(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | Name of exempt organization or other filer, see instruct | ctions. | | Taxpayer | identification | n number (TIN) |
|--|---|---|---|--------------------------|--|----------------------------------|
| print | OURCALLING, INC. | | | | 26-443 | 30860 |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, so P.O BOX 140428 | ee instruct | ions. | | | |
| instructions. | City, town or post office, state, and ZIP code. For a for DALLAS, TX 75214 | oreign addi | ress, see instructions. | | | |
| Enter the | Return Code for the return that this application is for (file | e a separat | te application for each return) | | | |
| Applicat | ion | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 990 |) or Form 990-EZ | 01 | Form 1041-A | | | 08 |
| Form 472 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990 |)-PF | 04 | Form 5227 | | | 10 |
| Form 990 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 |
| Form 990 | D-T (corporation) | 07 | | | | |
| If this box 1 I re the | organization does not have an office or place of business is for a Group Return, enter the organization's four digit (| Group Exe and atta NOVE1 anization's , an | mption Number (GEN), I ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending | f this is fo all memb | r the whole g ers the exten npt organizati | roup, check this sion is for. |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069 / nonrefundable credits. See instructions. | , enter the | tentative tax, less | 3a | \$ | 0. |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter any | refundable credits and | | | - |
| est | imated tax payments made. Include any prior year overpa | ayment all | owed as a credit. | 3b | \$ | 0. |
| c Ba | lance due. Subtract line 3b from line 3a. Include your pa | yment wit | h this form, if required, by | | | |
| usi | ng EFTPS (Electronic Federal Tax Payment System). See | instructio | ns. | 3c | \$ | 0. |
| Caution: instructio | If you are going to make an electronic funds withdrawal ns. | (direct det | bit) with this Form 8868, see Form 84 | 453-TE and | d Form 8879- | TE for payment |
| LHA F | or Privacy Act and Paperwork Reduction Act Notice. | see instru | ictions. | | Form 8 | 868 (Rev. 1-2022) |

| Form | 990 |
|------|-----|
|------|-----|

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



| ~ | For u | e 2022 calendar year, or tax year beginning and | ending | | |
|-------------------------|----------------------|--|-------------|------------------------------|-------------------------------|
| B | Check if applicat | le: C Name of organization | | D Employer identific | cation number |
| | Addr | ge OURCALLING, INC. | | | |
| | Nam Chan | ge Doing business as | | 26-44308 | 50 |
| | Initia | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | Final | P.O BOX 140428 | | (214)444 | |
| | termi ated | · · · · · · · · · · · · · · · · · · · | | G Gross receipts \$ | 8,237,650. |
| | Amer | DALLAS, IX 75214 | | H(a) Is this a group re | |
| | Appli tion | F Name and address of principal officer: WAINE WALKER | | for subordinates | ? Yes X No |
| | pend | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| <u> </u> | Tax-e> | xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 🗌 527 | If "No," attach a | list. See instructions |
| | Webs | | | H(c) Group exemption | |
| | | f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other | L Year | of formation: 2009 N | l State of legal domicile: TX |
| Pa | art I | Summary | | | |
| đ | 1 | Briefly describe the organization's mission or most significant activities: DISC | | | |
| Š | | UNSHELTERED HOMELESS ACCOMPLISHED THROUGH | I PERSC | NAL RELATIO | NSHIPS. |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or disposed | sed of more | than 25% of its net ass | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 9 |
| ڻ م | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 8 |
| es | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 69 |
| , ţţ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 3516 |
| Acti | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | <u>7a</u> | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | Prior Year | Current Year |
| Ð | 8 | Contributions and grants (Part VIII, line 1h) | | 7,622,253. | 7,867,492. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 25,729. | 26,483. |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 9,655. | 2,266. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,655. | 28,915. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 7,659,292. | 7,925,156. |
| | 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) | | 0. | 0. |
| ŝ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,850,026. | 3,889,804. |
| Expenses | 16 a | Professional fundraising fees (Part IX, column (A), line 11e) | | 113,398. | 201,904. |
| ăx | b | Total fundraising expenses (Part IX, column (D), line 25) 1,040,4 | | | |
| ш | 1 " | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,059,750. | 2,259,399. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,023,174. | 6,351,107. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 2,636,118. | 1,574,049. |
| S OL | 1 | | Be | ginning of Current Year | End of Year |
| Assets | ਬੂ 20 | Total assets (Part X, line 16) | | 11,934,402. | 13,726,919. |
| it As | 1 | Total liabilities (Part X, line 26) | | 275,070. | 493,429. |
| Inet | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 11,659,332. | 13,233,490. |

Part II | Signature Block

Τ

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

| Sign | Signature of officer | | | Date | |
|-------------|--|-----------------------------------|--------|------------------------|------------------------|
| Here | WAYNE WALKER, CHIEF EXECU | TIVE OFFICER | | | |
| | Type or print name and title | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check | PTIN |
| Paid | ROSALINDA MARIKAR, CPA | ROSALINDA MARIKAR, | C11/15 | /23 self-employed | P01684134 |
| Preparer | Firm's name CLIFTONLARSONALLE | N LLP | | Firm's EIN 41 - | 0746749 |
| Use Only | Firm's address 1145 BROADWAY, SU | ITE 900 | | | |
| | TACOMA, WA 98402 | | | Phone no. 253 – | 272-1555 |
| May the IF | RS discuss this return with the preparer shown abo | ve? See instructions | | | X Yes No |
| 232001 12-1 | 3-22 LHA For Paperwork Reduction Act Notic | e, see the separate instructions. | | | Form 990 (2022) |

| Form | OURCALLING, INC. | 26-4430860 | Page 2 |
|--------|---|------------------------|------------------|
| Par | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| | THE MISSION OF OURCALLING IS TO LEAD PEOPLE TO CHRIST AND DISCIPLES ON THE STREETS. WITH OUR UNSHELTERED HOMELESS N | | |
| | THIS MEANS WE FOCUS ON HELPING PEOPLE WALK WITH JESUS AND | | ? |
| | STREETS. WE CARE FOR OUR NEIGHBORS WITH DIGNITY AND INTEN | | <u> </u> |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| _ | prior Form 990 or 990-EZ? | XYes | No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | XNo |
| | 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 m | easured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | the total expenses, an | d |
| | revenue, if any, for each program service reported. | 21 7 | 707.) |
| 4a | (Code:) (Expenses \$4,596,441. including grants of \$) (Revenue OURCALLING OPERATES A DOWNTOWN OUTREACH CENTER WHERE NEIG | | /0/•) |
| | EXPERIENCING HOMELESSNESS ACCESS MEALS, SHOWERS, LAUNDRY, | | |
| | STUDIES, CHURCH SERVICES, MENTORING, ADDICTION RECOVERY C | | |
| | ACCESS TO +15 PARTNER AGENCIES THAT PROVIDE MEDICAL CARE, | | |
| | HEALTHCARE, PHARMACEUTICAL SERVICES, VETERANS SUPPORT, ID | | AND |
| | MORE. WE ALSO SEND OUT SEARCH AND RESCUE (STREET OUTREACH |) TEAMS TO | |
| | OVER 3,000 LOCATIONS ANNUALLY. OUR TEAMS SERVE UNDER BRID | | |
| | LIQUOR STORES, AND TREK THROUGH THE WOODS TO VISIT HOMELE | | IN |
| | THEIR CAMPS AND THROUGHOUT THE CITY. WE HAVE CREATED OVER | | |
| | EXIT STRATEGIES TO HELP INDIVIDUALS GET OFF THE STREETS A | | |
| | LONG-TERM COMMUNITIES OF INTEGRITY. WE HELP OVER 1,000 PE EXIT HOMELESSNESS. | OPLE ANNUALI | <u> </u> |
| 4b | LAII NOMELLESSNESS • (Code:) (Expenses \$ including grants of \$) (Revenue | | <u> </u> |
| 40 | (Code:) (Expenses \$) (Revenue | \$ |) |
| | | | |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses4,596,441. | ^ | 00 |
| | | Form 9 | 90 (2022) |
| 232002 | 2 12-13-22 2 | | |

3 2022.05000 OURCALLING, INC. A3384971

| Form | 990 | (2022) |
|--------|-----|--------|
| FUIIII | 330 | (2022) |

Form 990 (2022) OURCALLING, 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 | Х | |
| 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 | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 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, | _ | | v |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | х |
| ~ | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | х |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | <u></u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | х | |
| 11 | or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | 10 | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. | | | |
| u | Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| 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 | Х | |
| 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 | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 77 |
| 4- | 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 | 4- | | v |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _X_ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | х |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 17 | х | |
| 18 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | - 22 | <u> </u> |
| 10 | | 18 | х | |
| 19 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | <u> </u> |
| 13 | complete Schedule G, Part III | 19 | | х |
| 20a | 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 | | | <u> </u> |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | х |
| 232003 | 12-13-22 | | 990 | (2022) |

232003 12-13-22

4 2022.05000 OURCALLING, INC.

| Form | aan | (2022) |
|------|-----|--------|
| гош | 990 | (2022) |

| Form | 990 (2022) OURCALLING, INC. 26- | -4430860 | P | age 4 |
|-----------|--|--------------|--------------|--------------|
| | rt IV Checklist of Required Schedules (continued) | | | age - |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | nt | | |
| | 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 | he | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | v |
| | Schedule K. If "No," go to line 25a | 0.41 | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| U | any tax-exempt bonds? | 24c | | |
| b | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | |
| | 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 | | | X 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% contr | | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II | II <u>27</u> | | |
| 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? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | Х | |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| 00 | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 22 | x | |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | | <u> </u> |
| 54 | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | | X X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Par | Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance | | X | <u> </u> |
| Pal | Check if Schedule O contains a response or note to any line in this Bart V | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | Nr - | |
| 1 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 39 | Yes | No |
| | Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1a 1b | 0 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| - | (gambling) winnings to prize winners? | 1c | | |
| 232004 | 4 12-13-22 | | n 990 | (2022) |

5 2022.05000 OURCALLING, INC. A3384971

| Form | 990 (2022) OURCALLING, INC. | 26-4430 | 860 | P | _{age} 5 |
|--------|---|------------------------------|-----------------|-------------|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
| - | | 1 1 | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 2a 69 | | | |
| h | filed for the calendar year ending with or within the year covered by this return | | 2b | х | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax return Did the organization have unrelated business gross income of \$1,000 or more during the year? | | <u>20</u> 3a | ~ | x |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | - 55 | | |
| Ĩ | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | | х |
| b | If "Yes," enter the name of the foreign country | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | ccounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or gifts | | | 1 |
| | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | X |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | is required | | | 1 |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | 7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | | |
| | | | 9a | | |
| | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 10- | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | - | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | - | | |
| | | 11a | | | |
| | Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against | | - | | |
| 5 | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| с | Enter the amount of reserves on hand | 13c | | | |
| | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | le O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | 1 |
| | excess parachute payment(s) during the year? | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | | | 1 |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes," complete Form 6069. | | - | 000 | (000- |
| 232005 | 12-13-22 | | Form | 9 90 | (2022) |

| 13511115 | 131839 | A338497 | |
|----------|--------|---------|--|

⁶ 2022.05000 OURCALLING, INC. A3384971

| Sec | Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management | | | X |
|-------------|--|------------|---------|--------|
| | tion A. doverning body and management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year [1a] 9 | | 100 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | |
| h | Enter the number of voting members included on line 1a, above, who are independent 1b8 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| 2 | | 2 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | <u> </u> | | |
| 3 | | | | x |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following: | | | |
| а | The governing body? | 8a | | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | X |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | N |
| 0a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| - | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 1 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 114 | | |
| | | 12a | х | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | Δ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | | A X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| l6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| ec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | s only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | , c,)) | | |
| | | | | |
| 9 | Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | | |
| 19 | statements available to the public during the tax year. | i iii ai i | Jiai | |
| ~ | State the name, address, and telephone number of the person who possesses the organization's books and records CHRIS DANCE - (214)444-8796 | | | |
| 20 | | | | |
| 20 | P.O. BOX 140428, DALLAS, TX 75214 | | 990 | |

 Form 990 (2022)
 OURCALLING, INC.
 26-4430860
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

26-4430860 Page 6

| | <u>990 (</u> t VII | | | LLING, | 11 | NC. | | | 26-4430 | 860 Pa | ag |
|---------------------------|-----------------------|--|---------|-------------------|-------|--------------------|-------------------------|-------------------|------------------|-----------------------------|----|
| ai | . 11 | | | | nc | r noto to con l'a | o in this Dort VIII | | | | Г |
| | | Check if Schedule O | conta | uns a respo | nse c | or note to any lin | e in this Part VIII (A) | (B) | (C) | (D) | |
| | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excl | |
| | | | | | | | | function revenue | business revenue | from tax un sections 512 | |
| 6 | 1 - | Federated campaigns | | 1a | | | | | | | |
| unts | | Membership dues | | | | | | | | | |
| nor | | Fundraising events | | | | 274,779. | | | | | |
| LA | | Related organizations | | | | 211,119. | | | | | |
| ila | | Government grants (contr | | | | 63,417. | | | | | |
| Sin | | All other contributions, gifts, | | | | 00,41/0 | | | | | |
| Jer | • | similar amounts not included | - | | 7. | 529,296. | | | | | |
| Ö | a | Noncash contributions included in | | | | 363,385. | | | | | |
| and Other Similar Amounts | - | Total. Add lines 1a-1f | ines i | a-11 19 14 | , | | 7,867,492. | | | | |
| | | | | <u></u> | | Business Code | ,,, | | | | _ |
| | 2 a | RESOURCES | | | | 900099 | 17,116. | 17,116. | | | _ |
| | b | HOMELESS DIRE | CTC | ORIES | _ | 900099 | 9,367. | 9,367. | | | |
| Jue | c | | | | _ | | | | | | _ |
| evel | d | | | | | | | | | | |
| Revenue | e | | | | | | | | | | |
| | f | All other program service | rever | nue | | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | 26,483. | | | | |
| | 3 | Investment income (includ | | | | | | | | | |
| | | other similar amounts) | | | | | 1,344. | | | 1,34 | 4 |
| | 4 | Income from investment of | of tax | -exempt bo | nd pr | oceeds | | | | | |
| | 5 | Royalties | <u></u> | | | | | | | | |
| | | | | (i) Real | | (ii) Personal | | | | | |
| | 6 a | Gross rents | 6a | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | | |
| | с | Rental income or (loss) | 6c | | | | | | | | |
| | d | Net rental income or (loss |) | | | | | | | | |
| | 7 a | Gross amount from sales of | | (i) Securit | | (ii) Other | | | | | |
| | | assets other than inventory | 7a | 125,85 | 3. | 28,000. | | | | | |
| | b | Less: cost or other basis | | | | | | | | | |
| | | and sales expenses | | 125,72 | | 27,210. | | | | | |
| | С | Gain or (loss) | 7c | 13 | 2. | 790. | | | | • | |
| | | Net gain or (loss) | | | | | 922. | | | 92 | 2 |
| | 8 a | Gross income from fundraisi | - | | | | | | | | |
| 5 | | including \$ 274 | | | | | | | | | |
| | | contributions reported on | | , | | 40 407 | | | | | |
| | | Part IV, line 18 | | | | 42,427. | | | | | |
| | | Less: direct expenses | | | | 147,427. | 105 000 | | | 105 00 | ~ |
| | | Net income or (loss) from | | | ts | | -105,000. | | | -105,00 | 0 |
| | 9 a | Gross income from gamin | - | | | | | | | | |
| | | Part IV, line 19 | | | 9a | | | | | | |
| | | Less: direct expenses | | | 9b | | | | | | _ |
| | | Net income or (loss) from | - | - | , | | | | | | |
| | iu a | Gross sales of inventory, I and allowances | | | 10- | 17,360. | | | | | |
| | h | Less: cost of goods sold | | | 10a | 12,136. | | | | | |
| | | Net income or (loss) from | | | | , | 5,224. | 5,224. | | | _ |
| | | | Juice | | , | Business Code | -, | -, | | | |
| | 11 a | OTHER INCOME | | | | 900099 | 78,381. | | | 78,38 | 8 |
| nue | b | SETTLEMENT IN | COI | МЕ | _ | 900099 | 50,310. | | | 50,31 | |
| eve | c | | _ | | _ | | , - , - | | | ., | |
| Revenue | | All other revenue | | | _ | | | | | | |
| | | Total. Add lines 11a-11d | | | | | 128,691. | | | | |
| | | Total revenue. See instruction | | | | | 7,925,156. | 31,707. | 0. | 25,9 | _ |

| | Check if Schedule O contains a respon | | | | |
|----------|--|-------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | 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 | 394,880. | 208,290. | 173,572. | 13,018. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| | persons described in section 4958(c)(3)(B) | <u>112,024.</u> 2,953,691. | 56,012. 2,177,921. | 56,012. 176,016. | |
| 7 | Other salaries and wages | 2,953,691. | 2,177,921. | 176,016. | 599,754. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 155,093. | 114,069. | 9,758. | <u>31,266.</u> 8,676. |
| 9 | Other employee benefits | 13,018. | 4,342. | | 8,676. |
| 10 | Payroll taxes | 261,098. | 185,218. | 28,915. | 46,965. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 0 014 | | 0 214 | |
| b | Legal | 9,314. 28,375. | | 9,314. 28,375. | |
| c | Accounting | 28,3/5. | | 28,3/5. | |
| d | Lobbying | 201,904. | | | 201 004 |
| e | , , , , , , , , , , , , , , , , , , , | 201,904. | | | 201,904. |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 16,000. | | 16,000. | |
| 10 | column (A), amount, list line 11g expenses on Sch 0.) | 10,000. | | 10,000. | |
| 12 13 | Advertising and promotion | 391,914. | 240,004. | 58,035. | 93,875. |
| 13 14 | Office expenses Information technology | 551,514. | 240,004. | | 55,075 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 410,579. | 390,050. | 20,529. | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 512,465. | 486,842. | 25,623. | |
| 23 | Insurance | 39,647. | 37,665. | 1,982. | |
| 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.) PROGRAM DEVELOPMENT | 769,633. | 616,207. | 109,428. | 43,998. |
| | VEHICLE EXPENSE | 74,216. | 74,216. | 109,420. | 45,990. |
| b c | EVENTS EXPENSE | 7,180. | 5,529. | 626. | 1,025. |
| c d | MISCELLANEOUS EXPENSE | 7,100. | 76. | 020• | ±,023• |
| | All other expenses | , | , | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,351,107. | 4,596,441. | 714,185. | 1,040,481. |
| 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) | | | | |
| | | | | | |

Form 990 (2022) Part IX Statement of Functional Expenses

OURCALLING, INC.

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

232010 12-13-22

11 2022.05000 OURCALLING, INC.

A3384971

Form 990 (2022)

13511115 131839 A338497

A3384971

Form 990 (2022)

OURCALLING, INC.

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

(A) Beginning of year (B) End of year 3,467,841. 2,736,779. 1 1 Cash - non-interest-bearing 713,662. 415,475. Savings and temporary cash investments 2 2 670,000. 3 3 Pledges and grants receivable, net 12,068. 63,418. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 23,203. 66,960. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 11,921,132. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 2,189,336. 7,702,765. 9,731,796. 10c 14,863. 42,491. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 11,934,402. 13,726,919. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 493,429. 275,070. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 275,070. 493,429. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 10,957,277. 9,651,079. 27 27 Net assets without donor restrictions 702,055. Net assets with donor restrictions 3,582,411. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 11,659,332. 13,233,490. Total net assets or fund balances 32 32 11,934,402. 13,726,919. 33 33 Total liabilities and net assets/fund balances

12

Part X | Balance Sheet

| Form | OURCALLING, INC. | 26- | 4430860 | Pag | _{ge} 12 |
|------|---|---------|-----------|----------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,925 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,351 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,574 | 1,0· | 49. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 11,659 | <u> </u> | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 1 | 09. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 13,233 | 3,49 | 90. |
| 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: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X 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 | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule C | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | <u>3a</u> | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 000 | |

Form **990** (2022)

(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.

| OMB No. 1545-0047 | |
|-------------------|--|
| 2022 | |

| Department of the Treasury Internal Revenue Service | | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | Open to Public Inspection | |
|--|----------|--|-----------------------|---|---------------------------------------|------------------------|--------------------|-----------------|---|----------------------------|
| Name of the organization | | | | die te trittin eigen | | | latoot ini | ormation | Employer | identification number |
| - | | | | ALLING, IN | C. | | | | | 6-4430860 |
| Pa | art I | Reason | | | (All organizations must c | omplete th | nis part.) S | ee instructior | | 0 1100000 |
| | | | | | For lines 1 through 12, c | | | | | |
| 1 | l orga | 1 | - | | on of churches described | - | | 1)(4)(i) | | |
| 2 | | 1 | | | Attach Schedule E (Forn | | 11 17 0(5)(| •,,~,,•,• | | |
| 3 | | 1 | | | anization described in so | | (h)(1)(A)(ii | ii) | | |
| 4 | | | • | | njunction with a hospital | | | • |)(iii). Enter | the hospital's name. |
| • | L | city, and stat | - | | | | occue | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ine neepital e name, |
| 5 | | 1 | | or the benefit of a co | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in |
| Ū | · | | | Complete Part II.) | | | | | | |
| 6 | | 1 | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | 1 | | - | ntial part of its support fr | | | | ne general i | oublic described in |
| • | | • | | complete Part II.) | | onn a gove | innontai | | io general j | |
| 8 | | 1 | | | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | 1 | | | in section 170(b)(1)(A)(| , | ed in coniu | unction with a | land-grant | college |
| | | - | - | - | ulture (see instructions). | | - | | - | - |
| | | university: | | | , , , , , , , , , , , , , , , , , , , | | | , | 0 | |
| 10 | | | on that norma | ally receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | nip fees, and | d gross receipts from |
| | | activities rela | ted to its exen | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of it | s support f | rom gross investment |
| | | income and ι | Inrelated busir | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the or | ganization a | ifter June 30, 1975. |
| | | See section | 509(a)(2). (Co | mplete Part III.) | | | | | | |
| 11 | |] An organizati | on organized a | and operated exclus | ively to test for public sa | fety. See | section 50 | 09(a)(4). | | |
| 12 | |] An organizati | on organized a | and operated exclus | ively for the benefit of, to | perform t | he functio | ns of, or to ca | rry out the | purposes of one or |
| | | more publicly | supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). | Check the box on |
| | | lines 12a thro | ough 12d that | describes the type o | f supporting organizatior | n and com | plete lines | 12e, 12f, and | l 12g. | |
| a | a [| Type I. A s | upporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), t | ypically by | giving |
| | | the suppor | ted organizatio | on(s) the power to re | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | Ipporting |
| | | organizatio | n. You must c | complete Part IV, Se | ections A and B. | | | | | |
| k |) | Type II. A s | supporting org | anization supervised | l or controlled in connect | tion with it | s supporte | ed organizatio | n(s), by hav | ring |
| | | control or r | nanagement c | of the supporting org | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | | organizatio | n(s). You mus | st complete Part IV, | Sections A and C. | | | | | |
| C | : L | Type III fur | nctionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functiona | lly integrate | ed with, |
| | _ | its support | ed organizatio | n(s) (see instructions |). You must complete I | Part IV, Se | ections A, | D, and E. | | |
| C | 1 L | Type III no | n-functionally | y integrated. A supp | porting organization oper | ated in co | nnection v | vith its suppo | rted organiz | zation(s) |
| | | that is not f | functionally int | tegrated. The organiz | ation generally must sat | isfy a distr | ibution red | quirement and | an attentiv | /eness |
| | _ | | , | | nplete Part IV, Sections | | | | | |
| e | • L | | • | | written determination fro | | | Туре I, Туре | II, Type III | |
| | | | 0 | | nally integrated supporti | ng organiz | ation. | | | |
| 1 | | ter the number | | • | | | | | | |
| | g Pro | ovide the follow (i) Name of supp | | n about the supporte (ii) EIN | ed organization(s). | (iv) Is the orga | anization listed | (v) Amount o | fmonetary | (vi) Amount of other |
| | | organization | | | (described on lines 1-10 | in your governi Yes | ng document? No | support (see i | - | support (see instructions) |
| | | - | | | above (see instructions)) | 165 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Schedule A | (⊢orm | 990 | 2022 |

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

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

| Sec | ction A. Public Support | | | | | | |
|------|---|-----------------------|-----------------------|------------------------|---------------------|--------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2363672. | 3805447. | 5328244. | 7622253. | 7867492. | 26987108. |
| 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 | 2262672 | 2005447 | 5220244 | 7600050 | 7067400 | 0007100 |
| | Total. Add lines 1 through 3 | 2363672. | 3805447. | 5328244. | 7622253. | /86/492. | 26987108. |
| 5 | | | | | | | |
| | 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) | | | | | | 1070857. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 25916251. |
| | ction B. Total Support | | | | | | 25510251. |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | 2363672. | 3805447. | 5328244. | 7622253. | | 26987108. |
| | Gross income from interest, | | | | | | |
| Ŭ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 6,521. | 4,671. | 2,282. | 1,075. | 1,344. | 15,893. |
| 9 | Net income from unrelated business | | - | - | | - | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | 75,000. | 75,000. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 6,106. | | 1,391. | 11,993. | 53,691. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 27151182. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 387,352. |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, f | fourth, or fifth tax y | vear as a section 5 | 01(c)(3) | |
| _ | organization, check this box and stop | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | | | | | 14 | 95.45 % |
| | Public support percentage from 2021 | | | | | 15 | 91.20 % |
| 16a | 33 1/3% support test - 2022. If the o | | | | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2021. If the o | | | | | | |
| 4- | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the fact | | | - | | - | |
| ۲. | meets the facts-and-circumstances te | - | | • • • • | | Za and line 15 is | |
| 0 | 10% -facts-and-circumstances test | - | | | | | IU% OF |
| | more, and if the organization meets the | | | | | | |
| 18 | organization meets the facts-and-circu Private foundation. If the organization | | - | | | | |
| 10 | Trivate roundation. In the organization | | | a, 100, 17a, 01 170 | , oneon this box al | | |
| | | | | | | A | |

| | Schedule A (| Form | 990 |) 2022 |
|--|--------------|------|-----|--------|
|--|--------------|------|-----|--------|

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 | ction A. Public Support | | | | | | |
|-----------|--|----------|-----------------|-----------------------|----------|----------|---------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| b | 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | 1 | -1 | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | • | | | | | · |
| | check this box and stop here | - 0 | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | | | | | 15 | % |
| | Public support percentage from 2021 ction D. Computation of Invest | | | | | 16 | % |
| | • | | | in a 10 a a luman (f) | | 17 | 0/ |
| | Investment income percentage for 20 | | B | | | 17 | <u>%</u> |
| 18 19a | Investment income percentage from 33 1/3% support tests - 2022. If the | | | on line 14 and lin | | | % 17 is not |
| 130 | more than 33 1/3%, check this box ar | - | | | | | |
| h | 33 1/3% support tests - 2021. If the | - | • | | ••• | | ∟ 6 and |
| u | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | 0 | ···· |
| | 3 12-09-22 | | | , <u> </u> | | | e A (Form 990) 2022 |
| | | | 1 / | - | | | · · |

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Yes No

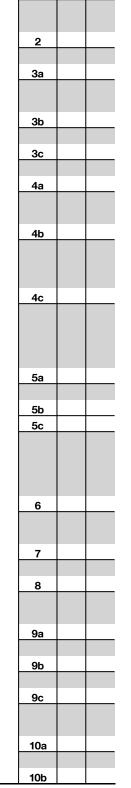
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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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Schedule A (Form 990) 2022

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Part IV

Yes No

Yes No

Yes No

Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations

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| | | | 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> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> | | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | | |
| | supervised, or controlled the supporting organization. | 2 | | | |
| Sec | tion C. Type II Supporting Organizations | | | | |
| | | | 1 | | |

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).

| Section D. All Type III Supporting Organizations | | | | | |
|--|---|---|--------------------|--|--|
| | | | | | |
| | 1 | Did the organization provide to each of its supported organizations | by the last day of | | |

| 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

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the | - vear | (see instructions). |
|---|---|--------|---------------------|
| - | Oneon the box next to the method that the organization used to satisfy the integral r art rest during the | s your | (|

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

| с | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). | |
|---|--|---|---|--|
|---|--|---|---|--|

- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

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| Schedule A (Form 990) 2022 OURCALLING, INC. | | | | 26-4430860 Page 6 | |
|---|--|--------------|-----------------------------------|--------------------------------|--|
| | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Organ | | 5 | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust on I | Nov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. | |
| | All other Type III non-functionally integrated supporting organizations must | | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | |
| 3 | Other gross income (see instructions) | 3 | | | |
| _4 | Add lines 1 through 3. | 4 | | | |
| 5 | Depreciation and depletion | 5 | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | |
| | collection of gross income or for management, conservation, or | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | |
| _7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| | instructions for short tax year or assets held for part of year): | | | | |
| a | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| C | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other factors | | | | |
| | (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | |
| | see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | |
| _7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sect | ion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | |
| 5 | Income tax imposed in prior year | 5 | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 0

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| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations _{(continu} | ued) | |
|------|--|-------------------------------|---------------------------------------|------|---|
| Sect | on D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | | | | |
| 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 | ne organization is responsive | • | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | าร | (iii) Distributable Amount for 2022 |
| _1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| C | From 2019 | | | | |
| d | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| - | | | | | |

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

| | | • | | |
|------------------|---------|---|----|----------------------------|
| MISCELLANEOUS IN | NCOME | | | |
| 2018 AMOUNT: \$ | 6,106. | | | |
| 2020 AMOUNT: \$ | 1,391. | | | |
| 2021 AMOUNT: \$ | 11,993. | | | |
| 2022 AMOUNT: \$ | 53,691. | | | |
| | | | | |
| | | | | |
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| | | | | |
| 232028 12-09-22 | | | 21 | Schedule A (Form 990) 2022 |

** PUBLIC DISCLOSURE COPY

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

Employer identification number

26-4430860

| Schedule | В |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Name of the organization

| OURCALLING, | INC. |
|-------------|------|

| Organization type (check one): | | | | |
|--------------------------------|--|--|--|--|
| Filers of: | Section: | | | |
| Form 990 or 990-EZ | $\fbox{3}$ 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 | | | |

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

📙 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

X 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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.

Schedule B (Form 990) (2022)



| DURCAI | LLING, INC. | 26 | 5-4430860 |
|------------|--|-----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>1</u> | | \$ <u>1,111,620.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$450,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>365,307.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$360,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$358,363. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$209,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

| OURCAI | LLING, INC. | | 26-4430860 |
|------------|---|-----------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additio | nal space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 7_ | | - _ \$ <u>192,3</u> - | 20. Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| | | - _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| | | - \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| | | - _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| | | - \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| | | _ \$ | Person Payroll One Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

A3384971

223452 11-15-22

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

| Name of o | rganization | Employer identification number | | |
|------------------------------|--|---|------------------------------|--|
| OURCA | LLING, INC. | | 26-4430860 | |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II i | if additional space is needed | l. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | Data received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | | |
| | | \$ | | |
| 223453 11-15 | 5-22 | | Schedule B (Form 990) (2022) | |

13511115 131839 A338497

Schedule B (Form 990) (2022)

| Name of c | organization | | Employer identification number | | |
|---------------------------|---|--|---|--|--|
| OURCA | LLING, INC. | | 26-4430860 | | |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a | h) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less | ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| | | (e) Transfer of gift | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| | | (e) Transfer of gift | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| | | (e) Transfer of gift | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| | (e) Transfer of gift | | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| 223454 11-1 | 5-22 | | Schedule B (Form 990) (2022) | | |

13511115 131839 A338497

26 2022.05000 OURCALLING, INC. A3384971

| 00 | | Supplement | al Financial Statements | | C |)MB No. 15 | 45-0047 |
|-------|---|--|--|--------------------------------|-----------------|---------------------|----------------------|
| | HEDULE D | | inization answered "Yes" on Form 990, | | 2022 | | |
| (FOII | 11 990) | Part IV, line 6, 7, 8, 9, 10 |), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | | |
| | ment of the Treasury I Revenue Service | | Attach to Form 990. 10 for instructions and the latest information. | | | Open to Inspecti | |
| - | e of the organizati | | | Employer identification number | | | |
| | - | OURCALLING, INC. | | | 26- | 44308 | 60 |
| Par | t I Organiza | ations Maintaining Donor Advise | d Funds or Other Similar Funds or Ac | coun | ts. Corr | nplete if th | е |
| | organizatio | n answered "Yes" on Form 990, Part IV, lir | ne 6. | | | | |
| | | | (a) Donor advised funds | b) Func | ds and oth | ner accou | nts |
| 1 | Total number at e | nd of year | | | | | |
| 2 | Aggregate value o | f contributions to (during year) | | | | | |
| 3 | Aggregate value o | f grants from (during year) | | | | | |
| 4 | Aggregate value a | t end of year | | | | | |
| 5 | - | | writing that the assets held in donor advised func | | | _ | |
| | are the organization | on's property, subject to the organization's | exclusive legal control? | | L | Yes | No |
| 6 | Did the organization | on inform all grantees, donors, and donor a | dvisors in writing that grant funds can be used o | nly | | | |
| | for charitable purp | | or donor advisor, or for any other purpose conferr | 0 | _ | - | _ |
| Des | impermissible priv | | | | | Yes | No |
| Par | | | ganization answered "Yes" on Form 990, Part IV, | line 7. | | | |
| 1 | | servation easements held by the organizati | | | | | |
| | | n of land for public use (for example, recrea | | | • | | |
| | _ | of natural habitat | Preservation of a certi | fied his | toric struc | cture | |
| - | | n of open space | | | | | |
| 2 | • | | fied conservation contribution in the form of a co | | | | e last e Tax Year |
| | day of the tax year | | | - | | | e lax teal |
| a | | tere al les second second tere second as | | 2a | | | |
| b | • | | | 2b | | | |
| C | | | ucture included in (a) | 2c | | | |
| d | | vation easements included in (c) acquired a | | | | | |
| 2 | | | leased outing visbad or torminated by the organi | 2d | during the | tay | |
| 3 | | valion easements modified, transferred, re | leased, extinguished, or terminated by the organi | zation | uning the | lax | |
| 4 | year | where property subject to conservation eas | sement is located | | | | |
| 5 | | tion have a written policy regarding the pe | | | | | |
| Ŭ | - | forcement of the conservation easements in | | | | Yes | No |
| 6 | , | | handling of violations, and enforcing conservatio | | ments dur | | |
| • | | | | | | | |
| 7 | Amount of expens | ses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation eas | sements | s durina tl | he vear | |
| • | | | | | e dan ng d | , o you | |
| 8 | Does each conser | vation easement reported on line 2(d) abov | ve satisfy the requirements of section 170(h)(4)(B) | (i) | | | |
| | and section 170(h | | , | | | Yes | No No |
| 9 | | | on easements in its revenue and expense statem | | 1 | | |
| | balance sheet, and | d include, if applicable, the text of the footr | note to the organization's financial statements that | at descr | ribes the | | |
| | organization's acc | ounting for conservation easements. | - | | | | |
| Par | t III Organiza | ations Maintaining Collections of | f Art, Historical Treasures, or Other S | imilar | Assets | 5. | |
| | Complete i | f the organization answered "Yes" on Form | 1 990, Part IV, line 8. | | | | |
| 1a | If the organization | elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement and bala | ance sh | eet works | 5 | |
| | of art, historical tre | easures, or other similar assets held for pul | olic exhibition, education, or research in furtherar | ice of p | ublic | | |
| | service, provide in | Part XIII the text of the footnote to its final | ncial statements that describes these items. | | | | |
| b | If the organization | elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and balance | sheet | works of | | |
| | | | exhibition, education, or research in furtherance | of pub | lic service | Э, | |
| | | ing amounts relating to these items: | | | | | |
| | (i) Revenue inclu | ded on Form 990, Part VIII, line 1 | | \$ | S | | |
| | • • | | | | S | | |
| 2 | If the organization | received or held works of art, historical tre | asures, or other similar assets for financial gain, p | provide | | | |
| | - | unts required to be reported under FASB A | - | | | | |
| а | Revenue included | on Form 990, Part VIII, line 1 | | \$ | S | | |

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

27 2022.05000 OURCALLING, INC.

Schedule D (Form 990) 2022

\$

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange program | ed) |
|--|-----------|
| collection items (check all that apply): | |
| a Public exhibition d Loan or exchange program | |
| | |
| b Scholarly research e Other | |
| c Preservation for future generations | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? | No |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or | |
| reported an amount on Form 990, Part X, line 21. | |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included | |
| on Form 990, Part X? | No |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | |
| Amount | |
| c Beginning balance | |
| d Additions during the year 1d | |
| e Distributions during the year 1e | |
| f Ending balance 1 1 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes | No |
| b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. | |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four y | ears back |
| | 27,999. |
| | 24,871. |
| c Net investment earnings, gains, and losses | , |
| d Grants or scholarships | |
| e Other expenditures for facilities | |
| | 40,022. |
| f Administrative expenses | |
| | 12,848. |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: | |
| a Board designated or quasi-endowment% | |
| b Permanent endowment% | |
| c Term endowment% | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the | |
| organization by: | es No |
| (i) Unrelated organizations 3a(i) | <u>X</u> |
| (ii) Related organizations <u>3a(ii)</u> | <u> </u> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | |
| Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. | |
| | |
| Description of property(a) Cost or other(b) Cost or other(c) Accumulated(d) Bookbasis (investment)basis (other)depreciation | value |
| | 788 |
| 1a Land 1,685,788. 1,685 b Buildings 5,622,009. 800,101. 4,821 | |
| c Leasehold improvements 7,650. 7,650. | 0. |
| | ,361. |
| e Other 3,633,846. 506,107. 3,127 | - |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 9,731 | |

Schedule D (Form 990) 2022

13511115 131839 A338497

| Schedule D | (Form 990) 2022 | OURCALLING, | INC. | |
|------------|-----------------------|----------------------------|---|-------------------------------------|
| Part VII | Investments - O | ther Securities. | | |
| | Complete if the organ | nization answered "Yes" of | on Form 990, Part IV, line ⁻ | 11b. See Form 990, Part X, line 12. |
| | | | | |

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| | (a) Description | (b) Book value |
|--------------|---|----------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col. (B) line 15.) | |
| Part X | Other Liabilities. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. | |

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) |) Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | · (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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

t XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

13511115 131839 A338497

| Sche | edule D (Form 990) 2022 OURCALLING, INC. | | 26-4 | 4430860 _F | age 4 |
|------|--|-----------------|-------|----------------------|--------------|
| Par | rt XI Reconciliation of Revenue per Audited Financial Statements With R | levenue per Ret | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 7,863,3 | 65. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 109. | | | |
| b | Donated services and use of facilities 2b | | | | |
| с | Recoveries of prior year grants | | | | |
| d | I Other (Describe in Part XIII.) 2d | | | | |
| е | Add lines 2a through 2d | | 2e | | 09. |
| 3 | Subtract line 2e from line 1 | | 3 | 7,863,2 | 56. |
| 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 | 61,900. | | | |
| с | Add lines 4a and 4b | | 4c | 61,9 | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 7,925,1 | 56. |
| Pa | Int XII Reconciliation of Expenses per Audited Financial Statements With | Expenses per R | eturr | า. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 6,289,2 | 07. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities 2a | | | | |
| b | Prior year adjustments 2b | | | | |
| С | Conter losses 2c | | | | |
| d | I Other (Describe in Part XIII.) 2d | | | | |
| е | Add lines 2a through 2d | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 6,289,2 | 07. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | | |
| b | Other (Describe in Part XIII.) 4b | 61,900. | | | |
| с | Add lines 4a and 4b | | 4c | 61,9 | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 6,351,1 | 07. |
| Pa | art XIII Supplemental Information. | | | | |

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

PART V, LINE 4:

THE MAJORITY OF THE TEMPORARILY RESTRICTED FUNDS ARE RESTRICTED FOR

CAPITAL IMPROVEMENTS. THE REMAINDER CONSIST OF AMOUNTS DONATED FOR

SPECIFIC PROGRAMS OR TIME PERIODS AND ARE RELEASED AS THE RESTRICTIONS ARE

MET.

PART X, LINE 2:

OURCALLING HAS BEEN APPROVED BY THE INTERNAL REVENUE SERVICE (IRS) AS A

TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE OF 1986 AND IS NOT CONSIDERED A PRIVATE FOUNDATION. THIS SECTION

EXEMPTS THE OURCALLING FROM TAXES ON INCOME. ACCORDINGLY, NO PROVISION FOR

INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS. TAXES

Schedule D (Form 990) 2022

13511115 131839 A338497

232054 09-01-22

30

2022.05000 OURCALLING, INC.

| Schedule D | | | OURCALLING, | INC. |
|------------|---------|--------|-------------------------|------|
| Part XIII | Suppler | nental | Information (continued) | |

ARE PAID ON NET INCOME EARNED FROM SOURCES UNRELATED TO THE EXEMPT PURPOSES. THERE WAS NO NET INCOME FROM UNRELATED BUSINESS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021. OURCALLING HAS RECOGNIZED NO LIABILITY FOR UNCERTAIN TAX POSITIONS.

OURCALLING FILES AS A TAX-EXEMPT ORGANIZATION. OURCOMMUNITY IS DISREGARDED FOR FEDERAL INCOME TAX PURPOSES. THERE WAS NO NET INCOME FROM UNRELATED BUSINESS INCOME WITH RESPECT TO ITS ACTIVITY. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

Schedule D (Form 990) 2022

232055 09-01-22

31 2022.05000 OURCALLING, INC. 61,900.

61,900.

| SCHEDULE G | Suppleme | ental Information Regarding | Fund | Iraisi | ing or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|--|---|---|----------------------------------|--------------------------|--|--|------------------|---------------------|
| (Form 990) | Complete if the | クロクク | | | | | | |
| | c | | 2022 | | | | | |
| Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-EZ. Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | | | | | | | |
| Name of the organization | | o www.irs.gov/Form990 for instru | ctions | and t | ne latest information | 1. | Employer id | entification number |
| 3 | OURCALL | ING, INC. | | | | | 26-4430 | |
| | ing Activities. | Complete if the organization answe | ered "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E | Z filers are not |
| · · · | complete this par | | | | <u></u> | | | |
| a X Mail solicitat b X Internet and c Phone solici d X In-person so | tions email solicitations tations licitations | | ation of ation of I fundra | non-g gover aising | overnment grants nment grants events | tees, | or | |
| key employees list | ed in Form 990, P | art VII) or entity in connection with p | professi | onal fi | undraising services? | | X Ye | s 🗌 No |
| b If "Yes," list the 10 | highest paid indiv | viduals or entities (fundraisers) pursu | uant to | agreei | ments under which th | ne fur | ndraiser is to b | e |
| compensated at le | east \$5,000 by the | organization. | | | | | | |
| (i) Name and addres or entity (func | | | | | or retained by) fundraiser | (vi) Amount paid to (or retained by) organization | | |
| MURAD AUCTION GROUP | | | Yes | No | - | | | |
| BOX 831902, RICHARI | | AUCTION | X | | 161,326. | | 61,900. | . 99,426. |
| MAP - 7850 COLLIN M | | CAPITAL FOR OURCOMMUNITY | | | 0. | | 140 004 | 140.004 |
| PARKWAY SUITE 101, | MCKINNEY, | PROJECT | | X | 0. | | 140,004 | |
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| - | | | | | 161 206 | | 201 004 | 40 578 |
| Total | ich the executive | n is registered or liseneed to colicit | | | 161,326. | itio | 201,904 | · · · |
| or licensing. | ich the organizatio | on is registered or licensed to solicit | contrib | utions | or has been notified | IL IS (| exempt from re | egistration |
| TX | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

26-4430860 Page 2

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

| | | of fundraising event contributions and gr | | | events with gross receip | ots greater than \$5,000. |
|-----------------|------------|---|------------------------------|--|--------------------------|---|
| | | | (a) Event #1 HOPE FOR THE | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| | | | HOMELESS (event type) | (event type) | (total number) | col. (c)) |
| Jue | | | | | (1010111201) | |
| Revenue | 1 | Gross receipts | 317,206. | | | 317,206. |
| | 2 | Less: Contributions | 274,779. | | | 274,779 |
| | 3 | Gross income (line 1 minus line 2) | 42,427. | | | 42,427 |
| | 4 | Cash prizes | 47,625. | | | 47,625 |
| | 5 | Noncash prizes | | | | |
| penses | 6 | Rent/facility costs | 16,294. | | | 16,294 |
| Ulrect Expenses | 7 | Food and beverages | | | | |
| ןכ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 83,508 |
| | 10 | Direct expense summary. Add lines 4 through | n 9 in column (d) | | | 147,427 |
| | 11 rt I | Net income summary. Subtract line 10 from I | | | | -105,000 |
| d | rti | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1990, Part IV, line 19, or i | reported more than | |
| anue | | · , · · · · · · · · · · · · · · · · · · | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c |
| Hevenue | 1 | Gross revenue | | | | |
| T | | | | | | |
| 6 | 2 | Cash prizes | | | | |

| ഗ | 2 | Gash phzes | | | | | | | | |
|-----------------|-----|--|-----------------------------|--------|-----------------------|------|---------------|---|-----|----|
| Direct Expenses | 3 | Noncash prizes | | | | | | | | |
| lirect E | 4 | Rent/facility costs | | | | | | | | |
| | 5 | Other direct expenses | | | | | | | | |
| | 6 | Volunteer labor | └── Yes % | | Yes% No | |] Yes] No | % | | |
| | 7 | Direct expense summary. Add lines 2 through | 1 5 in column (d) | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | | | | | | | | |
| 9 | Ent | er the state(s) in which the organization condu | icts gaming activities: | | | | | | | |
| | | he organization licensed to conduct gaming ac No," explain: | tivities in each of these s | states | s? | | | | Yes | No |
| 2 | | | | | | | | | | |
| 10a | We | re any of the organization's gaming licenses re | voked, suspended, or te | rmina | ated during the tax y | year | ? | | Yes | No |

b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

| Sche | edule G (Form 990) 2022 | OURCALLING, INC. 26 | -44308 | 60 Page 3 |
|----------------|--|---|-----------------|---------------|
| 11 | Does the organization conduct g | aming activities with nonmembers? | Ye | es 🗌 No |
| | | eficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | | | . 🗌 Ye | es 🗌 No |
| | Indicate the percentage of gamir | | | |
| а | The organization's facility | · · · · · | 13a | % |
| | | | | % |
| | | ne person who prepares the organization's gaming/special events books and records: | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 15a | Does the organization have a cor | ntract with a third party from whom the organization receives gaming revenue? | 🗌 Ye | es 🗌 No |
| | | | | |
| b | If "Yes," enter the amount of gan | ning revenue received by the organization \$ and the amount | | |
| | of gaming revenue retained by th | | | |
| С | If "Yes," enter name and address | of the third party: | | |
| | | | | |
| | Name | | | |
| | Adduces | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| 10 | daming manager information. | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation | \$ | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer | Employee Independent contractor | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| | • | r state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | | Ye | es 🗌 No |
| b | Enter the amount of distributions | required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activi | | | |
| Par | | rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I | Part III, lines | s 9, 9b, 10b, |
| | 15b, 15c, 16, and 17b, a | s applicable. Also provide any additional information. See instructions. | | |
| aat | | | - a . | |
| SCI | HEDULE G, PART I, | LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE | (5: | |
| | | | | |
| | | | | |
| (I) |) NAME OF FUNDRAI | SER: MURAD AUCTION GROUP | | |
| <u> </u> | , 0 0 | | | |
| (I) |) ADDRESS OF FUND | RAISER: P.O. BOX 831902, RICHARDSON, TX 7508 | 33 | |
| | | | | |
| | | | | |
| · - · | · · · · · · · · · · · · · · · · · · · | | | |
| (I) |) NAME OF FUNDRAI | SER: MAP | | |
| / - | מימים הי ממקפתתג (| | | |
| <u>(I</u> |) ADDRESS OF FUND | LUTOTY: | | |
| 785 | 50 COLLIN ΜΟΥΤΝΝΈ | Y PARKWAY SUITE 101, MCKINNEY, TX 75070 | | |
| <u>, , , ,</u> | ** *********************************** | | | |
| 23208 | 3 10-27-22 | Sch | edule G (Fc | orm 990) 2022 |
| - 200 | | 34 | • | , |

2022.05000 OURCALLING, INC. A3384971

| Failly | Supplemental information | (continued) | |
|---------------|--------------------------|-------------|-----------------------|
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| | | | Schedule G (Form 990) |
| 232084 04-01- | 22 | | |

13511115 131839 A338497

| SC | HEDULE J | Compens | ation Information | 1 | OMB No. 1 | 1545-004 | 47 | | | |
|----------|---|---|---|-----------|-------------|----------------------|------|--|--|--|
| (Fo | Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | | | | | | 2 | | | |
| | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | | | | | | | |
| Dena | epartment of the Treasury Attach to Form 990. | | | | | | | | | |
| Intern | al Revenue Service | Go to www.irs.gov/Form990 f | or instructions and the latest information. | | Inspection | | | | | |
| Nam | e of the organization | | | | | lentification number | | | | |
| | | OURCALLING, INC. | | 26-4 | 43086 | 0 | | | | |
| Pa | rt I Question | Regarding Compensation | | | | | | | | |
| | . | | | | | Yes | No | | | |
| 1a | | | f the following to or for a person listed on Form | 990, | | | | | | |
| | | line 1a. Complete Part III to provide any relev | | | | | | | | |
| | First-class or c | | X Housing allowance or residence for perso | | | | | | | |
| | Travel for com | | Payments for business use of personal re- | | | | | | | |
| | | ation and gross-up payments | Health or social club dues or initiation fee | | | | | | | |
| | | pending account | Personal services (such as maid, chauffer | ir, chet) | | | | | | |
| L | If any of the house | on line to are checked did the areani-stics f | allow a written policy recording powert as | | | | | | | |
| D | • | on line 1a are checked, did the organization f | | | 416 | | x | | | |
| • | | | ve? If "No," complete Part III to explain | | <u>1b</u> | | | | | |
| 2 | 0 | | or allowing expenses incurred by all directors, | | 2 | | x | | | |
| | trustees, and onice | s, including the CEO/Executive Director, reg | arding the items checked on line 1a? | | | | | | | |
| 3 | Indicate which if ar | w of the following the organization used to a | stablish the compensation of the organization's | | | | | | | |
| U | | | boxes for methods used by a related organization | | | | | | | |
| | | tion of the CEO/Executive Director, but expla | , , | | | | | | | |
| | Compensation | · · · | Written employment contract | | | | | | | |
| | · | ompensation consultant | X Compensation survey or study | | | | | | | |
| | X Form 990 of o | • | X Approval by the board or compensation c | ommittoo | | | | | | |
| | | nel organizations | | ommittee | | | | | | |
| 4 | During the year did | any person listed on Form 990, Part VII, Sec | tion A line 1a with respect to the filing | | | | | | | |
| | | • • | alorry a, and ra, warrespect to the him g | | | | | | | |
| а | organization or a related organization: a Receive a severance payment or change-of-control payment? | | | | | | X | | | |
| b | | | | | | | X | | | |
| | c Participate in or receive payment from an equity-based compensation arrangement? | | | | | | x | | | |
| - | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | | | |
| | ·····, | | | | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations | must complete lines 5-9. | | | | | | | |
| 5 | | | he organization pay or accrue any compensatio | n | | | | | | |
| | contingent on the re | | | | | | | | | |
| а | 0 | | | | . 5a | | x | | | |
| b | Any related organiz | ation? | | | | | X | | | |
| | | r 5b, describe in Part III. | | | | | | | | |
| 6 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did t | he organization pay or accrue any compensatio | n | | | | | | |
| | contingent on the n | | | | | | | | | |
| а | The organization? | - | | | 6a | | X | | | |
| | Any related organiz | | | | | | X | | | |
| | If "Yes" on line 6a c | r 6b, describe in Part III. | | | | | | | | |
| 7 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did t | he organization provide any nonfixed payments | ; | | | | | | |
| | | | | | 7 | | X | | | |
| 8 | | | ed pursuant to a contract that was subject to th | | | | | | | |
| | - | ption described in Regulations section 53.49 | | | | | X | | | |
| 9 | | d the organization also follow the rebuttable | | | | | | | | |
| | Regulations section | | · · · · | <u></u> | 9 | | | | | |
| LHA | For Paperwork Re | eduction Act Notice, see the Instructions for | | | ule J (Forn | n 990) | 2022 | | | |

13511115 131839 A338497

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1B:

PASTOR WAYNE WALKER RECEIVES A HOUSING ALLOWANCE EACH YEAR.

PART I, LINE 3:

THE BOARD DISCUSSES THE EXECUTIVE DIRECTOR'S PERFORMANCE AT THE JANUARY

BOARD MEETING EACH YEAR. THE EXECUTIVE DIRECTOR AND THE OTHER

EMPLOYEE/DIRECTOR ARE NOT IN THE ROOM DURING THIS DISCUSSION. THE TREASURER

PRESENTS THE RESULTS OF HIS COMPENSATION SURVEY, HAVING CONSULTED GUIDESTAR

FOR THE COMPENSATION OF OTHER HOMELESS MINISTRY LEADERS WITH SIMILARLY

SIZED BUDGETS AND THE ECFA. THE BOARD THEN DETERMINES ANY RAISE AND/OR ANY

BONUS TO BE GIVEN TO THE EXECUTIVE DIRECTOR.

Schedule J (Form 990) 2022

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

| 2022 |
|----------------|
| Open To Public |
| Inspection |

| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | Open To Public Inspection | | | | | | | |
|---|-----------------------|----------------|------------------|---------|------------------|--------------------------|------------------------------|----------------|----------|---------------|----------------|---------------|--------|--|
| Name of the organization | n | | | | | | | Emp | oloyer | ident | ificatio | on nui | nber | |
| OURCALLING, INC. 26-44 | | | | | | | -44 | 30860 | | | | | | |
| Part I Excess | Benefit Trans | actio | ns (section 50 | 01(c)(3 |), secti | ion 501(c)(4), and sec | ction 501(c)(29) orgar | nizatio | ns on | ly). | | | | |
| | | | | | | | , or Form 990-EZ, Pa | | | | | | | |
| 1 | 11 1 1 | (b) Re | elationship betv | ween c | disqual | ified | | | | | (d) | (d) Corrected | | |
| (a) Name of disqua | lified person | | person and or | ganiza | ation | (0 | c) Description of trans | sactio | n | | Ye | | No | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 Enter the amount of | of tax incurred by | the org | ganization man | agers | or disc | ualified persons duri | ing the year under | | ^ | | | | | |
| | | | | | | | | | <u>۴</u> | | | | | |
| 3 Enter the amount of | of tax, if any, on il | ne 2, a | bove, reimburs | ed by | the org | janization | | | Ф | | | | | |
| Part II Loans to | o and/or Fron | n Inte | rested Pers | sons. | | | | | | | | | | |
| | | | | | | Part V line 38a or F | orm 990, Part IV, line | 26.0 | or if th | e oraș | nizatic | 'n | | |
| | n amount on Forr | | | | | , 1 art v, into ooa of 1 | | <i>,</i> 20, 0 | / // (// | e orgu | mzatio | | | |
| (a) Name of | (b) Relatio | | (c) Purpose | (d) Lo | an to or | (e) Original | (f) Balance due | (g) | In | (h) Ap | proved | (i) W | ritten | |
| interested person | | | of loan | | n the zation? | principal amount | | | | oy bo comm | ard or nittee? | agree | | |
| | | | | То | From | | Yes | | No | Yes | No | Yes | No | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | 1 | | | I I | | | 1 | 1 | | | |

Total \$ Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|--|--------------------------|-------------------------------|---------------------------|
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

232131 11-01-22

| SCHEDULE | Μ |
|------------|---|
| (Form 990) | |

Noncash Contributions

OMB No. 1545-0047

Z

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

Department of the Treasury Internal Revenue Service

| | Open to Public Inspection |
|----------|------------------------------|
| Employer | identification number |

Name of the organization

OURCALLING, INC. Part I Types of Property

Employer identification hull 26-4430860

| | | (a) | (b) | (c) | (d | | | |
|-----------------|---|---------------------|----------------------------|---|--------------------------------|----------|--------|------|
| | | Check if applicable | Number of contributions or | Noncash contribution amounts reported on | Method of d noncash contrib | | • | • |
| | | applicable | | Form 990, Part VIII, line 1 | noncash contrib | ution an | nount | 5 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | X | | 89,469 | . COMPARABLE | VALU | JE | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | Х | 11 | 153,245 | .FMV | | | |
| 10 | Securities - Closely held stock | | | , | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| •• | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | X | 74,712 | 96,157 | FMV | | | |
| 20 | Drugs and medical supplies | | / 1// 12 | 507157 | | | | |
| 21 | | | | | | | | |
| 21 | Taxidermy Historical artifacts | | | | | | | |
| 22 | | | | | | | | |
| 23 24 | Scientific specimens Archeological artifacts | | | | | | | |
| 24 25 | Other (AUCTION ITEMS) | x | 1 | 24,514 | EM17 | | | |
| | / | | <u>+</u> | <u></u> | • • • • • • | | | |
| 26 07 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| <u>28</u> 29 | Other () Number of Forms 8283 received by the organiz | l | the tax year far a | | | | | |
| 29 | , , | | , , | | | | 0 | |
| | for which the organization completed Form 828 | 55, Part V, L | onee Acknowledg | ement 29 | | | | No |
| 20- | During the year did the assessmention section by | (contributi- | | ortad in Dart L lines 1 three | ich 29 that it | | Yes | No |
| sua | During the year, did the organization receive by | | | | | | | |
| | must hold for at least 3 years from the date of | | | | | 00- | | x |
| | exempt purposes for the entire holding period? | | | | | 30a | | |
| | If "Yes," describe the arrangement in Part II. | aliou that | auiroo the review | of any popotopolard acctuils | utiono? | 0.1 | v | |
| 31 | Does the organization have a gift acceptance p | | | | | 31 | X | |
| 32a | Does the organization hire or use third parties of | | • | | | | v | |
| - | contributions? | | | | | 32a | X | |
| | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) foi | r a type of property | tor which column (a) is ch | ecked, | | | |
| | describe in Part II. | | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see | the Instruct | tions for Form 990 |). | Schedule I | VI (Forn | n 990) | 2022 |

Schedule M (Form 990) 2022 OURCALLING, INC. Part II Supplemental Information. Provide the interview of the second second

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

SCHEDULE M, PART I, COLUMN (B):

SCHEDULE M, PART I, COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS FOR

LINE 9 & LINE 25. LINE 19 REPORTS NUMBER OF MEALS SERVED.

SCHEDULE M, LINE 32B:

OURCALLING USES A THIRD-PARTY TO MANAGE AN AUCTION HOSTED AS PART OF A

FUNDRAISING EVENT.

Schedule M (Form 990) 2022

232142 09-09-22

42 2022.05000 OURCALLING, INC. SCHEDULE O (Form 990)

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.



26-4430860

OURCALLING, INC.

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

CONNECT THEM TO THE BODY OF CHRIST AND THE SUPPORT THEY NEED TO LIVE IN

A COMMUNITY OF INTEGRITY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

WE STARTED PLACEMENT PROGRAM FOR HOMELESS FRIENDS. WE NOW HAVE A

PLACEMENT TEAM THAT WILL SEND THOSE THAT ARE HOMELESS TO DIFFERENT

PROGRAMS ACROSS THE COUNTRY TO FOR ADDICTIONS, MENTAL HEALTH OR ANY

FACILITY THAT WILL HELP TO KEEP THEM OFF THE STREETS.

FORM 990, PART VI, SECTION A, LINE 8A:

MINUTES ARE TAKEN AT THE FIRST BOARD MEETING OF EACH CALENDAR YEAR. MIDYEAR

MEETINGS ARE SPORATIC AND SOME ARE VERY INFORMAL. MINUTES ARE NOT ALWAYS

TAKEN AT INFORMAL MEETINGS.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT ARE AUTHORIZED TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FINANCE COMMITTEE REVIEWS AND THE BOARD APPROVES THE FORM 990.

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

ALL MEMBERS OF THE BOARD OF DIRECTOR ANNUALLY REVIEW THE CONFLICT OF

INTEREST POLICY AND SUBMIT A QUESTIONNAIRE DISCLOSING ANY CONFLICTS OF

INTEREST. OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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| Schedule O (Form 990) 2022 | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| OURCALLING, INC. | 26-4430860 |
| CONFLICTS OF INTEREST AS SOON AS POSSIBLE SHOULD ONE ARISE | . THE AFFECTED |
| PERSON MUST THEN ABSTAIN FROM VOTING OR ACTING ON THAT PAR | TICULAR ITEM, |
| WITHDRAW FROM THE MEETING WHILE THE MATTER IS DISCUSSED AN | D MUST ABSTAIN |
| FROM PARTICIPATING IN OR ATTEMPTING TO INFLUENCE THE DECIS | ION-MAKING |
| PROCESS IN ANY WAY. THEY MAY PROVIDE RELEVANT FINANCIAL I | NFORMATION UPON |
| REQUEST. | |

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD DISCUSSES THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AT THE FIRST BOARD MEETING OF THE YEAR. PRIOR TO THIS MEETING THE BOARD IS ASKED TO SEND INDIVIDUAL REVIEWS OR QUESTIONS ABOUT CHIEF EXECUTIVE OFFICER TO BOARD PRESIDENT. THE BOARD PRESIDENT RECEIVES A COMP ANALYSIS FROM THE HUMAN RESOURCE DIRECTOR TO COMPARE SALARY TO INDIVIDUALS IN SIMILAR ORGANIZATIONS THAT HOLD THE SAME POSITION. THE CHIEF EXECUTIVE OFFICER IS ASKED TO LEAVE THE ROOM AND THE BOARD THEN REVIEWS ALL INFORMATION AND DETERMINE ANY RAISE AND/OR BONUS TO BE GIVEN TO CHIEF EXECUTIVE OFFICER.

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

UPON REQUEST

232212 10-28-22

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 26-4430860

Department of the Treasury Internal Revenue Service Name of the organization

OURCALLING, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| OURCOMMUNITY FERRIS LLC | | | | | |
| 231 WICKLIFFE ROAD | HOUSING DEVELOPMENT FOR | | | | |
| FERRIS, TX 75125-9772 | HOMELESS PERSONS | TEXAS | 2,912,914. | 4,615,328. | OURCALLING INC. |
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (if section entity | | g) 512(b)(13) rolled ity? |
|---|--------------------------------|--|-------------------------------|---|--------------------|-----|---|
| | | | | 501(c)(3)) | | Yes | No |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|---------------------|-----------------|-----|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate tions? | | | or Percentage ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(t contr ent | (i) ction b)(13) rolled tity? |
|---|--------------------------------|---|-------------------------------------|--|--|---|--------------------------------|------------------------------|---|
| | | country) | | | | | | Yes | No |
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Schedule R (Form 990) 2022 OURCALLING, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | |
| | Loans or loan guarantees by related organization(s) | 1e | | |
| | | | | |
| f | Dividends from related organization(s) | 1f | | |
| g | Sale of assets to related organization(s) | 1g | | |
| h | Purchase of assets from related organization(s) | 1h | | |
| i | Exchange of assets with related organization(s) | 1i | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| - 1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o | Sharing of paid employees with related organization(s) | 10 | | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | |
| s | Other transfer of cash or property from related organization(s) | 1s | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|-------------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| <u>(5)</u> | | | |
| (6) | | | |

Schedule R (Form 990) 2022 OURCALLING, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | 1 | <i>-</i>) | (f) | (g) | (۲ | J) | (i) | (j) | (k) |
|------------------------|-------------------|-------------------|--|------------------------------|------------|----------|-------------|--------------------------|---------------------|--|------------------|-----------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are partne 501(org | e all | Share of | Share of | | • , opor- | Code V-UBI | Genera | |
| of entity | i innary dotivity | (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | 501(| c)(3) | total | end-of-year | Dispr tior allocat | iate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | manag | ownership |
| , | | country) | sections 512-514) | Yes | | income | | Yes | No | (Form 1065) | Yes | |
| | | | | | NU | | | 163 | NU | (************ | 163 | |
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Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

232165 09-14-22

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