5   MO S/L   1,543   639   10   Tree Removal at Playground   6/08/17   3,400   3,400   10   MO S/L   708   340   202   Tree Removal at Playground   6/08/17   3,400   3,400   10   MO S/L   708   340   203   16   HO Water Heaters   817/16   10,946   10   MO S/L   594   230   2		Concrete Curbing - Drake Center	6/30/16	2,100					
199   1997 Dodge Caravan Minivan   2/03/17   3,193   3,193   5 MO S/L   1,543   639   201   Tree Removal at Playground   6/08/17   3,400   3,400   10 MO S/L   708   340   202   Tree Removal at Playground   6/08/17   3,400   10,946   10 MO S/L   708   340   203   16 Hot Water Heaters   8/17/16   10,946   10,946   10 MO S/L   594   230   204   HVAC - 86   11/30/16   2,300   2,300   10 MO S/L   594   230   205   HVAC - 186   11/30/16   2,300   2,300   10 MO S/L   594   230   206   HVAC - 187   11/30/16   2,300   2,300   10 MO S/L   594   230   207   HVAC - 188   11/30/16   2,300   2,300   10 MO S/L   594   230   208   HVAC - 18   1/11/17   2,500   2,500   10 MO S/L   594   230   209   HVAC - 18   1/11/17   2,500   2,500   10 MO S/L   625   250   209   HVAC - 14   1/12/17   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   625   250   213   HVAC - A4   3/06/17   2,500   2,500   10 MO S/L   625   250   214   HVAC - B2   3/06/17   2,500   2,500   10 MO S/L   625   250   215   HVAC - B3   3/06/17   2,500   2,500   10 MO S/L   625   250   216   Sign for TDC Sandy Springs   11/17/16   3,722   3,722   5 MO S/L   1,985   744   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 Springs   11/07/16   3,722   3,722   5 MO S/L   1,985   744   219   Materials & Labor at TDC Sandy Springs   1/07/16   3,722   3,722   5 MO S/L   1,985   744   220   The Drake Village Apartments   2/14/17   400,000   400,000   - Land   0 0   221   Replacement of Cast fron Pipes under A-1/2   2/07/18   2,920   10 MO S/L   3,83   250   222   TDV Renovations   5/03/18   41,15   41,15   41,16   223   TDH Appliances   6/13/18   20,393   20,933   10 MO S/L   3,684   2,099   224   TDV Renovations   1/17/19   2,509   2,6820   20,830   10 MO S/L   3,684   2,099   224   Donated Laptops   1/07/19	196	Tree Removal for Parking Lot Resurfacing		1,040					
201   Tree Removal at Apartments   12/08/16   3,500   3,500   10 MO S/L   904   350   302   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   10,946   10 MO S/L   3,101   1,995   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   207   HVAC - B8   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   207   HVAC - B8   11/30/16   2,300   2,300   10 MO S/L   594   230   207   HVAC - B8   11/30/16   2,300   2,500   10 MO S/L   594   230   207   HVAC - B4   11/11/7   2,500   2,500   10 MO S/L   625   250   209   HVAC - B4   11/11/7   2,500   2,500   10 MO S/L   625   250   201   HVAC - A2   11/21/7   2,500   2,500   10 MO S/L   625   250   211   HVAC - A2   11/21/7   2,500   2,500   10 MO S/L   625   250   211   HVAC - A3   3/06/17   2,500   2,500   10 MO S/L   625   250   214   HVAC - B3   3/06/17   2,500   2,500   10 MO S/L   583   250   214   HVAC - B3   3/06/17   2,500   2,500   10 MO S/L   583   250   214   HVAC - B3   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   3,722   3,722   5 MO S/L   583   250   216   Sign for TDC Sandy Springs   11/17/16   3,722   3,722   5 MO S/L   1,855   744   218   200   2 (14   HVAC - B4   HVAC - B4   1 (14   HVAC - B4   HVAC - B4   HVAC - B4   1 (14   HVAC - B4   HVAC - B4   HVAC - B4   1 (14   HVAC - B4   HVAC - B4									
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 MO S/L   594   230									
204 HVAC - A6	202	Tree Removal at Playground	6/08/17	3,400		3,400	10 MO S/L		
200									
2006   HVAC - BT									
208   HVAC - BI			11/30/16	2,300			10 MO S/L	594	230
200   HVAC - B4									
210   HWAC - A1									
212   HVAC - A3   3706/17   2,500   2,500   10 MO S/L   583   250						2,500	10 MO S/L	625	250
213   HVAC - A4   3706/17   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 Spri   1/16/16   3,685   3,685   5   MO S/L   1,944     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   400,000   3,200   5   MO S/L   1,547   640     221   Land - The Drake Village Apartments   2/14/17   400,000   400,000   0 Land   0   0     222   Replacement of Cast Iron Pipes under A-1/2 / 2/07/18   12,920   12,920   10   MO S/L   1,830   1,292     221   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     226   TDH Appliances   6/13/18   20,839   20,839   5   MO S/L   4,515   4,168     229   Outdoor Furniture for Pavilion   6/12/18   4,672   4,672   7   MO S/L   4,667   668     230   Custom Playground   8/17/17   20,993   20,093   10   MO S/L   3,684   2,099     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     230   TDV Rono f Replacement   6/24/19   17,908   17,908   10   MO S/L   486   486     236   TDV Rono f Replacement   6/24/19   17,908   17,908   10   MO S/L   2,946   7,072     237   Pavilion   10/29/18   4,861   4,861   0   MO S/L   2,946   7,072     240   2004 Honda CRV EX   Sold/Scrapped: 7/29/19   2004 Honda CRV EX   Sold/Scrapped: 8/30/19   3,484   3,484   5   MO S/L   0   0     250   Sold/Scrapped: 8/30/19   3,484   3,484   5   MO S/L   0   0     240   2000 Lexus GS 300   2000 Lexus GS 300   2000 Lexus GS 300									
214 HVAC - B2   3/06/17   2,500   2,500   10 MO S/L   583   250				2,500					
Sign for TDC Sandy Springs						2,500	10 MO S/L	583	250
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 Spri   1/16/16   3,685   3,685   5 MO S/L   1,904   737   738									
219   Materials & Labor at TDC Sandy Springs   2/09/17   3,200   3,200   5   MO S/L   1,547   640		Outdoor Security Lights at TDC Sandy Sprii		3,685		3,685	5 MO S/L	1,904	737
221   Land - The Drake Village Apartments   2/14/17   400,000   400,000   0 Land   0   0	219	Materials & Labor at TDC Sandy Springs	2/09/17	3,200					
223       Replacement of Cast Iron Pipes under A-1/I       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         232       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         23							7/201	, ,	
TDV Renovations				12,920		12,920	10 MO S/L	1,830	1,292
TDH Appliances	224	TDV Renovations	6/15/18	612,095		612,095	31 MO S/L		
229         Outdoor Furniture for Pavilion         6/22/18         4,672         4,672         7 MO S/L         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         2,946         7,072           240         2004 Honda Crivic LX         7/23									
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 997 1,496 239 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 Sold/Scrapped: 6/26/20 4,146 4,146 5 MO S/L 0 Sold/Scrapped: 8/30/19 3,484 3,484 5 MO S/L 0 Sold/Scrapped: 8/30/19						4,672	7 MO S/L	667	668
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 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 1,118 2,682 240 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: 8/30/19 3,484 3,484 5 MO S/L 0 0 Sold/Scrapped: 8/30/19 3,484 3,484 5 MO S/L 0 0 Sold/Scrapped: 8/30/19	230	Custom Playground	8/17/17	20,093		20,093	10 MO S/L	3,684	
234 Donated Laptops									
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 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: 8/30/19 3,484 3,484 5 MO S/L 0 0 Sold/Scrapped: 8/30/19						6,102	5 MO S/L		
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	235	TDV Fence & Gates	7/11/18	4,861		4,861	10 MO S/L	_	486
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						17,908	10 MO S/L		
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 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 3,484 3,484 5 MO S/L 0 0 0 Sold/Scrapped: 8/30/19				26.820		26,820	10 MO S/L		
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			1/17/19	222,754		222,754	31 MO S/L		7,072
241 2002 Honda CRV EX 6/22/20 4,146 4,146 5 MO S/L 0 0 Sold/Scrapped: 6/26/20 8/30/19 3,484 5 MO S/L 0 0 0 Sold/Scrapped: 8/30/19 3,484 5 MO S/L 0 0 0 Sold/Scrapped: 8/30/19	240		7/23/19	1,347		1,347	5 MO S/L	Ü	U
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	241		6/22/20	4,146		4,146	5 MO S/L	0	0
Sold/Scrapped: 8/30/19		Sold/Scrapped: 6/26/20		•				0	0
	242		8/30/19					_	
	243		9/03/19	2,286		2,286	5 MO S/L	0	0

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20-0943038

Form 990, Page 1

FYE: 6/30/2020

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

## **Event Income and Deduction Worksheet Description ICE CREAM FUNDRAISER**

2019

Name

THE DRAKE HOUSE, INC.

Taxpayer Identification Number 20-0943038

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	
2. Advertising income 2.	
3. Circulation income 3.	
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6. 53,	081 Occupancy/Real Estate Taxes
	081 Travel & Repairs
8. Cost of Goods Sold 8.	
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	Total Indirect Expense
1011101110111011	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense: On investment property
	61.4 (010.010.010.010.010.010.010.010.010.010
16. Net Income/Loss. Line 7 minus Line 15 16 48 ,	797 On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	Secretary Secretary
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	
Total Cost of Goods Sold	Dividend recd deductions
***************************************	Readership costs
Expense Details - Employment Expense:	Other expenses 4,284
Compensation of officers	
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	
Payroll taxes	
Total Employment Expense	Food & beverages (Part II only)
Francis Batalla Face for Comission	
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T schedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E	
	First
Schedule F	Second
Schedule G	Third
Schedule I	All other
Schedule J	

#### **Event Income and Deduction Worksheet** Description HOLIDAY DONATIONS

2019

Name

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

Income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales1.		Advertising and promotion	
2. Advertising income 2.		Office	
3. Circulation income 3.		Printing/publication/postage	
4. Other income 4.		Info technology/Maintenance	
<ol><li>Returns and allowances</li><li>5.</li></ol>		Royalties & License Fees	
6. Contributions received 6.	271,172	Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7.	271,172	Travel & Repairs	
8. Cost of Goods Sold 8.		Travel/entertainment (officials)	
9. Employment Expense 9.		Conferences/meetings	
10. Fees for services 10.		Interest	
11. Indirect Expense 11.		Insurance	
12. Depreciation Expense 12.		Total Indirect Expense	-
13. Exempt Activity Expense 13.		Total Indirect Expense	
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through 14 15.	2,086		
16. Net Income/Loss. Line 7 minus Line 15 16.		On investment property	
To. Net moonie/Loss. Line / minus Line 13 10.	205,000	On non-investment property	
		Amortization	
Eynanda Dataila Cont of Conda Cold.		Depletion	
Expense Details - Cost of Goods Sold:		Total Depreciation Expense	
Beginning inventory		5 B.4.7. F 4.4.7.7. F.	
Purchases		Expense Details - Exempt Activity Expense:	
Labor		Repairs and Maintenance	
Section 263A costs	<del></del>	Bad debts	
Other costs		Taxes/licenses	
Ending inventory		Charitable contributions	
Total Cost of Goods Sold		Dividend recd deductions	
		Readership costs	
Expense Details - Employment Expense:		Other expenses	2,086
Compensation of officers		Total Exempt Activity Expense	2,086
Other salaries and wages			
Pension plan contributions		Expense Details - Fundraising Expense:	
Other employee benefits		Cash prizes	
Payroll taxes		Non-cash prizes	
Total Employment Expense		Rent and facility costs	
		Food & beverages (Part II only)	
Expense Details - Fees for Services:		Entertainment (Part II only)	
Management		Other direct expenses	
Legal		Total Fundraising Expense	
Accounting		9.4809.3.01.1630. <del>**</del>	
Lobbying Professional fundraising			
Professional fundraising			
Investment management			
Other			
Total Fees for Services			
Information in Indicated Services 5 - 200 T	a de la c	Allocation of Evenes to Decument Comics Assess	nnlichmente:
Information is indicated for use on Form 990-T sch	eaule:	Allocation of Expense to Program Service Accor	
Schedule E		First	
Schedule F		Second	
Schedule G		Third	
Schedule I		All other	
Schedule J			

#### **Event Income and Deduction Worksheet**

Description MISC. FUNDRAISERS

2019

Name

THE DRAKE HOUSE, INC.

Taxpayer Identification Number 20-0943038

Income & Expense Summary:	Expense Details - Indirect Expense:
Gross receipts or sales     1	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6. 3	, 215 Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7. 3	,215 Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meelings
10. Fees for services 10.	
11. Indirect Expense 11.	
12. Depreciation Expense 12.	Total Indirect Expense
13. Exempt Activity Expense 13.	79
14. Fundraising Expense 14.	
15. Total expenses. Add lines 8 through 14 15.	79 On investment property
16. Net Income/Loss. Line 7 minus Line 15 16.	, 136 On non-investment property
To. Not income, 2003. Elife / minus Elife To To.	Virga 4000 x 1000
	Amortization
Expense Details - Cost of Goods Sold:	Depletion
·	Total Depreciation Expense
Beginning inventory	
Purchases	
Labor	Repairs and Maintenance
Section 263A costs	
Other costs	
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs Other expenses 79
Expense Details - Employment Expense:	
Compensation of officers	Total Exempt Additity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	<del></del>
Information is indicated for use on Form 990-T schedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E	First
Schedule F	Second
Schedule G	Third
Schedule I	All other
Schedule J	MM/900000000000000000000000000000000000

#### **Event Income and Deduction Worksheet** Description FASHION SHOW

2019

INC.

THE DRAKE HOUSE,

Taxpayer Identification Number 20-0943038

Income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales1		Advertising and promotion	
2. Advertising income 2.		Office	
3. Circulation income 3.		Printing/publication/postage	
4. Other income 4.		Info technology/Maintenance	
5. Returns and allowances 5.		Royalties & License Fees	
6. Contributions received 6.		Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7.	1,600	Travel & Repairs	
8. Cost of Goods Sold 8.		Travel/entertainment (officials)	
9. Employment Expense 9.		Conferences/meetings	Ξ
10. Fees for services 10.		Interest	7
11. Indirect Expense 11.		Insurance	
12. Depreciation Expense 12.		Total Indirect Expense	=
13. Exempt Activity Expense 13.		30000000000000000000000000000000000000	=
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through 14 15.			
16. Net Income/Loss. Line 7 minus Line 15 16.		On investment property	_
16. Net Income/Loss. Line / minus Line 15 16.	1,130	On non-investment property	_
		Amortization	
Function Datable Coast of Coasts Solds		Depletion	-
Expense Details - Cost of Goods Sold:		Total Depreciation Expense	_
Beginning inventory		E	
Purchases		Expense Details - Exempt Activity Expense:	
Labor	-	Repairs and Maintenance	_
Section 263A costs		Bad debts	_
Other costs		Taxes/licenses	_
Ending inventory		Charitable contributions	_
Total Cost of Goods Sold		Dividend recd deductions	_
		Readership costs	_
Expense Details - Employment Expense:		Other expenses 44.	_
Compensation of officers		Total Exempt Activity Expense 44	2
Other salaries and wages			
Pension plan contributions		Expense Details - Fundraising Expense:	
Other employee benefits		Cash prizes	
Payroll taxes		Non-cash prizes	
Total Employment Expense		Rent and facility costs	
0.500.000.000.000.000.000.000.000.000.0		Food & beverages (Part II only)	
Expense Details - Fees for Services:		Entertainment (Part II only)	
Management		Other direct expenses	
Legal		Total Fundraising Expense	
Accounting			
Lobbying  Professional fundraising			
Professional fundraising			
Investment management			
Other	<del>~</del>		
Total Fees for Services			
1 e	··le·	Allocation of Expense to Program Service Accomplishments:	
Information is indicated for use on Form 990-T sched	uie:		
Schedule E		First	_
Schedule F		Second	_
Schedule G		Third	_
Schedule I		All other	_
Schedule J			

### Event Income and Deduction Worksheet Description TAPPIN' OUT HOMELESSNESS

2019

Name

THE DRAKE HOUSE, INC.

Taxpayer Identification Number 20-0943038

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.		Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.	16,195	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	16,195	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		(1000010000000000000000000000000000000
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15.	326	On investment property
16. Net Income/Loss. Line 7 minus Line 15 16.		On non-investment property
W 3		Amortization
		Amortization
Expense Details - Cost of Goods Sold:		Depletion
Beginning inventory		Total Depreciation Expense
Purchases		Expense Details - Exempt Activity Expense:
Purchases		
Labor Section 263A costs		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory	-	Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs Other expenses 326
Expense Details - Employment Expense:		47 676 ADDITION OF THE PROPERTY OF THE PROPERT
Compensation of officers		Total Exempt Activity Expense 326
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T sche	edule:	Allocation of Expense to Program Service Accomplishments:
Schedule E		First
Schedule F		Second
Schedule G		Third
Schedule I		All other
Schedule J		***************************************

Form **990/990PF** 

## Rent Income and Deduction Worksheet Description APARTMENT UNIT RENTALS

2019

Name

THE DRAKE HOUSE, INC.

Taxpayer Identification Number 20-0943038

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

		118,239
Gross rents     Expenses (see details on worksheets below):	1	110,239
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	TO TARRO SOUTH AND INTO THE OWNER OF THE OWNER OWNER OF THE OWNER	
Total Fees for Services		
Expense Details - Depreciation Expense:		
On non-investment property		
On investment property	30 F 1 5 10 F 12 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	
Amortization	THE STATE OF THE S	
Depletion		
Total Depreciation Expense		
Expense Details - Direct Expense:		
Interest	<u>-</u>	
Taxes/licenses	- 1-31 COO TATION   CONTENT OF THE C	
Occupancy Expenses		
Repairs & Maintenance		
Travel/conferences/meetings	AT 18 AT	
Printing & Publication	5	
Advertising		
Insurance	AND	
Utilities		
Supplies		
Other expenses		
- 4 151 4 F		
* Oracles at a second of the s		
eformation is being used for the fallowing Corne 000 Taskedules.	Expense Allocation to Program Service Accompli	shments for 990/990F:
nformation is being used for the following Form 990-T schedules:		
Schedule C	First	
Schedule E	Second	
Schedule F	Third	
☐ Schedule G	All other	

SCHEDULE G (Form 990 or 990-EZ)

#### **Fundraising Other Events**

For calendar year 2019, or tax year beginning

07/01/19 , and ending

06/30/20

2019

Name

Employer Identification Number

I	HE DRAKE HOU	SE, INC.			20-0943038
		(a) Other event  TAPPIN' OUT HOM	(b) Olher evenl	(c) Other event	(d) Total other events (add col. (a) through
a		(event type)	(event type)	(event type)	col. (c))
Revenue	Gross receipts     Less: Charitable	16,195			16,195
	contributions	16,195			16,195
	3 Gross income (line 1 minus line 2)			, , , , , , , , , , , , , , , , , , ,	
	4 Cash prizes				
	5 Noncash prizes			(1)	
ses	6 Rent/facility costs			7	
Direct Expenses	7 Food/beverages				
Direct	8 Entertainment				
	9 Other expenses				

1,854 Management & Management & 60 49 45 2,588 2,588 231 2,239 General General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) Form 990, Part IX, Line 24e - All Other Expenses 12,076 10,400 5,339 22,541 14,440 894 1,083 851 149 26,285 47,104 47,104 94,058 Program Program Service Service Federal Statements ሪን ٠ŊŧŊ-14,440 12,076 10,400 5,755 4,284 2,086 1,190 982 932 442 326 149 51,763 51,763 29,729 22,541 105,411 Expenses Expenses Total Total ۲Ŋ 5059 The Drake House, Inc. Description Description SPECIAL EVENT EXPENSES POSTAGE & DELIVERY EQUIPMENT RENTALS MEMBERSHIP & DUES PROFESSIONAL FEES PROPERTY TAXES CONTRACT LABOR MISCELLANEOUS CONTRIBUTIONS FYE: 6/30/2020 FURNISHINGS 20-0943038 TOTAL TOTAL PRINTING

185 4,284 2,086 47

1,590

S

Raising

Fund

2,071

S' S

Raising

Fund

39

442 326

9,114