Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2021	calendar year, or tax year beginning	and endir	ng					
_			C Name of organization GREELEY TRANSITIONAL HOUSE			D Employer ide	ntificat	ion number		
B c	heck if a	pplicable:	DBA: GREELEY FAMILY HOUSE							
	Addre		Doing business as			84-1045	958			
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite)	E Telephone number				
	Initia	l return	1206 10TH STREET		(970)3	52-3	3215			
		return/ nated	City or town, state or province, country, and ZIP or foreign postal code	•						
	Amer	nded	GREELEY, CO 80631			G Gross receipts	\$	616,882.		
		cation	F Name and address of principal officer: NANCY WIEHAGEN			H(a) Is this a grou				
	_ penu	iiig	1206 10TH STREET, GREELEY, CO 80631			subordinates H(b) Are all subord		luded? Yes No		
ı	Tax-ex	empt st		or 5	527	If "No," at	ttach a li	ist. See instructions		
		ite: ►	WWW.GREELEYFAMILYHOUSE.ORG			H(c) Group exemp	ption nu	mber >		
K	Form	of organ	ization: X Corporation Trust Association Other	L Year	of format	ion: 1987 M				
	art I		mmary	1		1507				
	1		describe the organization's mission or most significant activities: TO EI	MDOWER	ΔT.T. F	AMTT.TES TI	N NO	ртигри		
Φ	·		DRADO TO ACHIEVE LONG-TERM HOUSING STABILITY	MENT OWER	ALL F	AMILLIED II	14 140	ACTIBION		
ŭ		СОП	DRADO TO ACHIEVE LONG-TERM HOUSING STABILITY							
ž	2	Chool	this box larger if the organization discontinued its operations or dispos	ad of more t	han 250/	of its not spect				
Governance	2						s. 3	11		
	3		er of voting members of the governing body (Part VI, line 1a)				4	11		
Activities &	4		er of independent voting members of the governing body (Part VI, line 1b)				H	11		
	5		number of individuals employed in calendar year 2021 (Part V, line 2a)				5	12		
	6		number of volunteers (estimate if necessary)				6	87		
			unrelated business revenue from Part VIII, column (C), line 12				7a	NONE		
	b	Net ur	nrelated business taxable income from Form 990-T, Part I, line 11				7b			
Revenue	_		PUBI	LIC	1	Prior Year		Current Year		
	8		butions and grants (Part VIII, line 1h) DISCLO	SURF	<u> </u>	485,60		458,328.		
	9		and service revenue (Fait VIII, line 29)		<u> </u>	114,92		116,560.		
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d). COF		.	NO	ONE	NONE NONE		
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				ONE	NONE		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			600,52	26.	574,888.		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			NO	ONE	NONE		
	14	Benef	its paid to or for members (Part IX, column (A), line 4)		NO	NONE				
es	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10) .			286,64	262,783.			
ens	16 a		ssional fundraising fees (Part IX, column (A), line 11e)			NO	NONE			
Expenses	b	Total 1	fundraising expenses (Part IX, column (D), line 25) ▶ 25 , 484	•	_					
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			254,65	57.	312,465.		
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			541,30	01.	575,248.		
	19	Rever	nue less expenses. Subtract line 18 from line 12			59,22	25.	-360.		
or					Begin	ning of Current Y	ear/	End of Year		
t Assets or nd Balances	20	Total a	assets (Part X, line 16)			675,59	92.	656,532.		
AB	21	Total I	liabilities (Part X, line 26)			45,04	42.	26,342.		
E E	22	Net as	ssets or fund balances. Subtract line 21 from line 20.			630,55	50.	630,190.		
	rt II	Sig	gnature Block							
Und	der pe	nalties o	of perjury, I declare that I have examined this return, including accompanying sched	lules and stat	tements, a	and to the best of	f my kr	nowledge and belief, it is		
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any ki	nowledge.				
Sig		5	Signature of officer			Date				
He	re		NANCY WIEHAGEN EX	ECUTIVE	DIRE	CTOR				
		_	ype or print name and title			01011				
		Print/	Type preparer's name Preparer's signature	Date		Check	if P	TIN		
Paic	i	MARY	Y JANE PIERONI CPA, DIRECT Mary Jane Pina	11/1	5/202		ed T	200538772		
	parer		sname ▶ BDO USA, LLP	++/+			-	5-5381590		
Use	Only					Firm's EIN		70-352-1700		
Mar	, the		address 2015 CLUBHOUSE DRIVE STE 203 GREELEY, CO 80634 iscuss this return with the preparer shown above? See instructions			Phone no.				
ıvıa)	y trie	IKO 0	iscuss this return with the preparer shown above? See instructions					X Yes No		

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa		Statement of Program Service			
			response or note to any line in this Part	<u> </u>	
1	Briefly de	scribe the organization's mission	:		
	TO AS:	SIST HIGHLY MOTIVATED	HOMELESS FAMILIES IN ATTAI	NING	
	SELF-	SUFFICIENCY BY PROVIDI	NG EMERGENCY SHELTER, TRAN	SITIONAL	
	HOUSI	NG, AND SUPPORT SERVICE	ES		
2	Did the c	organization undertake any signi	icant program services during the year	ar which were not listed on the	
					Yes X No
	If "Yes " o	lescribe these new services on S	chedule O		
3			, or make significant changes in h	ow it conducts any program	
3	services?				Yes X No
		lescribe these changes on Scheo			
4	expenses	. Section 501(c)(3) and 501(c)	rvice accomplishments for each of it (4) organizations are required to report each program service reported.		
4a	(Code:) (Expenses \$	14,663. including grants of \$	NONE) (Revenue \$.16,560.)
	` —		INC DBA GREELEY FAMILY HOU		
			Y MOVED FROM HOMELESS TO H		
			FAMILIES IN FINDING, AND		
	HOUSI		TRAILING IN TINDING, THE	KBBI ING ,	
	(Codo:) (Expenses \$	including grants of ¢) (Revenue \$	\
40	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
۸4	Other pro	ogram services (Describe on Scho	adula O)		
- u	(Expense	= '		\$	
10	· ·	<u> </u>	514.663.	γ)	
40	TOTAL DIO	urani service expenses >	514.bb3		

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in 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 provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	3.7	
_	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426		37
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	144		X
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	עדי		X
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		- 21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	'0	27	\vdash
13	If "Yes," complete Schedule G, Part III	19		Х
20 a	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?	20a		- 21
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Part	Checklist of Required Schedules (continued)		.,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		v
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		X
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
25.0	or IV, and Part V, line 1	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		X
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			\equiv
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	(0001)
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts 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 services provided to the payor?	7a	X	
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			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	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.			
D	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			
_	The original control of the control	-		
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	-,5		21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes" complete Form 6069			

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84-1045958 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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		X
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	
	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? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	400	3.7	
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?		- 1	
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?	45.		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	Γ (sec	ion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls ▶		

970-352-3215

Form **990** (2021)

1E1042 1.000

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles:	s pe	ition more	e than construction is both confustor Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) NANCY WEIHAGEN	40.00									
EXECUTIVE DIRECTOR	NONE			х				67,179.	NONE	2,015.
(2) SCOTT BICKNELL	1.00									
PAST PRESIDENT	NONE	Х		х				NONE	NONE	NONE
(3) DAWN LANG	1.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4) SAMANTHA FRANZEN	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(5) KATE SILVAS	1.00									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(6) TRAVIS GILLMORE	1.00									
EX-OFFICIO-NONVOTING	NONE	Х						NONE	NONE	NONE
(7) ZACH BOND	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(8) LEO CARMONA	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) JEREMY EHARDT	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) MERISSA HICE	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(11) RYAN LANG	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(12) CHRIS MOSER	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(13) RANDY MOSER	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) CRYSTAL SORELLE	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE

Form **990** (2021)

JSA 1E1041 1.000

	n 990 (2021)										Page 8
Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es, a	and F	ligl	hest Compensat	ed Employees (co	ontinued)
	(A) Name and title	(B) Average	(do n	ot al	Pos		than a		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours for related	box, office	unles r and	ss pe	rson lirect	than o is both or/trusto	an ee)	compensation from the	compensation from related organizations	amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
1b	Sub-total								67,179. NONE	NONE NONE	2,015. NONE
	Total from continuation sheets to Part VII, Solution Total (add lines 1b and 1c)								67,179.	NONE	2,015.
	Total number of individuals (including but not reportable compensation from the organization	limited to t			d al		e) who	o re	•		
											Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greindividualgre	eater than	\$15	0,0	00?	lf	"Yes	3,"	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	any	un	related organization	on or individual	5 X
Se	ction B. Independent Contractors	oo, comple	.5 561		., 0	101	Juon	μO1.		<u> </u>	
1	Complete this table for your five highest com compensation from the organization. Report c year.										
								_			

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

Form **990** (2021)

84-1045958

Form 990 (2021) GRE Part VIII Statement of Revenue

ı aı	· viii	Check if Schedule O contains a respon	nse or note to an	y line in this Part V	701		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns 1a	15,120.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
عَ ق	C	Fundraising events 1c	129,894.				
ffs,	d	Related organizations					
<u>≅</u> ⊙	e	Government grants (contributions) 1e	150,214.				
ns,	f	All other contributions, gifts, grants,					
흕		and similar amounts not included above . 1f	163,100.				
를		Noncash contributions included in					
늘	g		\$				
a င်	h	Total. Add lines 1a-1f		458,328.			
	- ''	Total. Add into ta in a series and	Business Code	200,0201			
ë	20	RENTAL INCOME	900099	113,541.	113,541.		
۳ٍ ₹	2a	ALL OTHER PROGRAMS	900099	3,019.	3,019.		
Se	b			.,	-,		
a s	C						
Reg	d						
Program Service Revenue	e	All other program comics revenue					
	f g	All other program service revenue		116,560.			
	3	Investment income (including dividends,					
	•	other similar amounts)		NONE			
	4	Income from investment of tax-exempt bond	. [NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
ě	С	Gain or (loss) 7c					
E.	d	Net gain or (loss)		NONE			
Other R	8a	Gross income from fundraising					
0		events (not including \$129,894.					
		of contributions reported on line					
		1c). See Part IV, line 18	41,994.				
	b	Less: direct expenses 8b	41,994.				
	С	Net income or (loss) from fundraising events	▶	NONE			NONE
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.	▶	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
ns			Business Code				
eo ne	11a						
Miscellaneous Revenue	b						
Re.	С						
Ξ	d	All other revenue					
	e	Total Add lines 11a-11d		NONE	44.		
	12	Total revenue. See instructions	🗩	574,888.	116,560.		NONE

Form **990** (2021)

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84-1045958

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 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	NONE								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	NONE								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	NONE								
4	Benefits paid to or for members	NONE								
5	Compensation of current officers, directors,									
	trustees, and key employees	69,194.	57,431.	6,228.	5,535					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	NONE								
7	Other salaries and wages	158,664.	131,692.	14,279.	12,693.					
8	Pension plan accruals and contributions (include	3,612.	2,998.	325.	289					
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	14,364.	11,922.	1,293.	1,149					
10	Payroll taxes	16,949.	14,068.	1,525.	1,356					
11	Fees for services (nonemployees):									
	Management	NONE								
	Legal	NONE								
	Accounting	NONE								
	Lobbying	NONE								
	Professional fundraising services. See Part IV, line 17.	NONE								
	Investment management fees	NONE								
g	Other. (If line 11g amount exceeds 10% of line 25, column	10 052	4 241	6 F10						
40	(A), amount, list line 11g expenses on Schedule O.)	10,853.	4,341.	6,512.	491					
	Advertising and promotion	12,167.	10,384.	901.	882					
13	Office expenses	NONE	10,304.	901.	002					
14	Information technology	NONE								
15	Royalties.	16,954.	15,956.	499.	499					
	Occupancy	523.	523.	400.	400					
	Payments of travel or entertainment expenses	525.	525.							
10	for any federal, state, or local public officials	NONE								
10	Conferences, conventions, and meetings	NONE								
	Interest	482.	454.	14.	14					
	Payments to affiliates.	NONE	131.							
	Depreciation, depletion, and amortization	25,974.	24,416.	779.	779					
	Insurance	11,114.	10,558.	556.						
	Other expenses. Itemize expenses not covered	,	,							
	above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A), amount, list line 24e expenses on Schedule O.)									
а	CAMFIELD APTS EXPENSES	131,493.	131,493.							
	RENT ASSISTANCE	85,752.	85,752.							
	REPAIRS & MAINTENANCE	7,394.	7,394.							
	DUES & SUBSCRIPTIONS	4,734.	3,175.	1,559.						
е	All other expenses	4,043.	1,615.	631.	1,797					
	Total functional expenses. Add lines 1 through 24e	575,248.	514,663.	35,101.	25,484					
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** (2021)

Form 990 (2021) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	158,490.	1	146,684.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	3,759.	3	8,287.
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ĕ	9	Prepaid expenses and deferred charges	NONE	9	NONE
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	513,343.	10c	501,561.
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	NONE	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	675,592.	16	656,532.
	17	Accounts payable and accrued expenses	38,999.	17	21,217.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	4,000.	19	5,125.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	2,043.	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	45,042.	26	26,342.
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	627,157.	27	625,981.
B	28	Net assets with donor restrictions	3,393.	28	4,209.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∤ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	630,550.	32	630,190.
ž	33	Total liabilities and net assets/fund balances	675,592.	33	656,532.
_			2.0,022		Form 990 (2021)

Form **990** (2021)

JSA

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Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	74,	<u>888</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	75,	<u>248</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3			_	<u>360</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6	30,	<u>550</u> .
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		6	30,	<u> 190</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
			ſ		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," ex	φlain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ınt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	the			
	Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such as	udits .		3b		

Form **990** (2021)

JSA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GREELEY TRANSITIONAL HOUSE

Employer identification number
84-1045958

DBA	\: (GREELEY	FAMILY HOUS	E				84-1	045958
Pa	τl	Reaso	n for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is	not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church,	convention of chi	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospita	l or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medica	l research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's	name, city, and st	tate:					
5		An organ	ization operated	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in
	_	section 1	70(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal,	, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organ	ization that norma	ally receives a sub	estantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
)(1)(A)(vi). (Compl					
8					o)(1)(A)(vi). (Complete				
9		_		-			-	I in conjunction with a	
			=	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university							
10		receipts f support fr acquired	rom activities rela om gross investm by the organizatio	ited to its exempt finent income and uiten and uiten after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	,	n 331/3 % of its
11		•	•	•	usively to test for publi	-			
12		_	=	•	-	-			ry out the purposes of
				_					tion 509(a)(3). Check
			_					and complete lines 1	-
а	L			•	•	•		orted organization(s),	
			-				ajority of	the directors or truste	es of the
L				-	e Part IV, Sections A		. with ita	supported organization	on(a) by baying
b				•				is that control or man	
					, Sections A and C.	lile Saili	e persor	is that control of man	age the supported
С				=		ated in c	onnectio	n with, and functional	lly integrated with
·			-		ns). You must comple				ny integrated with,
d			=		-			ection with its suppor	ted organization(s)
-			=					oution requirement and	= ::
				= =	omplete Part IV, Sect	-		•	
е		- ·	·	•	-			hat it is a Type I, Type I	I, Type III
			•		ionally integrated sup			• • • • • • • • • • • • • • • • • • • •	
f	En		-	l organizations					
g	Pro	ovide the fo	ollowing information	on about the suppo	orted organization(s).				
	(i) N	ame of suppo	orted organization	(ii) EIN	(iii) Type of organization	, ,	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					, , , , ,	Yes	No	,	,
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	l i								

Schedule A (Form 990) 2021 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	409,484.	474,804.	358,679.	493,590.	458,328.	2,194,885.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	409,484.	474,804.	358,679.	493,590.	458,328.	2,194,885.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						110.005
6	shown on line 11, column (f) SEE SUPP PAGE						118,375.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						2,076,510.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	, , , , , ,	(a) 2017	474,804.	(c) 2019 358,679.	(d) 2020 493,590.	(e) 2021 458,328.	(f) Total 2,194,885.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	409,484.	474,804.	358,079.	493,590.	458,328.	2,194,885. NONE
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						2,194,885.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	666,631.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
	tion C. Computation of Public Supp	•					
14	Public support percentage for 2021 (lin		-			14	94.61 %
15	Public support percentage from 2020 \$					15	94.73 %
16a	331/3% support test - 2021. If the org						
_	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	•		-			
1/a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			=	•		
L	organization						
D	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organization mosts					-	
	in Part VI how the organization meets			•	•	•	
10	organization. If the organization						
18	•						
	instructions						

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Page 3 Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, I	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)						
Sec	tion B. Total Support						ı
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.		, ,		, ,	.,	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	•						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax v	ar as a section	501(c)(3)
14	organization, check this box and stop here .	-			•		, , , , ,
500	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche					16	
$\overline{}$	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2021 (lir			13 column (f))		17	%
18	Investment income percentage for 2021 (iii					18	
	331/3% support tests - 2021. If the or						
. <i>3</i> a	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2020. If the orga		_				
Ŋ	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization of		-	•		• • •	
				,	,		· · · · L

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Schedule A (Form 990) 2021 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

 Schedule A (Form 990) 2021
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Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations		V	NI -
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		res	No
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•		-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		· · ·	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		res	No
	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	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
•				No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

1.000 Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (expla	in in Part VI). See			
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.			
Se	ection 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		7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	ection 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	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):						
_							
	Acquisition indebtedness applicable to non-exempt-use assets	2					
_	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					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2		2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4		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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization						

Schedule A (Form 990) 2021

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(see instructions).

Schedule A (Form 990) 2021 Page **7**

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish e	1						
2	Amounts paid to perform activity that directly furthers exer							
	organizations, in excess of income from activity	2						
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	4 Amounts paid to acquire exempt-use assets 4							
5	Qualified set-aside amounts (prior IRS approval required - p	5						
6	Other distributions (describe in Part VI). See instructions.	6						
7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which							
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2021 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	0						
			/ii)		(iii)			

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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Schedule A (Form 990 or 990-EZ) 2021

Part VI Suppleme

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 B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.

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

Name of the organization

GREELEY TRANSITIONAL HOUSE

DBA: GREELEY FAMILY HOUSE

84-1045958

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust 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 y	our organization is cove	ered by the General Rule or a Special Rule.					
Note: Only instruction	• • • • • • • • • • • • • • • • • • • •	3), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General R	Rule						
	•	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.					
Special R	ules						
	regulations under section 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or in (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 an 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 receduring 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 \$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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization GREELEY TRANSITIONAL HOUSE

DBA: GREELEY FAMILY HOUSE

Employer identification number 84-1045958

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$17,500.	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		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$101,560.	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		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,120.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization GREELEY TRANSITIONAL HOUSE

DBA: GREELEY FAMILY HOUSE

Employer identification number 84-1045958

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000.	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
9		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number GREELEY TRANSITIONAL HOUSE DBA: GREELEY FAMILY HOUSE 84-1045958 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Suring the organization acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):	Sched	dule D (Form 990) 2021 GRE	ELEY T	RANSITIC	NAL HOU	JSE					84-1	.045958	} F	age 2
collection items (chock all that apply): a Poulic achibition d Loan or exchange program b Scholarly research Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X X Yes No b ff "Yes," explain the arrangement in Part XIII and complete the following table: a Beginning balance b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X Yes No b ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X Yes No Yes No Yes No Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes	Pa	rt Organizations Maintain	ing Colle	ections of	Art, Histo	rical Tre	asure	s, or	Other	Similar A	Assets (d	continue	d)	
a Public exhibition during the year assets to be sold for raise funds and pent of the organization asset to be sold to raise funds rather than to be maintained as part of the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV. Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an againt, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Additions during the year. 1d Destributions during the year. 1d Destributions during the year. 1e Distributions duri	3	Using the organization's acquisition	on, acces	ssion, and o	ther recor	ds, check	c any o	of the	follow	ing that r	nake sigr	nificant u	se c	of its
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV I Secrow 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 III and complete the following table: ■ Beginning balance ■ Beginning balance ■ Beginning balance ■ Distributions during the year ■ In I I I I I I I I I I I I I I I I I I		collection items (check all that app	oly):											
c	а	Public exhibition			d	Loan	or excha	ange	progra	m				
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?	b	Scholarly research			е	Other								
XIII.	С	Preservation for future gene	rations											
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?	4	Provide a description of the orga	nization's	collections	and expla	ain how t	hey fu	rther	the or	ganization	's exempt	t purpos	e in	Part
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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C		XIII.												
Part IV	5	During the year, did the organization	on solicit	or receive d	lonations o	f art, histo	orical tr	easu	res, or	other simil	ar			
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? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year E Ending balance 1a Ending balance 1b If "Yes," explain the arrangement in Part XIII and complete the following table: B Ending balance 1a Ending balance 1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. E 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 years back Ta Beginning of year balance b Contributions (a) Grants or scholarships c Other expenditures for facilities and programs. d Grants or scholarships e Other expenditures for facilities and programs. F Administrative expenses g End of year balance. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Sai(iii) X 3ai(iii) X 2are there endowment 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. Peacripulate of part X, line the organization answered "Yes" on Form 990, Part IV, li		assets to be sold to raise funds rat	her than t	o be mainta	ained as pa	rt of the	organiza	ation'	s collec	ction?	[Yes		No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ 1c □ daditions during the year □ Edding balance □ 1c □ daditions during the year □ 1e □ Distributions during the year □ 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No □ 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. □ Beginning of year balance □ (a) Current year □ (b) Prior year □ (e) Two years back □ (d) Three years back □ (e) Four years back □ (d) Three years back □ (e) Four years back	Pa	rt IV Escrow and Custodial A	rrangen	nents.										
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance			ation ans	wered "Ye	s" on For	m 990, F	Part IV,	line	9, or r	eported a	ın amour	nt on Fo	rm	
included on Form 990, Part X?		990, Part X, line 21.												
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	1a	Is the organization an agent, trus	tee, cust	odian or ot	ther interm	nediary fo	or cont	ributi	ons or	other ass	ets not			
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance		included on Form 990, Part X?									[Yes		No
c Beginning balance d Additions during the year. e Distributions during the year. 1e Inding balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	If "Yes," explain the arrangement	in Part XI	II and comp	lete the fo	llowing tab	ole:							
d Additions during the year											Amount			
d Additions during the year	С	Beginning balance						1c						
e Distributions during the year f Ending balance 10 T Ending balance T Ending balance T Ending balance T Endowment Funds. T Endowment Funds. Endowment Funds Endowment Fu	d													
f Ending balance	е													
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f													
Part V	2a								stodial	account lia	ability?	Yes		No
Part V	b	If "Yes," explain the arrangement	in Part XI	II. Check he	ere if the ex	xplanation	has be	en pr	ovided	on Part XII	l			1
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back be Contributions (e) Contributions (b) Contributions (c) Net investment earnings, gains, and losses (e) Contributions (for the timestment earnings, gains, and losses (d) Grants or scholarships (e) Contributions (for the expenditures for facilities and programs (for year balance (for the expenditures of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	Pa	rt V Endowment Funds.												
Beginning of year balance		Complete if the organize	ation ans	swered "Ye	s" on For	m 990, F	Part IV,	line	10.					
b Contributions			(a) Cu	rrent year	(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	years	back
b Contributions	1a	Reginning of year balance												
c Net investment earnings, gains, and losses														
and losses														
d Grants or scholarships	·													
e Other expenditures for facilities and programs	Ч													
and programs		*												
g End of year balance.	C	· · · · · · · · · · · · · · · · · · ·												
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	f	, ,												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment														
a Board designated or quasi-endowment ▶	_			irront voor o	and halance	o (lino 1a	column	(2))	hold as					
b Permanent endowment ▶				illelit year e		e (iiile 19,	COIGITII	i (a))	i ieiu as	•				
Term endowment ▶		•			_ ′ °									
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land. 78,800. 78,800. 78,800. b Buildings 439,451. 190,073. 249,378. c Leasehold improvements. 195,551. 47,475. 148,076. d Equipment. 95,883. 70,576. 25,307. e Other NONE		· ———												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (i	•		- ' -	ould equal 1	100%.									
organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation depreciation (other) 1a Land. 78,800. 78,800. b Buildings. 195,551. 47,475. 148,076. d Equipment. 95,883. 70,576. 25,307. e Other. NONE	3a					tion that	are hel	d and	d admir	nistered for	the			
(ii) Unrelated organizations. (iii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (investment) (b) Cost or other basis (other) (cother) (d) Book value (d) Book value 1a Land. 78,800. 78,800. b Buildings. c Leasehold improvements. 195,551. 47,475. 148,076. d Equipment. 95,883. 70,576. 25,307. e Other. 3,992. 3,992. NONE			росс		o. gac			u u				•	es	No
(ii) Related organizations .												3a(i)	х	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?														x
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 78,800. 78,800. Part VI Land. 18 Land. 190,073. 249,378. C Leasehold improvements. 195,883. 70,576. 25,307. Part VI Land, Buildings (a) Cost or other basis (other) (other) 190,073. 249,378. 25,307. 25,307.	h											 		
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 78,800. 78,800. 78,800. b Buildings 439,451. 190,073. 249,378. c Leasehold improvements 195,551. 47,475. 148,076. d Equipment 95,883. 70,576. 25,307. e Other 3,992. 3,992. NONE	_		_		-							0.0		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	$\overline{}$				tion 3 chao	willelik ful	100.							
tal Land. (investment) (other) depreciation b Buildings 78,800. 78,800. c Leasehold improvements 195,551. 47,475. 148,076. d Equipment 95,883. 70,576. 25,307. e Other 3,992. 3,992. NONE	. u	Complete if the organize	ation and	swered "Ye	es" on Fo	m 990, l	Part IV	, line	11a. S	See Form	990, Pa	ırt X, line	10	
1a Land. 78,800. 78,800. b Buildings 439,451. 190,073. 249,378. c Leasehold improvements 195,551. 47,475. 148,076. d Equipment 95,883. 70,576. 25,307. e Other 3,992. 3,992. NONE		Description of property						asis			(d	l) Book val	ue	
b Buildings 439,451 190,073 249,378 c Leasehold improvements 195,551 47,475 148,076 d Equipment 95,883 70,576 25,307 e Other 3,992 3,992 NONE	1 a	Land		(IIIVest	()	,0		20	uepi	ooiail0H		7	Q Ω	0.0
c Leasehold improvements 195,551 47,475 148,076 d Equipment 95,883 70,576 25,307 e Other 3,992 3,992 NONE	_					/			1	90 073				
d Equipment. 95,883. 70,576. 25,307. e Other 3,992. 3,992. NONE		•						_						
e Other	_	-						_						
					n 990 Part	X colum			c)	<i>3,33∆.</i> ▶		E٥		

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501,561. Schedule D (Form 990) 2021

84-1045958

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (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 valuati Cost or end-of-year marke	on:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Ves" on Form 990	Part IV line 11d See Form 990	Part Y line 15
		scription	, r art iv, line i ru. See i omi 990,	(b) Book value
(1)	(a) Des	scription		(b) DOOK Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered			m 990, Part X,
	line 25.			
1.		tion of liability		(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	at 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 . JSA 1E1270 1.000 Schedule D (Form 990) 2021

Part 2	Reconciliation of Revenue per Audited Financial Statements With Re Complete if the organization answered "Yes" on Form 990, Part IV, line		า.	
1	Total revenue, gains, and other support per audited financial statements		1	621,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities	5,000.		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	41,994.		
е	Add lines 2a through 2d		2e	46,994.
3	Subtract line 2e from line 1		3	574,888.
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.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	574,888.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	622,242.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	5,000.		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	41,994.		46.004
	Add lines 2a through 2d		2e	46,994.
3	Subtract line 2e from line 1		3	575,248.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII)			
b	Carlot (Bederibe in Fate Ann.)		4c	
С 5	Add lines 4a and 4b		5	575,248.
	XIII Supplemental Information.			37372131
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, XI, lines 2d and 4b; Also complete this part to provide a			line 4; Part X, line

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

THE ORGANIZATION ESTABLISHED AN ENDOWMENT FUND WITH THE COMMUNITY FOUNDATION SERVING GREELEY AND WELD COUNTY IN 2008. THE ENDOWMENT FUND HAS BEEN RESTRICTED FOR ACQUISITION OR RENOVATION OF A CAPITAL ASSET OR FOR UNEXPECTED FINANCIAL NEEDS THAT ARE NOT LIKELY TO RECUR.

SCHEDULE D, PART X, LINE 2:

THE GREELEY TRANSITIONAL HOUSE IS EXEMPT FROM FEDERAL INCOME TAXES

UNDERSECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME

DERIVED FROM UNRELATED BUSINESS ACTIVITIES. DURING 2021 AND 2020, GREELEY

TRANSITIONAL HOUSE HAD NO UNRELATED BUSINESS ACTIVITIES AND BELIEVES THAT

IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES

NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL

STATEMENTS. THE ORGANIZATION'S FEDERAL TAX RETURNS (FORM 990) FOR 2021

AND 2020 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS

AFTER THEY WERE FILED.

SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES - \$41,994

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES - \$41,994

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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GREELEY TRANSITIONAL HOUSE

Employer identification number

		STITOMAL HOUS.	E			04 104505	
$\overline{}$	GREELEY FAMILY HOUSE	. _ 1 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2			\/" F 00	84-104595	
Part					Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re				antivitian Charles	all that annly	
1	Indicate whether the organization rais	=		_			
a	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f			government grants	3	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written o						
	or key employees listed in Form 990						Yes No
b	If "Yes," list the 10 highest paid indi		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the	organization.					
	(I) None and address of its dividual		(iii) Did fun	draiser have	(i.) O	(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
			contrib	outions?	,	col. (i)	organization
			Yes	No			
1							
-							
3							
4							
3							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organiza				contributions or	has been notified	it is evenuet from
3	registration or licensing.	tion is registered of	n ilcensed	i to solicit	CONTINUATIONS OF	nas been notined	it is exempt from
	region and recitating.						

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.

		gross receipts greater than \$5,000	J.			
			(a) Event #1 SUMMERFEST (event type)	(b) Event #2 STRIKE OUT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
ē			(* * * * *)	(* * * *)(* *)	(**************************************	
Revenue	1	Gross receipts	166,388.	5,500.		171,888.
ď		Less: Contributions	126,181.	3,713.		129,894.
	<u> </u>	Gross income (line 1 minus line 2)	40,207.	1,787.		41,994
	4	Cash prizes	5,000.	360.		5,360
	5	Noncash prizes				
enses	6	Rent/facility costs	7,962.	1,167.		9,129
Direct Expenses	7	Food and beverages	14,762.			14,762.
Direc	8	Entertainment	5,850.			5,850.
	9	Other direct expenses	6,633.	260.		6,893.
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) umn (d)		41,994.
Pa			anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect I	4	Rent/facility costs				
	5	Other direct expenses	l Va-	N	V o	
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	>	
9 a k	l	Enter the state(s) in which the orgals the organization licensed to configure and the state of t		in each of these state	es?	Yes No
10a k		Were any of the organization's gaming		pended, or terminated du		Yes No

Schedule G (Form 990) 2021

Sched	dule G (Form 990 or 990-EZ) 2021 GREELEY TRANSITIONAL HOUSE 8-	4-1045958	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility13a		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gamin	ng	
	revenue?	Yes	No
b		ne	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а		s to	
	retain the state gaming license?		No
b			•
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional ir (see instructions).		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 84-1045958

GREELEY TRANSITIONAL HOUSE

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

CHRIS & RANDY MOSER HAVE A FAMILY RELATIONSHIP.

DAWN AND RYAN LANG HAVE A FAMILY RELATIONSHIP.

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

THE 990 IS SENT TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING.

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

THE GREELEY TRANSITIONAL HOUSE HAS ADOPTED THIS CONFLICT OF INTEREST POLICY IN RECOGNITION OF ITS RESPONSIBILITY OF PUBLIC TRUST AND OF THE IMPORTANCE OF FAIRNESS AND OBJECTIVITY. THIS POLICY WAS ADOPTED BY THE BOARD OF DIRECTORS ON MAY 7, 2007. ANY SITUATION WHICH GIVES RISE TO A CONFLICT OF INTEREST OR EVENT THE APPEARANCE OF SUCH A CONFLICT, MUST BE AVOIDED. A POTENTIAL CONFLICT OF INTEREST CAN BE CONSIDERED TO EXIST IN ANY INSTANCE IN WHICH AN EMPLOYEE, BOARD MEMBER, AND/OR VOLUNTEER OR MEMBERS OF THEIR IMMEDIATE FAMILY ACTING ON BEHALF OF THE AGENCY COULD OBTAIN A PERSONAL GAIN OR ADVANTAGE. EVERY EMPLOYEE, BOARD MEMBER, AND VOLUNTEER SHALL EXERCISE GOOD FAITH IN ALL TRANSACTIONS TOUCHING UPON HIS OR HER DUTIES. THEY SHALL NOT USE THEIR POSITION OR KNOWLEDGE GAINED TO OBTAIN PERSONAL ADVANTAGE OR FINANCIAL GAIN, AND ALL THEIR ACTS SHALL BE FOR THE BEST INTEREST OF THE AGENCY. IT IS THE RESPONSIBILITY OF EACH INDIVIDUAL BOARD MEMBER, VOLUNTEER AND EMPLOYEE TO BRING A POTENTIAL CONFLICT OF INTEREST THEY MAY HAVE TO THE ATTENTION OF THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR PRIOR TO DISCUSSION OR IMPLEMENTATION OF AN ITEM. THE BOARD OF DIRECTORS WILL MAKE A DECISION REGARDING WHETHER A

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

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Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CONFLICT OF INTEREST EXISTS BY MAJORITY VOTE. IF IT IS DETERMINED THAT
THERE IS INDEED A CONFLICT OF INTEREST, THE BOARD MEMBER, EMPLOYEE OR
VOLUNTEER WILL BE EXCUSED FROM PARTICIPATION IN ANY ACTIVITY OR
DISCUSSION OF THE ITEM AND MAY NOT VOTE ON THE ITEM. IT IS THE
RESPONSIBILITY OF EACH EMPLOYEE TO REPORT TO THE EXECUTIVE DIRECTOR ANY
CONCERN AS TO THE PROPRIETY OF A GIVEN RELATIONSHIP. IF AT ANY TIME THE
EMPLOYEE IS DISCOVERED IN SUCH A CONFLICT OF INTEREST SITUATION, THE
EXECUTIVE DIRECTOR WILL REVIEW THE SITUATION. DEPENDING UPON THE SEVERITY
OF THE CONFLICT, THE EMPLOYEE MAY BE SUBJECT TO DISCIPLINARY ACTION UP TO
AND INCLUDING DISMISSAL. THE BOARD OF DIRECTORS ADDRESSES AND ENFORCES
COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ON A CASE BY CASE BASIS.

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

THE LAST REVIEW OCCURED IN NOVEMBER 2021.

FORM 990 VI, SECTION C, LINE 19:

ALL ORGANIZATIONAL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST INCLUDING STATEMENT OF INTENDED PURPOSE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE THE AUDIT OVERSIGHT OR SELECTION PROCESSES DURING THE YEAR.