Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 **N**1 Ľ l **Open to Public** Inspection

Internal Revenue Service	Department of the Treasury
	nternal Revenue Service

AF	A For the 2021 calendar year, or tax year beginning and ending				
B C	heck if oplicab	e: C Name of organization	D Employer identified	cation number	
	Addro Chang	BILLY'S PLACE, INC.			
	 Name		**-**80	48	
]Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	r	
	Final		623-414-		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	384,817.	
X	Amer returr		H(a) Is this a group re	eturn	
	Appli tion		for subordinates	? Yes X No	
	pend	21448 N 75TH AVE STE 5, GLENDALE, AZ 8530	8 H(b) Are all subordinates in	ncluded? Yes No	
			527 If "No," attach a	list. See instructions	
		te: > WWW.BILLYSPLACE.ME	H(c) Group exemption		
			ear of formation: 2012	State of legal domicile: AZ	
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: BILLY'S	PLACE IS A SA	FE	
Governance		COMMUNITY FOR KIDS AND FAMILIES EXPERIENCING	GRIEF AFTER	THE DEATH	
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of n	nore than 25% of its net as		
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		9	
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		11	
Activities &	6	Total number of volunteers (estimate if necessary)		56	
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
			Prior Year	Current Year	
an	8	Contributions and grants (Part VIII, line 1h)	201,130.	296,153.	
Revenue	9	Program service revenue (Part VIII, line 2g)	0. 7.	0. 13.	
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	/• 49,025.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>49,025</u> 250,162.	79,362.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	375,528.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	111,388.	179,069.	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
eng		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1 ,731.	0.	0.	
EX			123,953.	142,082.	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	235,341.	321,151.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,821.	54,377.	
SS	19	Revenue less expenses. Subtract line 16 from line 12	Beginning of Current Year		
ets c ance	20	Total assets (Part X, line 16)	118,726.	End of Year 173,177.	
Net Assets or Fund Balances	20 21		86,026.	86,416.	
Net,	21	Net assets or fund balances. Subtract line 21 from line 20	32,700.	86,761.	
Pa	rt II	Signature Block	52,7000		
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	v knowledge and belief, it is	
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		, , , , , , , , , , , , , , , , , , , ,	

Sign Here	Signature of officer KRIS FRIEDMAN, EXECUTI Type or print name and title	VE DIRECTOR		Date		
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	BRIAN F. SEMPLE, CPA			self-employed P01388987		
Preparer		& COOPER, LLP		Firm's EIN ** - ***0046		
Use Only	Firm's address 3101 N. CENTRAL	AVENUE, SUITE 1600				
	PHOENIX, AZ 8501	2		Phone no.602-241-1500		
May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	1 990 (2021) BILLY'S PLACE, INC. **-**804	8 Pag
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>l</u>
1	Briefly describe the organization's mission:	
	BILLY'S PLACE IS A SAFE COMMUNITY FOR FAMILIES EXPERICING GRIEF 7	
	CONNECT WITH ONE ANOTHER AFTER A LOSS OF A SPECIAL PERSON. TO PRO	DVIDE
	SUPPORT TO CHILDREN AND FAMILIES THROUGH THEIR GRIEF JOURNEY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X
	If "Yes," describe these new services on Schedule O.	
3		Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen	ses, and
	revenue, if any, for each program service reported.	
4a		
	PROVIDING ESSENTIAL NEEDS TO GRIEVING CHILDREN WHO HAVE DECEASED	
	PARENTS, AND SIBLINGS. MULTIPLE SUPPORT GROUPS MONTHLY WITH PROVI DINNER AND GRIEF ACTIVITIES.	DED
	DINNER AND GRIEF ACTIVITIES.	
łb	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
FIJ	GRIEF TRAINING AND RESOURCES FOR COMMUNITY GROUPS, INCLUDING CLIN	
	LOCAL SCHOOLS AND COLLEGES, AND BUSINESSES.	
łc	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
1d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
1e	Total program service expenses 256,539.	
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Form	990	(2021)

BILLY'S PLACE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
-	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,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	- /		
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	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	11b		x
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17	ļ	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation or Report IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II.	21		x
132003	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	(2021)
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Form 990 (2021)	BILI	Y'S	5 PLACE,	INC
Part IV Che	ecklist of Require	d Scl	hedules (con	itinued)

BILLY'S PLACE, INC.

			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	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	- 35		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	12-09-21	Form	990	(2021)
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Inter the number of encloyees reported on form W3, Transmittal of Wage and Tax Statements, and the statement and ward and ong win e within the year covered by this returns). 2a Inter the number of encloyees reported on form W3, Transmittal of Wage and Tax Statements, and the statement and the statement of t	Form	990 (2021) BILLY'S PLACE, INC. **-**8	048	Pa	age 5
2a Enter the number of employees reported on form W3, Transmittal of Wage and Tax Statements, 1 1 bit at least one is reported on line 2a, did the organization file an equired dodrait employment tax informs? 2b X 3a Date title examination of lines 1 and 50, one ray be equipyment tax informs? 2b X 3b Difference 3a Difference 3a X 3b Difference 3a Difference 3a X 3c Difference Difference 3a Difference 3a 3c Difference Difference Difference 3a X 3c Difference Difference Difference 3a X 3c Difference Difference Difference X X X 3c Difference Difference Difference Difference X X X 3c Difference Difference Difference Difference Difference Difference Difference Difference Difference Difference <t< th=""><th>Par</th><th>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th><th></th><th></th><th></th></t<>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
If all test or the calendary space ending with or within the year covered by this return 2a 11 If all test or is reported on the 2a, did the organization fiel all required decial endpoyment tax returns? 2a X Notest if the sum of lines 1a and 2a is greater than 250, you may be required to <i>o</i> . <i>No.</i> See instructions. 3a X 3b Did the organization have uncertable business groome of 51, 000 more during bulk way. 3b X 3b T Yes; 'has if fligd a form 300 for this year, of the organization have an interest in, or al againation or schedule 0. 3a X 3c T Yes; 'name the name of the foreign country low in a bank account, securities account, or other financial accounts (FEAR). 5a X 3c Did any taxability of a prohibibility as the organization that a mort way or the prohibibility as the tax security. 5a X 3c Did any taxability of the organization that a mort way of the prohibibility as the tax security. 5a X 3c Did any taxability of the organization taxability as a contribution? 5a X 3c Did any taxability of the organization taxability and tax on remaining proteon data security. 5a X 3c Did any taxability of the organization taxability organization file of magnization security. 5a X 3c <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
b If a least one is reported on line 2a, dd the organization file all required to refle. Spirit into the semiphone inth	2a				
Note: If the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a Diff Tes, 'inst the all carm BDo's for this year? If 'No's to fine 3b, provide an explanation on Schedule O A A any time during the calendar year, diff the organization have an interest in, or a signature or other authority over, a data transmission of this requirements for FinCCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X 5b Did any tasking be party offity the organization that was or is a party to a prohibited tax sheler transaction at any time during the tax year? 5a X 5b Did any tasking be party offity the organization that was or is a party to a prohibited tax sheler transaction? 5b X 5b Did any tasking parts to the organization that was or is a party to a prohibited tax sheler transaction? 5b X 5b Did any tasking party offity the organization take an ormality greater than \$100,000, and did the organization solid. 5a X 5b If 'Yes' to line 5a or 5b, did the organization take an ormality greater than \$100,000, and did the organization solid. 5a X 5b If 'Yes', id the organization needes atax discluss or the goads and services provide?					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, dd the organization have an interest in, or a signature or other authodity over, a financial accountly (such as befare than account, a control countly (such as befare than account, a countly account) / 4a X 5a Was the organization in active standard than the as of a party to a prohibited tax sheler thansaction? 5a X 5a Was the organization in active standard than the as of a party to a prohibited tax sheler thansaction? 5a X 5a Did any taxable party notify the organization from B86 ?? 5a X 5a Did the organization include with every solicitation an express statement that such contributions orgits were not tax deductibles of thanable contributions? 5a X 5a Did the organization notify the donor of the value of the goods or services provided? 7a X 7b Trass, "other organization notify the donor of the value of the goods or services provided? 7a X 7b Trass, "other organization notify the donor of the value of the goods or services provided? 7a X 7b <t< th=""><td>b</td><td></td><td>2b</td><td></td><td><u> </u></td></t<>	b		2b		<u> </u>
b If Yes, 'has it field a form 900-T for this yes?' If Ye'' to fire 3b, provide an expleration on Schedule Q 3b 4a At any time during the calendary ease, 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, scuther sancton, or other financial account)? 4a 5b I'' Yes, 'onter the name of the foreign country (such as a bank account, scuther sancton, or other financial accounts (FBAR)). 5a 5a Was the organization the organization that was or is a price to a prohibited tax scheter transaction? 5a 5a Did any taxable party notify the organization that was or is a price to a prohibite tax scheter transaction? 5a 5b I'''se'' to line 5a or 5b, did the organization that was or is a price to a prohibite tax scheter transaction? 5a 5b I'''se'' to line 5a or 5b, did the organization that was or is a price to a prohibite tax scheter transaction? 5a 5a I'''se'' to line 5a or 5b, did the organization that was or is a price to a prohibite tax scheter transaction? 5a 5a I'''se'' to line 5a or 5b, did the organization that was or is a price to a prohibite tax scheter transaction? 5a 5b I''se'' to line 5a or 5b, did the organization necelses at the aver scheter transaction and price to aver scheter scheter transaction and scheter transaction? 7a 5b I''se'' to line t					37
4a A ray time during the calendar year, dif the organization have an interest in, or a signature or other authority over a financial account) is outhor financial account; where the financial account is outhor financial accounts (FBAR). 4a X b If "ves, "inter the name of the foreign county b So instructions for fining requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b U any taxable party notify the organization that it was or is a party to a prohibitod tax shelter transaction? 5b X c If "ves' is the face 3a or 5b, dift the organization finant it was or is a party to a prohibitod tax shelter transaction? 5b X c If "ves' is the face 3a or 5b, dift the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a chartable contributionary 6b X 7 Organization receive a payment in excess of S/5 made party as a contribution and party for goods and services provided to the payor? 7a X 7 U the organization necking a payment in excess of S/5 made party as a contribution and party for goods and services provided 7c X 17a 7 U the organization necking a payment winds, directly to pay premums on a personal benefit contract? 7c X 7 U the organization necking a payment winds, directly to pay premums on a personal benefit contract? 7c X 9 U the organization necking a payment winds, directly to pay premums on a					<u> </u>
Intrancial account in a foreign country (but has a bank account; excurties account; or other financial account)? 4a X If Yes, "enter the name of the foreign country (but has a bank account; excurties account; or other financial Accounts (FBAR). 5a 5a Saw instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Saw the organization has a nual gross receipts that are normally greater than \$100,000, and did the organization has a nual gross receipts that are normally greater than \$100,000, and did the organization has a nual gross receipts that are normally greater than \$100,000, and did the organization has a nual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X If Yes, " did the organization in excles of \$1 made party as a contribution and grifts for goods and services provided? 7a X If Yes, " did the organization nucles with every solicitation an express statement that such contributions or gifts were not tax deductible contributions or gifts dives of the provide solicitation and express statement in the such contract? 7a X If If Yes, " did the organization inder of Forms \$282 field during the year 7d 7a X If If the organization receive any funds, directly or indirectly, to pary hereit mas on a personal benefit contract? 7c X If If the organization maintaning doord order dives of on dives of relation the assecure as a c			3b		
b If "Yes," enter the name of the foreign country. Sole instructions for ling requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization has a prohibed tax shelfer transaction at any time during the tax year? Did any traxible party notify the organization finant it was or is a party to a prohibited tax shelfer transaction? Did any traxible party notify the organization from FMBER FOR THE ATT ATT ATT ATT ATT ATT ATT ATT ATT AT	4a				v
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16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 16 X 17 If "Yes," complete Form 6069. 16 X					
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17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 1f "Yes," complete Form 6069. 10					_
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If "Yes," complete Form 6069.			17		
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Form 990	(2021)
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BILLY'S PLACE, INC.

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

Check if Schedule O contains a response or note to any line in this Part VI	Section A. Governing Body and Management	
	Check if Schedule O contains a response or note to any line in this Part VI	

X

Sec	tion A. Governing body and Management						
		Ι.	1	0	Yes	No	
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		9			
	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 0.			_			
b	Enter the number of voting members included on line 1a, above, who are independent			4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with	n any other				
	officer, director, trustee, or key employee?			2	X		
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ect supervision				
	of officers, directors, trustees, or key employees to a management company or other person?					X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or				
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockł	nolders, or				
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he following:				
а	The governing body?			8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code.)				
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ \ ,$			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a		X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	x	
b							
С							
	on Schedule O how this was done			12c	X	v	
13	Did the organization have a written whistleblower policy?			13		X X	
14	Did the organization have a written document retention and destruction policy?			14			
15	Did the process for determining compensation of the following persons include a review and approv		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		45		x	
a	The organization's CEO, Executive Director, or top management official			15a		X	
b	Other officers or key employees of the organization			15b			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40-		x	
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue			16a			
D							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		ons	40%			
800	exempt status with respect to such arrangements?			16b			
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AZ$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and QC	10-T (section 501(c)(3)e only		abla	
10	for public inspection. Indicate how you made these available. Check all that apply.	anu 98		JS UNIY	j avalli	able	
	Own website Another's website X Upon request Other (explain	n on S	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or			nd fina	ncial		
	statements available to the public during the tax year.			a	.ciui		
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records				
	KIM HUMPHREY - 623-414-9838						
	21448 N. 75TH AVE STE 5, GLENDALE, AZ 85308						
13200	12-09-21			Form	9 90	(2021)	
	6					, /	

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employee	es, Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KRIS FRIEDMAN	30.00	v		v				56 760	0	0
DIRECTOR/MEMBER	5.00	X		X				56,760.	0.	0.
(2) JULI SCHRAGEL DIRECTOR/MEMBER	5.00	x		x				3,136.	0.	0.
(3) LAURA ZAKI	2.00							5,150.	0.	0.
VICE-PRESIDENT	2.00			x				0.	0.	0.
(4) TERESA HAIRE	2.00									
PRESIDENT				x				0.	0.	0.
(5) MELISSA JACKSON	1.00									
DIRECTOR/MEMBER		X						0.	0.	0.
(6) MIKE SULLIVAN	1.00									
TREASURER				Х				0.	0.	0.
(7) CAMERON DUNLAP	1.00									_
DIRECTOR/MEMBER		х						0.	0.	0.
(8) JACQUELINE SPIEGEL	1.00									
DIRECTOR/MEMBER	1 00	X						0.	0.	0.
(9) SHELLY ROWLAN	1.00									0
DIRECTOR/MEMBER		X						0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om the anizati d relate nizatio	e on ed
											_			
	Subtotal								59,896.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		· · · · · · ·	· · · · · · · ·		 		0. 59,896.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual					, 		· · · · ·			3		x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		X
	rendered to the organization? If "Yes," com tion B. Independent Contractors	-				-			-			5		Х
1	Complete this table for your five highest co	-									npensa	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax y (B)	year.		(C	:)	
	Name and business	address	NC	ONE	3				Description of s	ervices	Co		nsatior	ר ו
								-						
2	Total number of independent contractors (i \$100,000 of compensation from the organia	•	ot li	mite	d to		se lis	stec	d above) who received n	nore than				
	wroo,ood or compensation nom the organi						-)	Form	990 (2	2021)

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Ра		7 11	Check if Schedule O		ı respon	se or note to anv lir	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b			1a 1b 1c					
ns, Gifts Similar /		d e	Related organizations Government grants (contr	ributions)	1d 1e					
I Other S		f g	All other contributions, gifts, similar amounts not included Noncash contributions included in	l above 📖	1f 1g \$	296,153.				
Cor anc		•	Total. Add lines 1a-1f				296,153.			
_						Business Code				
e	2	а								
e e		b								
n Se		с								
ran ?ev		d				_				
Program Service Revenue		е				_				
Ч		f	All other program service							
		g	Total. Add lines 2a-2f							
	3		Investment income (inclue	-			13.	13.		
			other similar amounts)				13.	13.		
	4		Income from investment of							
	5		Royalties		i) Real	(ii) Personal				
	6	_	Grass ranta	6a	i) neai					
	0		Gross rents Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)	, — —		····· ►				
	7		Gross amount from sales of	í — — — — — — — — — — — — — — — — — — —	Securitie					
	•	u	assets other than inventory	7a						
		b	Less: cost or other basis							
ne		~	and sales expenses	7b						
Revenue		с	Gain or (loss)	7c						
Rev			Net gain or (loss)							
ler	8		Gross income from fundraisi							
oth	-		including \$	5 (of					
			contributions reported on	line 1c). S	- See					
			Part IV, line 18			_{8a} 87,346.				
		b	Less: direct expenses			_{8b} 9,289.				
			Net income or (loss) from		_	s 🕨	78,057.			78,057.
	9	а	Gross income from gamin	ng activitie	s. See					
			Part IV, line 19			9a				
		b	Less: direct expenses			9b				
		с	Net income or (loss) from	gaming ad	ctivities	▶				
	10	а	Gross sales of inventory,							
			and allowances			10a				
			Less: cost of goods sold		_	10b				
		С	Net income or (loss) from	sales of in	ventory					
sn				TNITNIC	r	Business Code	1 205	1 205		
Miscellaneous Revenue	11	a	VOLUNTEER TRA	2111110	J	900003	1,305.	1,305.		
uen ven		b								
Re		c								
Σ			All other revenue				1,305.			
	40		Total. Add lines 11a-11d				375,528.	1,318.	0.	78,057.
	12		Total revenue. See instructio	פווע		····· 🕨	575,520.	L 1,510.		Form 990 (2021
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Form 990 (2021)

BILLY'S PLACE, INC.

BILLY'S PLACE, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	59,896.	59,896.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and	105,527.	99,345.	6,182.	
-	persons described in section 4958(c)(3)(B)	105,527.	55,545.	0,102.	
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,646.	13,050.	596.	
11	Fees for services (nonemployees):	- ,			
a					
b		4,172.		4,172.	
с	• ··· [
d					
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	24,937.	24,937.		
12	Advertising and promotion	4,719.	4,719.		
13	Office expenses	21,023.	21,023.		
14	Information technology	7,954.		7,954.	
15	Royalties	26 216	10 000		
16		36,216. 5,928.	10,080.	26,136. 5,928.	
17	Travel	5,920.		5,920.	
18	Payments of travel or entertainment expenses				
•••	for any federal, state, or local public officials	1,655.		1,655.	
19 20	Conferences, conventions, and meetings	1,669.		1,669.	
20 21	Payments to affiliates	,005.		,	
22	Depreciation, depletion, and amortization				
23	Insurance	1,061.		1,061.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EVENT EXPENSES	17,513.	15,782.		1,731
b	MEALS	6,215.	554.	5,661.	
с	BANK & MERCHANT FEES	4,211.	4,099.	112.	
d	TRAINING/VOLUNTEER EXPE	3,054.	3,054.		
е	All other expenses	1,755.		1,755.	
25	Total functional expenses. Add lines 1 through 24e	321,151.	256,539.	62,881.	1,731
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)				Eorm 990 (202

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Form **990** (2021)

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BILLY'S PLACE, INC.

I GI		Buildinee Officer				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		118,726.	1	170,715.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
		controlled entity or family member of any of thes	se persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	2,462.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		118,726.	16	173,177.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
Se	22	Loans and other payables to any current or form	ner officer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
iabi		controlled entity or family member of any of thes	se persons		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D		86,026.	25	86,416.
	26	Total liabilities. Add lines 17 through 25		86,026.	26	86,416.
ß		Organizations that follow FASB ASC 958, che	ck here 🕨 🛄			
ice:		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions			27	
ΪB	28	Net assets with donor restrictions			28	
ŭ		Organizations that do not follow FASB ASC 9	58, check here 🕨 🔀			
г		and complete lines 29 through 33.				
ts	29	Capital stock or trust principal, or current funds		0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or ec	uipment fund	0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	F	32,700.	31	86,761.
Š	32	Total net assets or fund balances		32,700.	32	86,761.
	33	Total liabilities and net assets/fund balances		118,726.	33	173,177.
						Form 990 (2021)

Form **990** (2021)

BILLY'S1

Part X Balance Sheet

Form 990 (2021)

Form	1 990 (2021) BILLY'S PLACE, INC.	**-**8	048	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,52	
2	Total expenses (must equal Part IX, column (A), line 25)	2	321		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32	2,70	00.
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		-31	16.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	86	5,70	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	2021)

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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	e of t	he organization		TNO					r identification number
Par	+ 1	Reason for Public (Y'S PLACE, Charity Status		omplata ti	nia mart) C	`aa inatrustiar		*-***8048
								1S.	
1	rgan	ization is not a private found		•		,			
1		A church, convention of ch				n 170(b)(*	1)(A)(I).		
2 [A school described in secti							
3 l		A hospital or a cooperative							
4 l		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(III). Enter	the hospital's name,
r		city, and state:							
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental (unit descrik	bed in
r		section 170(b)(1)(A)(iv). (C	,						
6 l		A federal, state, or local gov							
7 l		An organization that norma		ntial part of its support f	from a gov	ernmental	unit or from t	he general	public described in
r		section 170(b)(1)(A)(vi). (C							
8 l		A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	je or
r		university:							
10	X	An organization that norma							
		activities related to its exen							
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.
r		See section 509(a)(2). (Cor	•						
11		An organization organized a	-	•	-				
12		An organization organized a							
		more publicly supported or							Check the box on
		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga							
		the supported organization			a majority (of the dire	ctors or truste	ees of the s	supporting
		organization. You must c							
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	oportea
-		organization(s). You mus						ll into avait	a al
С		J Type III functionally inte						liy integrate	ea with,
h		its supported organization	. , .					rtad argani	ization(a)
d	L	J Type III non-functionally that is not functionally int							
		requirement (see instruct	•	0 ,	•		•	u an alleni	10011035
•		Check this box if the orga							
C		functionally integrated, or					а турс ї, турс	n, type m	
f	Ente	er the number of supported of		nany mogratoa capport	ing organi	Lation			
		vide the following information	•	ed organization(s).					·
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

Schedule A	(Form	aan	202
Schedule A		990	1202

Schedule A	(Form 990) 2021	BILLY'S	5 PLACE,	INC.	**-**8048	Pag
Part II	Support Schedule f	or Organiza	tions Desc	ribed in Secti	ons 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you che	cked the box o	n line 5, 7, or 8	of Part I or if the	organization failed to qualify under Part III. If the organi	zation
		and a Redeated to all a				

fails to qualify under the tests listed below, please complete Part III.) Public Support ٨

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	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.							
	ction B. Total Support		•	•	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	, etc. (see instructi	ions)	•	•	12	•	
13	First 5 years. If the Form 990 is for th	ne organization's f				501(c)(3)		
	organization, check this box and stop	here			-			
See	ction C. Computation of Publ							
14	Public support percentage for 2021 (I	line 6, column (f), d	divided by line 11,	column (f))		14	%	
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2021. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and	
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2020. If the c	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box	
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation				
17a	10% -facts-and-circumstances tes	t - 2021. If the orc	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstan	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organi	zation	
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		>	
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circu	mstances test, che	eck this box and s t	top here. Explain i	n Part VI how the		
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns 🕨 🗌	
						Calcaduda	(Earm 990) 2021	

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	64,677.	101,519.	128,590.	201,130.	296,153.	792,069.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		18,045.				18,045.
3	Gross receipts from activities that		-				
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf	10,708.					10,708.
5	The value of services or facilities						2077000
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	75,385.	119,564.	128,590.	201,130.	296,153.	820,822.
	Amounts included on lines 1, 2, and	1070001		120,000		25072001	010,011
10	3 received from disgualified persons						0.
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						0.
с	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						820,822.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020 201,130.	(e) 2021 296,153.	(f) Total 820,822.
9	Amounts from line 6	75,385.	119,564.	128,590.	201,130.	296,153.	820,822.
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						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		1,729.	34,387.	49,025.	88,651.	173,792.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				7.	13.	20.
13	Total support. (Add lines 9, 10c, 11, and 12.)	75,385.	121,293.	162,977.	250,162.	384,817.	994,634.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and stop here						▶∟]
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	82.53 %
	Public support percentage from 2020					16	86.04 %
Sec	tion D. Computation of Investion	stment Incom	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2020 Schedule A, I	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ation	►X
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>
13202	3 01-04-22			15		Schedule A	(Form 990) 2021

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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antore

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization</i> (s) <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

000	Sion of Type in Supporting Organizations
-	Wore a majority of the organization's directors or trustees during the tax year also a majority of the dir

 were a majority of the organization's directors of trustees during the tax year also a majority of the directors		1 1	
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		

Section 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

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BILLY'S PLACE, INC. Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instruction	ns) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater an	nount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)) 3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-	functionally integrate	d Type III supporting or	ganization (see

instructions).

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exercise	1		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	ns 3		
4	Amounts paid to acquire exempt-use assets	···	4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	,	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	the organization is responsive	e	
	(provide details in Part VI). See instructions.	5	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

	(See instructions.)	Section E, lines 2, 5, and 6. Also complete this part for any	
32028 01-04-2			Schedule A (Form 990)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

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BILLY'S	PLACE,	INC
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Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Form 990-PF	 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

Page **3**

Employer identification number

-8048

BILLY'S PLACE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Name of or	ganization		Employer	identification number		
втыу'	S PLACE, INC.		**_:	***8048		
Part III		through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total m			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	how gift is held		
 		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	how gift is held		
 -		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to	transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	how gift is held		
		(e) Transfer of gift	sfer of gift			
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	how gift is held		
 -		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee		
123454 11-11-			Sc	:hedule B (Form 990) (202 ⁻		

11510830 733339 BILLY'SPLACE 2021.04012 BILLY'S PLACE, INC.

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SC	HEDULE D	Supplementa	al Financial Statements			OMB No. 1545-0047	
	n 990)	Complete if the org	anization answered "Yes" on Form 990,			2021	
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	•		Open to Public	
Interna	Revenue Service		90 for instructions and the latest informa			Inspection	
Nam	e of the organizati	on BILLY'S PLACE, INC				r identification number	
Par	t I Organiza	-	d Funds or Other Similar Funds	or Ac			
		n answered "Yes" on Form 990, Part IV, lir					
			(a) Donor advised funds	(b)	Funds ar	nd other accounts	
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year	writing that the assets held in donor advise	d funda			
5	-		exclusive legal control?			Yes No	
6			advisors in writing that grant funds can be u				
-	Ũ	6	or donor advisor, or for any other purpose c		,		
	impermissible priv				•	Yes No	
Par	t II Conserv		ganization answered "Yes" on Form 990, Pa				
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·				
		n of land for public use (for example, recrea	, L				
		f natural habitat	Preservation of a	certifie	d historic	structure	
0		n of open space		f			
2	day of the tax yea		fied conservation contribution in the form o	r a cons		at the End of the Tax Year	
а					2a		
b					2b		
с	•		ructure included in (a)		2c		
d			after 7/25/06, and not on a historic structur				
	listed in the Nation	nal Register			2d		
3	Number of conservear	vation easements modified, transferred, re	leased, extinguished, or terminated by the	organiza	ation duri	ng the tax	
4		 where property subject to conservation ea	sement is located				
5		tion have a written policy regarding the pe					
	-	orcement of the conservation easements i					
6			handling of violations, and enforcing conse	ervation	easemer	nts during the year	
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on ease	ments d	uring the year	
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h	n)(4)(B)(i)		
						🔄 Yes 🔛 No	
9							
			note to the organization's financial statement	nts that	describe	es the	
Par		ounting for conservation easements.	f Art, Historical Treasures, or Ot	her Si	milar A	ssets.	
l a		f the organization answered "Yes" on Form					
1 a			58, not to report in its revenue statement an	nd balan	ce sheet	works	
			blic exhibition, education, or research in fur				
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these items	S.			
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance s	sheet wo	rks of	
			c exhibition, education, or research in furthe	erance o	of public :	service,	
	-	ing amounts relating to these items:					
					► \$		
n			asures or other similar assets for financial		► \$		
2		unts required to be reported under FASB A	asures, or other similar assets for financial ASC 958 relating to these items:	yan, pr	JAIGG		
а	-		ASC 956 relating to these items.	1	▶ \$		
					► \$		
-		eduction Act Notice, see the Instruction			· ·	edule D (Form 990) 2021	
	1 10-28-21		27				

11510830 733339 BILLY'SPLACE 2021.04012 BILLY'S PLACE, INC. BILLY'S1

		PLACE, IN				r Otha	er Cimil	**_**	*804	8 Pa	age 2
	t III Organizations Maintaining C								(S (contil	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, checł	cany of the	following that	: make s	ignificant	use of its			
_	collection items (check all that apply):		. — .								
a											
b											
c	Preservation for future generations		ماله م ما م						. VIII		
4	Provide a description of the organization's c							ose in Par	XIII.		
5	During the year, did the organization solicit of] X		1.
Dar	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
1 0	reported an amount on Form 990, Pa		ete ii trie	organizatio	n answered	res on	Form 990	J, Part IV,	line 9, 0		
12	Is the organization an agent, trustee, custod		diany for	contribution	e or other as	ente not	included				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							····· └──	103	L	
, N		and complete the le	nowing t	abic.					Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F	orm 990. Part X. line	21. for e	escrow or cu	ustodial accou	unt liabil	itv?		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par											
	·	(a) Current year	(b) P	rior year	(c) Two years	s back	(d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administer	red for th	he organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								Зb		
	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)	• •	ccumulate preciation	ed	(d) Boo	k valu	э
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)						0.
								Cabadula	D /F	0001	0004

Schedule D (Form 990) 2021

132052 10-28-21

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
			a or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER			3,216
(3) SBA LOAN			83,200
(4)			
(5)			
(6)			
(6)			
(7)			
(7)			86,416

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

Schedule D (Form 990) 2021

132053 10-28-21

	dule D (Form 990) 2021 BILLY'S PLACE, INC.		**-***8048 Pa
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Rever	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	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		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		5
<u> </u>			····· •
	t XII Reconciliation of Expenses per Audited Financial Stat		
		tements With Expe	
	t XII Reconciliation of Expenses per Audited Financial Stat	tements With Expe	nses per Return.
Par	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expe	nses per Return.
Par 1 2	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With Expe	nses per Return.
Par 1 2 a	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With Expe	nses per Return.
Par 1 2 a	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b 2b	nses per Return.
Par 1 2 b c	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2b 2c	nses per Return.
Par 1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	nses per Return.
Par 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1
Par 1 2 a b c d e 3	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1
Par 1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1
Par 1 2 a b c d e 3 4 a	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1
Par 1 2 4 6 3 4 8 5	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d 2d	1 2e 3

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

SCHEDULE G (Form 990)		ntal Information Regarding						OMB No. 1545-0047
(10111 990)		e organization answered "Yes" on organization entered more than \$1					, or it the	2021
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instr				ion.		Open to Public Inspection
Name of the organization		PLACE, INC.					Employer id * * _ * * *	entification number 3048
	complete this par	Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees list 	e organization rais itions email solicitations tations dicitations on have a written o red in Form 990, P d highest paid indiv	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Ye	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		on is registered or licensed to solicit o		► outions	s or has been notifie	d it is	exempt from	registration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-l	EZ.		Schedu	e G (Form 990) 2021

132081 10-21-21

31 11510830 733339 BILLY'SPLACE 2021.04012 BILLY'S PLACE, INC. BILLY'S1

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events						
ne			HIKE		1	(add col. (a) through						
			(event type)	(event type)	(total number)	- col. (c))						
Revenue	1	Gross receipts	87,346.			87,346.						
	2	Less: Contributions										
	3	Gross income (line 1 minus line 2)	87,346.			87,346.						
	4	Cash prizes										
Se	5	Noncash prizes										
Direct Expenses	6	Rent/facility costs										
Direct E	7	Food and beverages										
	8	Entertainment										
	9	Other direct expenses				9,289.						
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	9,289.						
		Net income summary. Subtract line 10 from li				78,057.						
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than							
		\$15,000 on Form 990-EZ, line 6a.		()-> Dull tobo/instant		(a) Tatal manainan (a dal						
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))						
Revenue				5go, p. e.g. eeen e sge								
Re	4	Groce revenue										
	•	Gross revenue				+						
s	2	Cash prizes										
nse												
stpe	3	Noncash prizes										
Direct Expenses	4	Rent/facility costs										
	_	Other direct overences										
	5	Other direct expenses	Yes %	Yes %	Yes %							
	6	Volunteer labor			□ Tes %							
	•											
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►							
		Enter the state(s) in which the organization conducts gaming activities:										
		he organization licensed to conduct gaming a	ctivities in each of these	states?		L Yes No						
b	lf "	No," explain:										
10-2	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?											
10.5-					0.4							
13208	52 1()-21-21			SCNE	edule G (Form 990) 2021						

Schedule G (Form 990) 2021	BILLY'S PLACE, INC.	**	-***8048 Page
11 Does the organization cond	uct gaming activities with nonmembers?		
	r, beneficiary or trustee of a trust, or a member of		
to administer charitable ga	ning?		🗌 Yes 🗌 N
3 Indicate the percentage of	aming activity conducted in:		
a The organization's facility			13a
14 Enter the name and addres	s of the person who prepares the organization's g	aming/special events books and records:	
Name 🕨			
Address ►			
	a contract with a third party from whom the orga		Yes N
	f gaming revenue received by the organization	▶ \$ and the amount	
	by the third party > \$		
c If "Yes," enter name and ac	dress of the third party:		
Name 🕨			
Address 🕨			
16 Gaming manager information	n:		
Name ►			
Gaming manager compens	ation > \$		
Director/officer		lent contractor	
17 Mandatory distributions:			
•	under state law to make charitable distributions	from the gaming proceeds to	
retain the state gaming lice	_		Yes 🗌 I
	itions required under state law to be distributed t		
	activities during the tax year \blacktriangleright \$		
	Information. Provide the explanations require	d by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9b, 10
15b, 15c, 16, and 1	7b, as applicable. Also provide any additional info	ormation. See instructions.	
32083 10-21-21	3		nedule G (Form 990) 2
10830 733339 BII	LY'SPLACE 2021.04012 BI		BILLY'S

			Schedule G (Form 990)
132084 11-18-21		34	. ,

11510830 733339 BILLY'SPLACE 2021.04012 BILLY'S PLACE, INC.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.



-*8048

BILLY'S PLACE, INC.

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

OF A SIGNIFICANT PERSON IN THEIR LIFE. BILLY'S PLACE BRINGS COMFORT AND COMPANIONSHIP TO KIDS AND FAMILIES EXPERIENCING GRIEF - NO MATTER WHERE THEY ARE ON THEIR JOURNEY. WE HELP FAMILIES REDISCOVER MOMENTS OF HAPPINESS, WITHOUT GUILT. WE NURTURE THESE MOMENTS AS SIGNS OF HOPE FOR MORE PROMISING DAYS AHEAD. WE SEE PEOPLE FOR WHO THEY ARE - PEOPLE WITH COMPLEX AND BEAUTIFUL IDENTITIES BEYOND GRIEF. WE DON'T SEE WIDOWS OR KIDS WHO HAVE LOST A PARENT, WE SEE EMILY, AND JACK, AND BILLY. WE SEE PEOPLE LIKE US. BILLY'S PLACE FEELS LIKE HOME FOR KIDS AND FAMILIES EXPERIENCING GRIEF - WHERE THEY CAN BE THEIR MOST HONEST SELVES, SURROUNDED BY A COMMUNITY OF SUPPORT. WE ARE NOT CLINICAL, RATHER WE ARE REMARKABLY ORDINARY. WE WELCOME ALL KIDS AND FAMILIES WHO HAVE EXPERIENCED THE LOSS OF SOMEONE SPECIAL TO FIND COMMUNITY AND FREE PEER SUPPORT AT BILLY'S PLACE.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS JULI SCHRAGEL AND KRIS FRIEDMAN ARE SISTER-IN-LAWS.

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

TAX RETURN DRAFT IS REVIEWED BEFORE FILING.

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

BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICT OF

INTEREST WHEN IT ARISES. COMMUNICATION IS MAINTAINED TO IDENTIFY POTENTIAL

CONFLICTS. IF ANY CONFLICT IDENTIFIED, THE BOARD IS NOTIFIED AND CONFLICT

2021.04012 BILLY'S PLACE, INC.

IS EVALUATED.

11510830 733339 BILLY'SPLACE

Name of the organization

BILLY'S PLACE, INC.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RECONCILIATION ADJUSTMENTS

-316.

FORM 990, LINE B AMENDED RETURN CHECKED

THE FOLLOWING RETURN HAS BEEN AMENDED TO CORRECT THE FOLLOWING

INFORMATIION THAT WAS INADVERTENTLY DISCLOSED INCORRECTLY OR NOT

DISCLOSED AT ALL.

CHANGES ARE AS FOLLOWS:

 1. PART 1, LINES 3 AND 4 HAVE BEEN CHANGED FROM 6 VOTING GOVERNING

 BOARD MEMBERS AND 6 INDEPENDENT
 VOTING MEMBERS TO 9 VOTING

 GOVERNING BOARD MEMBERS AND 7 INDEPENDENT VOTING MEMBERS. THIS CHANGE

 IS ALSO REFLECTED IN PART VI, SECTION A, LINES 1A AND 1B.

2. PART VI, QUESTION 2 HAS BEEN CHANGED TO "YES" AND THE FAMILY

RELATIONSHIP HAS ALSO BEEN DISCLOSED.

3. PART VII, SECTION A HAS BEEN UPDATED TO INCLUDE THE COMPENSATION OF

DIRECTORS JULI SCHRAGEL AND KRIS FRIEDMAN. ALSO UPDATED WAS THE

REMOVAL OF KIM HUMPHREY AS BOARD SUPPORT.

4. PART VII, COLUMN C: ADDITIONAL OFFICERS DENOTED.

132212 11-11-21

5. PART IX,	LINES	5 ANI	D 6 1	HAVE	BEEN	ADJUSTED	то	COMPE	NSATION	FOR	TOTAL
EMPLOYEES AN	ID DIR	ECTOR	s.								
5. SCHEDULE	G HAS	BEEN	UPD	ATED	ACCOR	DINGLY.					
32212 11-11-21										Schedu	le O (Form 990)

BILLY'S PLACE, INC.

Name of the organization

Form 8879-TE	***** T IF For calendar year 2021, o	, 20	OMB No. 1545-0047		
Department of the Treasury		Do not send to the IRS. Keep			ZUZ I
Internal Revenue Service	▶ 0	o to www.irs.gov/Form8879TE for	the latest information.		
Name of filer				EIN or SSN	+ 0 0 4 0
	S PLACE, IN	C. RIS FRIEDMAN		**_**	*8048
Name and title of officer or pe		XECUTIVE DIRECTOR			
Part I Type of	Return and Retu				
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents. Fo ount on that line for th	sing this Form 8879-TE and enter th or all other forms, enter whole dollars e return being filed with this form wa But, if you entered -0- on the return	s only. If you check the box on as blank, then leave line 1b, 2b	i line 1a, 2a, 3a , 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🚬 🕨 🗴	Total revenue, if any (Form 990,	Part VIII, column (A), line 12)	1	в 375,528.
2a Form 990-EZ che	ck here ►	Total revenue, if any (Form 990-E	Z, line 9)		2b
3a Form 1120-POL		Total tax (Form 1120-POL, line 22			3b
4a Form 990-PF che		Tax based on investment incom			łb
5a Form 8868 check		Balance due (Form 8868, line 3c)			-
6a Form 990-T chec		Total tax (Form 990-T, Part III, lin			Sb
7a Form 4720 check		Total tax (Form 4720, Part III, line			
8a Form 5227 check 9a Form 5330 check		 FMV of assets at end of tax yea Tax due (Form 5330, Part II, line 			3b
10a Form 8038-CP ch		• Amount of credit payment requ			10b
		e Authorization of Officer			
entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only	ution account indicate t the entry to this acc prior to the payment ve confidential informan nber (PIN) as my signa MPLE, MARCE on the tax year 2021 ncy(ies) regulating cha disclosure consent scr person subject to tax ndicated within this re rogram, I will enter my	with respect to the entity, I will enter eturn that a copy of the return is bein PIN on the return's disclosure cons HIS IS NOT A FILE?	r payment of the federal taxes ontact the U.S. Treasury Finan e financial institutions involved applicable, the consent to ele dicated within this return that rogram, I also authorize the at r my PIN as my signature on th ng filed with a state agency(ies sent screen.	owed on this ncial Agent at d in the process ne payment. I I ctronic funds o enter my PIN a copy of the forementioned ne tax year 202	return, and the 1-888-353-4537 no asing of the electronic have selected a withdrawal. 08048 Enter five numbers, but do not enter all zeros return is being filed ERO to enter my PIN 21 electronically filed harities as part of the
ERO's EFIN/PIN. Enter yo	our six-digit electronic	filing identification			
number (EFIN) followed by	your five-digit self-sel	ected PIN.	86280561260 Do not enter all zeros		
submitting this return in a Business Returns.		which is my signature on the 2021 of quirements of Pub. 4163, Modernize	electronically filed return indica d e-File (MeF) Information for A	ated above. I c	
ERO's signature			Date		
	Do Not Sub	O Must Retain This Form - mit This Form to the IRS U			
LHA For Privacy act and	Paperwork Reducti	on Act Notice, see instructions.			Form 8879-TE (2021)
102521 01-11-22					