

			** PUBLIC DISCLOSURE COPY *	*	
	•	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2021
			Do not enter social security numbers on this form as it ma		Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
ΑΙ	For th	e 2021 calend		JUN 30, 2022	
	Check if applicab	C Name of	organization	D Employer identificati	on number
, 	Addre				
	 Name	BUCK	HEAD CHRISTIAN MINISTRY, INC.		
	chang	ge Doing b	usiness as BCM GEORGIA	58-1748786	
	return  Final	Number	and street (or P.O. box if mail is not delivered to street address)		FO
	return termir		PIEDMONT ROAD, NE	404-239-00	
	ated ∖\Amen		own, state or province, country, and ZIP or foreign postal code NTA , GA 30305	G Gross receipts \$	3,197,457.
	return Applic			H(a) Is this a group return	
	tion pendi		nd address of principal officer: GREG WELLER AS C ABOVE	for subordinates?	
		empt status:		H(b) Are all subordinates includ 527 If "No." attach a list.	
			X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 5: //BCMGEORGIA.ORG/	527 If "No," attach a list H(c) Group exemption n	
		f organization:		ear of formation: 1987 M St	
	art I	Summary			
	1		e the organization's mission or most significant activities: BUCKHEAD	CHRISTIAN MINT	STRY
e	<b>'</b>		S HUNGER AND HOMELESSNESS FOR PEOPLE I		
nan	2		★ ▶ ☐ if the organization discontinued its operations or disposed of measurements.		
Governance	3		ing members of the governing body (Part VI, line 1a)		
ĝ	4		ependent voting members of the governing body (Part VI, line 1b)		18
യ് ഗ			of individuals employed in calendar year 2021 (Part V, line 2a)		26
Activities &	6		of volunteers (estimate if necessary)		45
cti	7 a		business revenue from Part VIII, column (C), line 12		0.
Ā	b		business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	4,177,458.	2,668,951.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	154,042.	91,558.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	35,967.	-39,250.
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,418.	255,995.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,578,885.	2,977,254.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	2,616,453.	1,256,395.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1,429,246.	1,191,581.
u Se	16a		Indraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	. b		ng expenses (Part IX, column (D), line 25)		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	891,577.	958,175.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,937,276.	3,406,151.
	19	Revenue less	expenses. Subtract line 18 from line 12	-358,391.	-428,897.
S OL				Beginning of Current Year	End of Year
Sset	20	Total assets (F		4,936,507.	3,976,357.
Net Assets or	21		(Part X, line 26)	<u>309,326.</u> 4,627,181.	<u>57,022.</u> 3,919,335.
	<u>22</u> art II	Net assets or Signature	Block	4,04/,101.	.כככ, כדכ, כ
			declare that I have examined this return, including accompanying schedules and stat	amonte and to the bast of my key	
			Declaration of preparer (other than officer) is based on all information of which prepa		imedye and beller, it is
uue	,		שליים אוויטווומנטוו טו אווניו איזייט איזער איזיאטער איזיאטער אוויטווומנטוו טו אווניו איזייט איזיער איזייט איזיע די גערארא גער	מוט וומס מווץ גווטשובעטב.	

Sign	Signature of officer     Date       ANTHONY JAYESINGHA, COO     Date							
Here	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date Check PTIN							
Paid	TIFFANY T. ORR, CPA TIFFANY T. ORR, CPA 05/12/23 Self-employed P01559485							
Preparer	Firm's name CARR, RIGGS & INGRAM, LLC							
Use Only	Firm's address 🖕 4004 SUMMIT BLVD NE, SUITE 800							
	ATLANTA, GA 30319 Phone no.770.394.8000							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pai	1990 (2021) BUCKHEAD CHRISTIAN MINISTRY, INC. 58-1748786 Pa	age
	rt III Statement of Program Service Accomplishments	X
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: BUCKHEAD CHRISTIAN MINISTRY PREVENTS HUNGER AND HOMELESSNESS FOR	
	PEOPLE IN FINANCIAL CRISIS. BY MEETING BASIC NEEDS THROUGH OUR	
	EMERGENCY ASSISTANCE PROGRAM, AS WELL AS PROVIDING ACCESS TO LIFE	
	SKILLS EDUCATION AND SUPPORT SERVICES THROUGH OUR HOUSING PROGRAMS,	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		
	prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
5	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 462, 189. including grants of \$839, 690. ) (Revenue \$	
	EMERGENCY ASSISTANCE PROGRAM:	
	THE EMERGENCY ASSISTANCE PROGRAM HELPS PEOPLE IN CRISIS BY PROVIDING	
	ONE-TIME FINANCIAL ASSISTANCE WITH RENT, MORTGAGE AND UTILITIES. IN	
	FISCAL 2022, 3,938 INDIVIDUALS SERVED FROM 1,505 HOUSEHOLDS WITH	
	FINANCIAL ASSISTANCE. THE NUMBER OF INDIVIDUALS AND HOUSEHOLDS SERVED	
	INCLUDE THE UNITED WAY PROJECT.	
4b	(Code:) (Expenses \$ 450,722. including grants of \$ 172,405. ) (Revenue \$	
	BUDGET FOR LIFE (INTERMEDIATE ASSISTANCE): THE BUDGET FOR LIFE SERVES	
	LOW-INCOME WORKING FAMILIES WHO ARE NOT YET HOMELESS BUT WHO NEED MORE	
	THAN ONE-TIME EMERGENCY ASSISTANCE TO PREVENT EVICTION AND BECOME	
	THAN ONE-TIME EMERGENCY ASSISTANCE TO PREVENT EVICTION AND BECOME FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND	
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND	
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE	
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM	
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A	
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START	
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND	
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT.	
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND         UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE         PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM         AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A         HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START         SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND         COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT.         (code:)(Expenses \$333,839. including grants of \$132,148.) (Revenue \$12,05	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND         UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE         PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM         AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A         HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START         SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND         COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT.         (Code:)(Expenses \$333,839. including grants of \$132,148.) (Revenue \$12,05         FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND         UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE         PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM         AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A         HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START         SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND         COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT.         (Code:)(Expenses \$333,839. including grants of \$132,148.) (Revenue \$12,05         FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3         HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD	5.
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND         UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE         PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM         AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A         HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START         SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND         COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT.         (Code:)(Expenses \$333,839. including grants of \$132,148.) (Revenue \$12,05         FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND         UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE         PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM         AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A         HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START         SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND         COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT.         (Code:)(Expenses \$333,839. including grants of \$132,148.) (Revenue \$12,05         FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3         HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD	5.
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND         UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE         PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM         AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A         HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START         SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND         COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT.         (Code:)(Expenses \$ 333,839. including grants of \$ 132,148.) (Revenue \$ 12,05         FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3         HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD         ESTABLISH A FOUNDATION FOR FAMILY STABILITY WITH THREE ESSENTIAL	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:)(Expenses \$ 333,839. including grants of \$ 132,148.) (Revenue \$ 12,05 FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3 HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD ESTABLISH A FOUNDATION FOR FAMILY STABILITY WITH THREE ESSENTIAL BUILDING BLOCKS, SAFE HOUSING, STABLE EMPLOYMENT, AND CAREER- BASED	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:)(Expenses 333,839. including grants of \$132,148.)(Revenue \$12,05 FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3 HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD ESTABLISH A FOUNDATION FOR FAMILY STABLLITY WITH THREE ESSENTIAL BUILDING BLOCKS, SAFE HOUSING, STABLE EMPLOYMENT, AND CAREER- BASED EDUCATION. FOUNDATION 3 PROVIDES HOUSING PLACEMENT AND 12-18 MONTHS OF	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:)(Expenses \$ 333,839. including grants of \$ 132,148.)(Revenue \$ 12,05 FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3 HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD ESTABLISH A FOUNDATION FOR FAMILY STABILITY WITH THREE ESSENTIAL BUILDING BLOCKS, SAFE HOUSING, STABLE EMPLOYMENT, AND CAREER- BASED EDUCATION. FOUNDATION 3 PROVIDES HOUSING PLACEMENT AND 12-18 MONTHS OF HOUSING-RELATED FINANCIAL ASSISTANCE COUPLED WITH CASE MANAGEMENT,	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:)(Expenses \$333,839. including grants of \$132,148.) (Revenue \$12,05 FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3 HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD ESTABLISH A FOUNDATION FOR FAMILY STABILITY WITH THREE ESSENTIAL BUILDING BLOCKS, SAFE HOUSING, STABLE EMPLOYMENT, AND CAREER- BASED EDUCATION. FOUNDATION 3 PROVIDES HOUSING PLACEMENT AND 12-18 MONTHS OF HOUSING-RELATED FINANCIAL ASSISTANCE COUPLED WITH CASE MANAGEMENT, FINANCIAL EDUCATION, AND COUNSELING. FOUNDATION 3 SERVED 15 HOUSEHOLDS	5.
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:)(Expenses \$333,839. including grants of \$132,148.) (Revenue \$12,05 FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3 HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD ESTABLISH A FOUNDATION FOR FAMILY STABILITY WITH THREE ESSENTIAL BUILDING BLOCKS, SAFE HOUSING, STABLE EMPLOYMENT, AND CAREER- BASED EDUCATION. FOUNDATION 3 PROVIDES HOUSING PLACEMENT AND 12-18 MONTHS OF HOUSING-RELATED FINANCIAL ASSISTANCE COUPLED WITH CASE MANAGEMENT, FINANCIAL EDUCATION, AND COUNSELING. FOUNDATION 3 SERVED 15 HOUSEHOLDS	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:)(Expenses \$333,839. including grants of \$132,148.) (Revenue \$12,05 FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3 HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD ESTABLISH A FOUNDATION FOR FAMILY STABILITY WITH THREE ESSENTIAL BUILDING BLOCKS, SAFE HOUSING, STABLE EMPLOYMENT, AND CAREER- BASED EDUCATION. FOUNDATION 3 PROVIDES HOUSING PLACEMENT AND 12-18 MONTHS OF HOUSING-RELATED FINANCIAL ASSISTANCE COUPLED WITH CASE MANAGEMENT, FINANCIAL EDUCATION, AND COUNSELING. FOUNDATION 3 SERVED 15 HOUSEHOLDS	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:)(Expenses \$333,839. including grants of \$132,148.) (Revenue \$12,05 FOUNDATION 3 (FORMERLY THE TRANSITIONAL HOUSING PROGRAM): FOUNDATION 3 HELPS HOMELESS OR NEAR HOMELESS FAMILIES WITH AT LEAST ONE MINOR CHILD ESTABLISH A FOUNDATION FOR FAMILY STABILITY WITH THREE ESSENTIAL BUILDING BLOCKS, SAFE HOUSING, STABLE EMPLOYMENT, AND CAREER- BASED EDUCATION. FOUNDATION 3 PROVIDES HOUSING PLACEMENT AND 12-18 MONTHS OF HOUSING-RELATED FINANCIAL ASSISTANCE COUPLED WITH CASE MANAGEMENT, FINANCIAL EDUCATION, AND COUNSELING. FOUNDATION 3 SERVED 15 HOUSEHOLDS	5.
4c	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. 	5.
	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:	5.
4d	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:)(Expenses	5.
4d	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND         UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE         PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM         AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A         HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START         SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND         COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT.         (Code:)(Expenses	5.
4d 4e	FINANCIALLY STABLE. IN THIS PROGRAM, BCM PROVIDES TIERED RENT AND UTILITY SUPPORT FOR SIX MONTHS AND PERSONALIZED CASE MANAGEMENT. THE PROGRAM PARTICIPANTS ENROLLED IN A 22-WEEK FINANCIAL LITERACY PROGRAM AND PAIRED WITH A FINANCIAL COACH. THEY ARE REQUIRED TO ESTABLISH A HOUSEHOLD BUDGET, PAY DOWN DEBT, OPEN A SAVINGS ACCOUNT AND START SAVING. IN FISCAL 2022, 31 HOUSEHOLDS COMPLETED THE PROGRAM AND COLLECTIVELY PAID DOWN \$179,896 IN PERSONAL DEBT. (Code:)(Expenses	5.

Form	aan	(2021)

BUCKHEAD CHRISTIAN MINISTRY, INC.

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		<u> </u>
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	Х	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	├──
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
A	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	├──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			v
	complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12, if "Vea" approaches Schedule L. Darte Land II.	21		x
12000	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>		990	(2021)
102000	3 12-09-21			

3

132003 12-09-21

11280512 794202 60-12359.000

Form	aan	(2021)
FUIII	990	(2021)

 Form 990 (2021)
 BUCKHEAD CHRISTIAN MINISTRY, INC.
 58-1748786
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 <td

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
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		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissorve and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i>	- 51		
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	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, or IV, and			<u> </u>
01		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	4 12-09-21	Form	990	(2021)

4

## 11280512 794202 60-12359.000

021)		CHRISTIAN			
Statements	Regarding Other	er IRS Filings ar	nd Tax Complia	nce <sub>(contir</sub>	nued)

Form 990 (2021)

Part V

			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 2a 26		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - <i>file.</i> See instructions.	•		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "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	10		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
ia	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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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		
,	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit 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		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	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.)			
а	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 12b			
;	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
5	is the organization an educational institution subject to the section 4500 excise tax of het investment incomes		_	
6	If "Yes," complete Form 4720, Schedule O.			
; ,	-			
	If "Yes," complete Form 4720, Schedule O.	17	_	

 $\begin{array}{r} {}^{132005 \ 12-09-21} \\ 11280512 \ 794202 \ 60-12359.000 \end{array}$ 

Form	990	(2021)
	330	

#### BUCKHEAD CHRISTIAN MINISTRY, INC.

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

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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						
	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 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				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 ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	0		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code )		1.0		1
		venue	0000.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 50101	o ming the				
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "y$				120		
C		,			12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?				13	X	
13 14	Did the organization have a written document retention and destruction policy?				14	X	
14 15	Did the process for determining compensation of the following persons include a review and approva				14	- 23	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Jependent				
_					150	х	
	The organization's CEO, Executive Director, or top management official				15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				150	Λ	
16-		000+	ith a				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				46-		x
Ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				<u>16a</u>		
D		•	•	1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				101		
200	exempt status with respect to such arrangements?				16b		
17	List the states with which a copy of this Form 990 is required to be filed <b>GA</b>		<b>T</b> ( +	<b>EO1</b> (-) (0)	t- A		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	10 990	- I (section	501(C)(3)	s only)	avalla	SIE
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict c	or interest p	policy, an	a tinan	cial	
~~	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	t records	▶			
	PAIGE TOOHEY - 404-239-0058		205				
	2847 PIEDMONT ROAD 2847 PIEDMONT ROAD, ATLANTA, GA	30	305			990	
							1000

Form 990 (2021)		CHRISTIAN MIN			58-1748786			
Part VII Com	pensation of Officers, D	irectors, Trustees, I	Key Employe	ees, Highest Compe	nsated			
Employees, and Independent Contractors								
Check	if Schedule O contains a respo	onse or note to any line in t	his Part VII					
Section A. Offic	ers, Directors, Trustees, Key	Employees, and Highest	Compensated	Employees				
1a Complete this	table for all persons required to	be listed. Report compen	sation for the ca	alendar year ending with o	r within the organization's t			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau		i/i us		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) KEEVA KASE	50.00									
PRESIDENT & CEO				Х				124,499.	0.	18,359.
(2) GREG WELLER	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) DONNA BARWICK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) ELIZABETH BRESNAHAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) DAVID BURGE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ARAYA MESFIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) SADDLER NORRIS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LINDA OUTLAW	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) BERT PONDER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DR MICHAEL RICH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ROSIE STOKES	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(12) RONNIE BROWN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) BOB CUNNINGHAM	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ED EASTERLIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) TRIPP KAY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JENNIFER MEANS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) TYWANA MINOR	2.00									
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21		_	_	_	_	_	_			Form <b>990</b> (2021)

7

132007 12-09-21

Form 990 (2021)

Page 7

Form 990 (2021) BUCKHEAD									58-17	48	786	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		, ,				
(A)	<b>(B)</b> Average		1		<b>C)</b> ition	n		(D)	(E)			(F)	
Name and title	hours per		not ch	neck	more	than o s both		Reportable compensation	Reportable compensatior	,		mate	
	week					or/trust		from	from related	' I		ther	,,
	(list any	ector						the	organizations	;	comp		ion
	hours for	or dire	e.			ated		organization	(W-2/1099-MIS	C/		m the	
	related organizations	ustee	truste		9	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nizatio relate	
	below	In dividual trustee or director	Institutional trustee	_	ƙey employee	st con yee	-	1099-NEC)				nizatio	
	line)	Indivio	Institu	Officer	Key en	Highest compensated employee	Former				e.gu		
(18) CHRISTY ROBERTS	2.00												
BOARD MEMBER	0 00	Х						0.		0.			0.
(19) SHIRLEY DAVIS BOARD MEMBER	2.00	x						0.		0.			0.
(20) ELOISE BRACEY	50.00	~						0.		0.			0.
CPO	50.00	х		х				0.		0.			0.
(21) ANTHONY JAYESINGHA	50.00									-			
coo		х		Х				0.		0.			0.
1b Subtotal								124,499.		0.	18	,35	59.
c Total from continuation sheets to Part VI								0.		0.		,	0.
d Total (add lines 1b and 1c)								124,499.		0.	18	,35	59.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable				
compensation from the organization												Vee	1 No
<b>3</b> Did the organization list any <b>former</b> officer,	director truct			mol	<u></u>	0 0r	hia	boot componented omp		ſ		Yes	NO
line 1a? If "Yes," complete Schedule J for su				•	-			• •			3		Х
4 For any individual listed on line 1a, is the su										···			
and related organizations greater than \$150											4		х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch į	oers	on .					5		Х
Section B. Independent Contractors											. ,		
<ol> <li>Complete this table for your five highest cor the organization. Report compensation for t</li> </ol>	•	•							•	ensat	ion fror	n	
(A)	ne calendar ye			<u>y</u> w		<u> </u>		(B)			(C)		
Name and business	address	NC	ONE	3				Description of s	ervices	С	ompen		l
							_						
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	l to i	thos	se list	ed	above) who received me	ore than				
\$100,000 of compensation from the organiz	ation 🕨				C	)					0	00 /-	

132008 12-09-21

			BUCKHEAD CHRIS	STIAN MIN	NISTRY, INC	2.	58-1748	786 Page <b>9</b>
Par	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response or	r note to any line	2.2.5	(P)	(0)	
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a 3	327,720.				
iran oun			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		с	Fundraising events 1c					
ar l		d	Related organizations 1d					
ini,				269,800.				
er s		f	All other contributions, gifts, grants, and					
<u>ē</u> ŧ			similar amounts not included above 1f 2,0	071,431. L01,816.				
nd t		-			2,668,951.			
ы С		n	Total. Add lines 1a-1f	Business Code	2,000,951.			
	2	~	THRIFT STORE REVENUE	900099	79,503.	79,503.		
Program Service Revenue	_	a b	FOUNDATION 3 PROGRAM F	900099	12,055.	12,055.		
Ser		c			12,0330	12,000		
s me		d						
р Б С		е						
ž		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►	91,558.			
	3		Investment income (including dividends, interest	t, and				
			other similar amounts)	►	40,706.			40,706.
	4		Income from investment of tax-exempt bond pro	· · · ·				
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6		Gross rents 6a					
		b	Less: rental expenses 6b					
		c d	Rental income or (loss)     6c       Net rental income or (loss)	<b>&gt;</b>				
			Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory <b>7a</b>	43,297.				
		b	Less: cost or other basis					
e		~		L23,108.				
evenue		с	Gain or (loss) 7c -145.	-79,811.				
			Net gain or (loss)		-79,956.	-79,956.		
Other R	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	341,707.				
				96,950.	044 858			
			Net income or (loss) from fundraising events	····· <b>&gt;</b>	244,757.			244,757.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a Less: direct expenses 9b					
			Less: direct expenses 9b Net income or (loss) from gaming activities	<b>&gt;</b>				
			Gross sales of inventory, less returns					
	10	a	and allowances <u>10a</u>					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
				Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME	900099	11,238.	11,238.		
ane		b						
eve		с						
BB		d	All other revenue					
-			Total. Add lines 11a-11d		11,238.			
	12		Total revenue. See instructions	▶	2,977,254.	22,840.	0.	
132009	9 12-	09-	21					Form <b>990</b> (2021

## 11280512 794202 60-12359.000

9

BUCKHEAD CHRISTIAN MINISTRY, INC. Part IX Statement of Functional Expenses

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

#### Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,256,395. 1,256,395. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 56,936. 134,645. 30,583. 47,126. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 104,907. 804,865. 608,343. 91,615. Other salaries and wages 7 8 Pension plan accruals and contributions (include 47,025. 30,660. 8,931. 7,434. section 401(k) and 403(b) employer contributions) 23,798. 131,450. 7,298. 100,354. Other employee benefits 9 73,596. 53,524. 9,306. 10,766. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,829. 1,514. 105. 210. b Legal 18,800. 18,800. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 253,986. 33,802. 70,218. 358,006. column (A), amount, list line 11g expenses on Sch 0.) 12,908. 12,908. Advertising and promotion 12 5,580. 2,500. 290. 2,790. 13 Office expenses Information technology 14 15 Royalties 143,169. 143,169. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 80,334. 67,772. 4,314. 8,248. Depreciation, depletion, and amortization 22 19,638. 16,336. 1,133. 2,169. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 95,556. 67,422. 6,522. 21,612. COMPUTER SOFTWARE & MAI а 43,417. BUILDING REPAIRS & MAIN 38,378. 3,050. 1,989. h 35,231. 3,854. 23,423. 7,954. OTHER EXPENSES С 2,314. 1,509. 28,690. 24,867. TELEPHONE d 115,017. 71,365. 6,666. 36,986. e All other expenses 3,406,151. 2,829,852. 241,875. 334,424. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

10

132010 12-09-21

2021.05080 BUCKHEAD CHRISTIAN MINIST 60-12351

Form 990 (2021)

11280512 794202 60-12359.000

Part X Balance Sheet

Form 990 (2021)

		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		977,967.	1	481,448.
	2	Savings and temporary cash investments		394,307.	2	395,028.
	3	Pledges and grants receivable, net		72,040.	3	111,212.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described			6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		114,495.	8	
A	9	Prepaid expenses and deferred charges		10,973.	9	5,601.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 2,521,296.	1 801 008		1 541 606
		Less: accumulated depreciation	1,721,087.	10c	1,541,626.	
	11	Investments - publicly traded securities	1,645,638.	11	1,441,442.	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		1 026 507	15	2 076 257
	16	Total assets. Add lines 1 through 15 (must equa		<u>4,936,507.</u> 119,526.	16	3,976,357. 57,022.
	17	Accounts payable and accrued expenses		119,520.	17	57,022.
	18	Grants payable			18 19	
	19	Deferred revenue		20		
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F		20		
	22	Loans and other payables to any current or form			21	
ties	~~	trustee, key employee, creator or founder, substa				
Liabilities		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated		189,800.	24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		of Schedule D	, ,		25	
	26	Tetel liebilities Add lipso 17 through 05		309,326.	26	57,022.
		Organizations that follow FASB ASC 958, chec	ck here 🕨 🔀			
ses		and complete lines 27, 28, 32, and 33.				
lano	27	Net assets without donor restrictions		4,341,948.	27	3,760,330.
Ba	28	Net assets with donor restrictions		285,233.	28	159,005.
pur		Organizations that do not follow FASB ASC 95	58, check here 🕨 🗌			
гF		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
t As	31	Retained earnings, endowment, accumulated inc			31	
Nei	32	Total net assets or fund balances		4,627,181.	32	3,919,335.
	33	Total liabilities and net assets/fund balances		4,936,507.	33	3,976,357.
						Form <b>990</b> (2021)

58-1748786 Page 11

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3,919,330         Part XII       Financial Statements and Reporting       10       3,919,330         Check if Schedule O contains a response or note to any line in this Part XII       Yes       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Image: Checked to prepare the Point Part Part Part Part Part Part Part Par		990 (2021) BUCKHEAD CHRISTIAN MINISTRY, INC.	58-174	18786	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       2,977,25         2       Total expenses (must equal Part IX, column (A), line 25)       2       3,406,15         3       -428,89       3       -428,89         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4,627,18         5       Net unrealized gains (losses) on investments       5       -278,944         6       7       Investment expenses       6         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3,919,334         Part XIII       Financial Statements and Reporting       10       3,919,334         Check if Schedule O contains a response or note to any line in this Part XII       10       3,919,334         9       Check if Schedule 0 contains a response or note to any line in this Part XII       2a       2a         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       2a       2a       2a	Pa	t XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 406, 155         3       Revenue less expenses. Subtract line 2 from line 1       3       -4228, 89         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4, 627, 18         5       Total expenses       5       -278, 941         6       0       6         7       7       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule 0)       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       3, 919, 331          Check if Schedule O contains a response or note to any line in this Part XII       7       7         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       7         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 406, 155         3       Revenue less expenses. Subtract line 2 from line 1       3       -4228, 89         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4, 627, 18         5       Net unrealized gains (losses) on investments       6       7         6       7       7       7         7       8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0       10         Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       9       0       10       3, 919, 334          Check if Schedule O contains a response or note to any line in this Part XII       7       7       10       3, 919, 334          Check if Schedule O contains a response or note to any line in this Part XII       7       7       2a       10       3, 919, 334          Check if Schedule O contains a response or note to any line in this Part XII       7       7       2a       10       3, 919, 334          Check is Schedule to time detemether financial statements for the year were compiled o						
3       Revenue less expenses. Subtract line 2 from line 1       3       -428,89'         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4,627,18'         5       Net unrealized gains (losses) on investments       5       -278,94'         6       7       6         7       8       7         8       7       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       3, 919, 33 (10, 3,	1			2,977	, 2	54.
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4       6, 627, 18:         5       Net unrealized gains (losses) on investments       5       -278,941         6       0       7         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3, 919, 330         Part XII       Financial Statements and Reporting       10       3, 919, 331         Check if Schedule O contains a response or note to any line in this Part XII       Check if Schedule O.       2a         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       2a       2a <td< th=""><td>2</td><td>Total expenses (must equal Part IX, column (A), line 25)</td><td></td><td></td><td></td><td></td></td<>	2	Total expenses (must equal Part IX, column (A), line 25)				
5       Net unrealized gains (losses) on investments       5       -278,941         6       Donated services and use of facilities       6         7       investment expenses       7         8       Prior period adjustments       9       0         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       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       3, 919, 331         Part XII       Financial Statements and Reporting       10       3, 919, 331         Check if Schedule O contains a response or note to any line in this Part XII       Yes It       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, "explain on Schedule 0.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       2a       2a         1f "Yes," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis, or both:       2b       X       2b       X         1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X       2b       X	3				<u> </u>	
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9         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       3, 919, 33         Part XII       Financial Statements and Reporting       10       3, 919, 33         Check if Schedule O contains a response or note to any line in this Part XII       10       3, 919, 33         Part XIII       Financial Statements and Reporting       Yes It         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       <	4					
7 Investment expenses 7   8 Prior period adjustments 9   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   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Accounting from a prior year or checked "Other," explain on Schedule O.   2a 2a   2 2a   1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements and the pendent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b Were the organization's financial statements and selection of an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.   c If "Yes," to line 2a or	5		5	-278	, 9	48.
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>10 S, 919, 330</li> <li>Part XIII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990: Cash X Accrual Other fit the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.</li> <li>2a Vere the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis O consolidated basis Both consolidated and separate basis</li> <li>b Were the organization's financial statements and the pendent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis</li> <li>c If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>	6	Donated services and use of facilities	6			
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 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   11 Check if Schedule 0 contains a response or note to any line in this Part XII   11 Accounting method used to prepare the Form 990:   12 Cash   14 Accounting method used to prepare the Form 990:   15 Cash   16 Yeas   17 Accounting method used to prepare the Form 990:   18 Cash   19 Yes   11 Accounting method used to prepare the Form 990:   11 Cash   11 Accounting method used to prepare the Form 990:   12 Cash   14 Accounting method used to prepare the Form 990:   15 Cash   16 Yes   17 The organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.   2a 2a   2b	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10       3,919,334         Part XII       Financial Statements and Reporting       Image: check if Schedule O contains a response or note to any line in this Part XII       Image: check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: check if Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       Vere the organization's financial statements compiled or reviewed by an independent accountant?       2a       Image: check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Desparate basis       Consolidated basis, or both:       Image: check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	8		8			
column (B)       10       3,919,334         Part XII       Financial Statements and Reporting       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Vestication of the organization's financial statements compiled or reviewed by an independent accountant?       Image: Vestication of the organization's financial statements compiled or reviewed by an independent accountant?       Image: Vestication of the organization's financial statements and the organication s financial statements and the organization's financial statements and the organization of the sinancial statements and selection of an independent accountant?       Image: Vestication of the sinancial statements and selection of an independent accountant?       Image: Vestication of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: Vestication of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: Vestication of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: Vestication of the audit, review, or compilation of a financial statements and selection of an independent accountant?       Image: Vestication of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: Vestication of the audit, review, or compilation of a separate basis or both:       Image: Vestication of the audit, review, o	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       2         2a       If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       Image: Consolidated basis, or both:         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a As a result of a federal award, was the or	10				-	
Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   X   Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   D   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   X   Separate basis   Consoli		column (B))	10	3,919	, 3.	36.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X Separate basis   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the	Pa					
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construction of the previous of the pre		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       Image: Compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Compiled or reviewed on a separate basis       Image: Compiled or reviewed or a separate basis       Image: Compiled or reviewed oreviewed or a separate basis       I	1					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis						
separate basis, consolidated basis, or both:   Separate basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   consolidated basis   consolidated basis   consolidated basis   consolidated basis   consolidated basis <t< th=""><td>2a</td><td></td><td></td><td>. <b>2</b>a</td><td></td><td>Х</td></t<>	2a			. <b>2</b> a		Х
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li></ul>			on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X       Image: Consolidated basis						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:					37	
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: Consolidated basis       Image:	b			. 2b	x	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Consolidated and separate basis       Consolidated basis		· · · ·	e basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits <b>3b</b> X						
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X	с				v	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         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 undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X				. <u>2</u> c	^	
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 undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X	•					
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X	За		0		v	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				За	^	
	b				v	
		or audits, explain why on Schedule U and describe any steps taken to undergo such audits				(0004)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nan		ine organization				~							
Da	rt I	BUCK Beason for Public (	HEAD CHRIS	TIAN MINISTRY	Y, INC				8-1748786				
		Reason for Public (					see instructions	•					
	organ	ization is not a private found											
1		A church, convention of ch				n 170(b)(1	1)(A)(I).						
2		A school described in sect											
3		A hospital or a cooperative					•						
4		A medical research organiz	ation operated in col	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(	iii). Enter	the hospital's name,				
_		city, and state:	and the state of the state of the state					9					
5		An organization operated for		liege or university owned	or operat	ed by a go	overnmental un	it describe	ed in				
~		section 170(b)(1)(A)(iv). (C		e e set e la constitución e a subject de la constitución de la const		70/L-\/_4\/_A\	4.5						
6		A federal, state, or local go	-						and the state of the state of the				
'	Δ	An organization that norma		ntial part of its support fr	rom a gove	ernmental	unit or from the	e general p	Dudiic described in				
•		section 170(b)(1)(A)(vi). (C											
8 9	$\square$	<ul> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college</li> </ul>											
9													
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sunr	ort from c	ontribution	ns membershir	fees and	d aross receipts from				
		activities related to its exen					· ·		•				
		income and unrelated busir		-					-				
		See section 509(a)(2). (Co		(			····;						
11		An organization organized a		ively to test for public sa	fety. See	section 50	09(a)(4).						
12		An organization organized a	-	•	-			y out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (	Check the box on				
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typ	cically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	ctors or trustees	s of the su	Ipporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	(s), by hav	ving				
		control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported				
		organization(s). You mus											
С		Type III functionally inte					-	integrate	d with,				
	_	its supported organizatio											
d		Type III non-functionally						Ũ					
		that is not functionally int			•		-	an attentiv	/eness				
	_	requirement (see instruct	/	• •	,								
е		Check this box if the orga					турет, турет	, Type III					
	Ento	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0								
g		er the number of supported on vide the following information	•	d organization(c)									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of r	nonetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)				
Tota	al						1		1				

BUCKHEAD CHRISTIAN MINISTRY, INC.

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	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2287703.	2523221.	3533014.	4177458.	2668951.	15190347.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge $\dots$											
4	Total. Add lines 1 through 3	2287703.	2523221.	3533014.	4177458.	2668951.	15190347.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						1779329.					
	Public support. Subtract line 5 from line 4.						13411018.					
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total					
7	Amounts from line 4	2287703.	2523221.	3533014.	4177458.	2668951.	15190347.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources $\dots$	30,707.	38,483.	44,859.	36,158.	40,706.	190,913.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)	261,683.	273,774.	233,226.	269,580.							
11	Total support. Add lines 7 through 10						16761230.					
12	,	•	,			12	736,064.					
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, 1	fourth, or fifth tax y	ear as a section 5/	01(c)(3)						
	organization, check this box and stor											
	ction C. Computation of Publi						0.0.01					
	Public support percentage for 2021 (I		•	())		14	80.01 %					
	Public support percentage from 2020					15	81.25 %					
16a	<b>33 1/3% support test - 2021.</b> If the o	•			14 is 33 1/3% or m	ore, check this bo						
_	stop here. The organization qualifies		-									
b	<b>33 1/3% support test - 2020.</b> If the o											
	and <b>stop here.</b> The organization qual		• •									
17a	10% -facts-and-circumstances test											
	and if the organization meets the fact			-	-	VI how the organiz	zation					
	meets the facts-and-circumstances te	-		• • • •	-							
b	10% -facts-and-circumstances test	-					10% or					
	more, and if the organization meets th						. —					
	organization meets the facts-and-circu		•		• •							
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a							
						Schedule A	(Form 990) 2021					

132022 01-04-22

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	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						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020					16	%
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by l	line 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization gual	lifies as a nublicly s	supported organiza	ation	

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

#### ► 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

15

132023 01-04-22

Schedule A (Form 990) 2021

#### BUCKHEAD CHRISTIAN MINISTRY, INC. cribed in Section 509(a)(2)

Schedule A	(Form 990)	2021	DUCKHEAD	CUVIDI
Part III	Support	Schedule	for Organization	ns Descril

Sc

(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.)

11280512 794202 60-12359.000

#### BUCKHEAD CHRISTIAN MINISTRY, INC.

1

2

Yes No

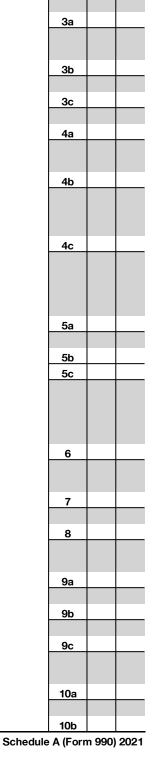
#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

132024 01-04-21



2021.05080 BUCKHEAD CHRISTIAN MINIST 60-12351

16

		T14010	V Г	aye J
Pa	rt IV 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		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

TNC

DIICVUEND CUDTERTAN MINIERDV

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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2 Did the organization operate for the benefit of any supported organization other than the supported	
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	

supervised, or controlled the supporting organization.				
Section C. Type II Supporting Organizations				

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

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

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c 🗌	] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).
-----	--	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

11280512 794202 60-12359.000

2021.05080 BUCKHEAD CHRISTIAN MINIST 60-12351

## 58 - 17/8786

Vas

Yes No

2

1

3

2a

2b

3a

Yes No

Ра	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations mu	st complete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	I Type III supporting orga	inization (see

BUCKHEAD CHRISTIAN MINISTRY,

INC.

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

58-1748786 Page 6

132026 01-04-22

Sche Par		STIAN MINISTRY			8-1748786 Page 7
			inizations (continu	uea)	Current Veer
<u>Secu</u>	on D - Distributions	matauraaaa		1	Current Year
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			- <b>-</b>	
2	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	es of supported organizations	5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1	<u> </u>	
-	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution 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 (reason-				
	able 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				
e	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: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	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				
6	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	BUCKHEAD	CHRISTIAN	MINISTRY,	INC.	58-1748786 Pa	age <b>8</b>
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section Section D, lines 5, 6, au (See instructions.)	<b>Drmation.</b> Provide s 1, 2, 3b, 3c, 4b, 4c, 4 D, lines 2 and 3; Part nd 8; and Part V, Sect	the explanations re 5a, 6, 9a, 9b, 9c, 1 IV, Section E, lines ion E, lines 2, 5, ar	equired by Part II, lin 1a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and id 6. Also complete	e 10; Part II, line 1 art IV, Section B, lir 3b; Part V, line 1; F this part for any ad	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, 'art V, Section B, line 1e; Part V ditional information.	',
132028 01-04-2	2			20		Schedule A (Form 990)	) 202

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*

# Schedule of Contributors

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

2021

Employer identification number

Hame of the organizati		
	BUCKHEAD CHRISTIAN MINISTRY, INC.	58-1748786
Organization type (cho	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	tion is covered by the <b>General Rule</b> or a <b>Special Rule</b> .	
Note: Only a section 5	01(c)(7) (8) or (10) organization can check boxes for both the General Bule and a Special Bu	le See instructions

#### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2021)

11280512 794202 60-12359.000

BUCKHEAD CHRISTIAN MINISTRY, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 101,816. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 160,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 404,297. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 75,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 327,720. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 22

Х

Page 2

Employer identification number

58-1748786

Schedule B (Form 990) (2021) Name of organization

BUCKHEAD CHRISTIAN MINISTRY, INC.

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

Tarti	Contributors (see instructions). Ose duplicate copies of Part I in additiona	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$189,900.	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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

11280512 794202 60-12359.000

Employer identification number

58-1748786

Schedule B (Form 990) (2021)

from Part I	Description of noncash property given	(See instructions.)	Date received
	254 SHARES OF INVESCO QQQ TRUST SERIES I		
1			
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-1	11-21		Schedule B (Form 990) (2021)

24

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

(b)

BUCKHEAD CHRISTIAN MINISTRY, INC.

Name of organization

Part II

(a)

No.

Employer identification number

58-1<u>748786</u>

(d)

(c)

FMV (or estimate)

11280512 794202 60-12359.000

Schedule E	B (Form 990) (2021)		Page 4		
Name of or			Employer identification number		
BUCKHI	EAD CHRISTIAN MINISTRY,	TNC.	58-1748786		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	tions to organizations described in secti a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, a 	Ind ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
123454 11-11	-21		Schedule B (Form 990) (2021)		

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.

OMB No. 1545-0047 121 L **Open to Public** Inspection

nternal Revenu	ue Service	Go to www.irs.gov/Form990	for instructions and the latest informati	on.	Inspect	ion
		BUCKHEAD CHRISTIAN M			ver identificatio	786
Part I	-	<b>IS Maintaining Donor Advised F</b> wered "Yes" on Form 990, Part IV, line 6	unds or Other Similar Funds or	Accounts.	Complete if t	he
			(a) Donor advised funds	(b) Funds a	and other accou	unts
1 Total	I number at end of y	year				
<b>2</b> Aggr	regate value of cont	ributions to (during year)				
3 Aggr	regate value of gran	its from (during year)				
4 Aggr	regate value at end	of year				
5 Did t	the organization info	orm all donors and donor advisors in writ	ing that the assets held in donor advised	funds		
are tl	he organization's pr	roperty, subject to the organization's exc	lusive legal control?		Yes	<b>N</b>
6 Did t	the organization info	orm all grantees, donors, and donor advis	sors in writing that grant funds can be use	ed only		
for cl	haritable purposes	and not for the benefit of the donor or do	onor advisor, or for any other purpose cor	nferring		
impe					Yes	<b>N</b>
Part II	Conservation	n Easements. Complete if the organ	ization answered "Yes" on Form 990, Par	t IV, line 7.		
1 Purp		ion easements held by the organization (	-			
	Preservation of lar	nd for public use (for example, recreation	n or education) Preservation of a l	historically imp	portant land are	а
	Protection of natu	ıral habitat	Preservation of a	certified histor	ic structure	
	Preservation of op	pen space				
<b>2</b> Com	plete lines 2a throu	gh 2d if the organization held a qualified	conservation contribution in the form of a			
day d	of the tax year.			He	ld at the End of th	he Tax Ye
<b>a</b> Total	I number of conserv	vation easements		2a		
<b>b</b> Total	l acreage restricted	by conservation easements		<b>2</b> b		
c Num	ber of conservation	easements on a certified historic structu	ure included in (a)	2c		
<b>d</b> Num	ber of conservation	easements included in (c) acquired after	r 7/25/06, and not on a historic structure			
listed	d in the National Re	gister		2d		
3 Num	ber of conservation	easements modified, transferred, releas	ed, extinguished, or terminated by the or	ganization dur	ing the tax	
year	▶					
4 Num	ber of states where	property subject to conservation easem	ent is located			
5 Does	s the organization h	ave a written policy regarding the period	ic monitoring, inspection, handling of			
viola	tions, and enforcem	nent of the conservation easements it ho	lds?		Yes	N
6 Staff ►	f and volunteer hour	rs devoted to monitoring, inspecting, har	ndling of violations, and enforcing conserv	ation easeme	nts during the y	ear
7 Amo	ount of expenses inc	curred in monitoring, inspecting, handling	of violations, and enforcing conservatior	n easements d	uring the year	
▶\$						
			atisfy the requirements of section 170(h)(4			
and	section 170(h)(4)(B)	(ii)?			Yes	N
9 In Pa	art XIII, describe how	w the organization reports conservation e	easements in its revenue and expense sta	atement and		
			to the organization's financial statement	s that describe	es the	
		ng for conservation easements.	t llisteriael Tressures or Othe			
Part III		-	rt, Historical Treasures, or Othe	er Similar A	ssels.	
		organization answered "Yes" on Form 99				
	-		not to report in its revenue statement and			
		· ·	exhibition, education, or research in furth	erance of pub	lic	
		XIII the text of the footnote to its financia				
			o report in its revenue statement and bala			
		· · · · · · · · · · · ·	hibition, education, or research in furthera	ance of public	service,	
-	-	nounts relating to these items:		<b>.</b> .		
			res, or other similar assets for financial ga	ain, provide		
	-	equired to be reported under FASB ASC	-	• •		
HA For F	Paperwork Reduct	tion Act Notice, see the Instructions fo	r Form 990.	Scl	hedule D (Form	n 990) 20
32051 10-28	-21		36			
			.16			

26

Sche		D CHRISTIAN							Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other \$	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	make sigr	nificant u	ise of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	m				
b	Scholarly research	е		0.0					
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how they further th	ne organizatio	n's exemr	ot purpos	se in Part	XIII	
5	During the year, did the organization solicit or								
-	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrange						Part IV		
	reported an amount on Form 990, Par		ste in the english				, . <b>.</b> , .		
1a	Is the organization an agent, trustee, custodia		iary for contribution	s or other ass	ets not ind	cluded			
ia	on Form 990, Part X?							Yes	X No
h	If "Yes," explain the arrangement in Part XIII a						∟		
b			iowing table.					Amount	
~	Reginning balance					1c		,	
	Additions during the year					1d			
	Additions during the year					1e			
e f	Distributions during the year					1f			
20	Ending balance Did the organization include an amount on Fo							Yes	X No
	-						L	1 1 1 2 5	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete in						<u></u>		
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four y	ears back
4.0	Designing of year belongs	1,670,550.	1,246,581.				68,425.		68,425.
18	Beginning of year balance	11,000.	25,000.	,	,=23.	1,0	00,423.	1,0	100,423.
a	Contributions	-239,196.	398,969.						
с	Net investment earnings, gains, and losses	-239,190.	390,909.						
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	4 4 4 9 9 5 4		1.050	105				
g	End of year balance	1,442,354.	1,670,550.		,425.	1,0	68,425.	1,0	68,425.
2	Provide the estimated percentage of the curr			)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 2.4950	%							
С		%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administere	ed for the	organiza	tion	-	
	by:								/es No
	(i) Unrelated organizations							3a(i)	<u> </u>
	(ii) Related organizations							3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Acc	cumulate	d	(d) Book	value
		basis (investr	,	(other)	depr	eciation			
1a	Land			9,512.					,512.
	Buildings		1,56	6,767.	7	09,35	51.	857	,416.
	Leasehold improvements								
	Equipment		31	5,017.	2	70,31	L9.	44	,698.
	Other								
	Add lines 1a through 1e. (Column (d) must ea		X. column (B) line 1	0c.)				1,541	,626.
		<u>, , , , , , , , , , , , , , , , , , , </u>							990) 2021

Schedule D (Form 990) 2021 BUCKHEAD CH	IRISTIAN MINIS	STRY, INC.	58-1748786 <sub>Page</sub> 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990. Part IV. line	e 11d. See Form 990. Part X. li	ine 15.
	) Description	, , ,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Pa	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir. 2. Liability for uncertain tax positions. In Part XIII, provide	,		
organization's liability for uncertain tax positions. In Part XIII, provide		-	
organization s hability for uncertain tax positions unde			

132053 10-28-21

Schedule D (Form 990) 2021

	edule D (Form 990) 2021 BUCKHEAD CHRISTIAN MINISTR				1748786 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,820,456.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-278,948.		
b	Donated services and use of facilities	2b	25,200.		
с	Recoveries of prior year grants				
d			96,950.		
е				2e	-156,798.
3	Subtract line 2e from line 1			3	2,977,254.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
-					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	2,977,254.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R		
5 Pa	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R		n.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R		
	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	leturi	n.
1	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	Expenses per R	leturi	n.
1 2	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	a. 	Expenses per R	leturi	n.
1 2 a	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a2b	Expenses per R	leturi	n.
1 2 a b c	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	Expenses per R	leturi	n. 3,528,301.
1 2 a b c	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           2b           2c           2d	Expenses per R 25,200. 96,950.	leturi	n. <u>3,528,301.</u> 122,150.
1 2 a b c	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per R 25,200. 96,950.	1	n.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	Expenses per R 25,200. 96,950.	1 2e	n. <u>3,528,301.</u> 122,150.
1 2 2 6 0 2 3	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a2b2c2d2d2d	Expenses per R 25,200. 96,950.	1 2e	n. <u>3,528,301.</u> 122,150.
1 2 2 6 0 2 3	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per R 25,200. 96,950.	1 2e	n. <u>3,528,301.</u> 122,150.
1 2 3 4 3	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per R 25,200. 96,950.	1 2e 3 4c	n. 3,528,301. 122,150. 3,406,151. 0.
1 2 d e 3 4 a b c 5	<b>XIII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	Expenses per R 25,200. 96,950.	1 2e 3	n. <u>3,528,301.</u> 122,150.

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

PART V, LINE 4:

THE PURPOSE OF THE ORGANIZATION'S ENDOWMENT FUND IS TO GENERATE AN

INVESTMENT RETURN THAT WILL BE USED TO SUPPORT THE ORGANIZATION'S PROGRAMS

AS ESTABLISHED BY THE BOARD.

PART X, LINE 2:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS

EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. FOR THE

YEARS ENDED JUNE 30, 2022 AND 2021, THE ORGANIZATION DID NOT HAVE ANY

UNRELATED BUSINESS INCOME.

$\mathbf{THE}$	ORGANIZATION	UTILIZES	$\mathbf{THE}$	ACCOUNTING	REQUIREMENTS	ASSOCIATED	WITH	

29

Schedule D (Form 990) 2021

. \_ . . \_ . .

132054 10-28-21

Schedule D (Form 990) 2021       BUCKHEAD CHRISTIAN MINISTRY, INC.       58-1748786       Page 5         Part XIII       Supplemental Information (continued)       58-1748786       Page 5
UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING
STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX
POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN
IT IS MORELIKELY- THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON
EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR
DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN
INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2022 AND 2021,
THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSE 96,950.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSE 96,950.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)	Complete if the	or if the							
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public	
Internal Revenue Service	► Go		Inspection						
Name of the organization		D CHRISTIAN MINIST	RY,	INC	2.		Employer ide	entification number 3786	
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
	complete this part	ed funds through any of the followin	a activ	ities. (	Check all that apply.				
a Mail solicitat					overnment grants				
	email solicitations				nment grants				
c Phone solici		g 🛄 Special	fundra	ising	events				
		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
	-	art VII) or entity in connection with p			U U		Ye		
b If "Yes," list the 10 compensated at let	•	viduals or entities (fundraisers) pursuation	ant to	agreer	ments under which th	he fur	ndraiser is to b	e	
	···· ,··· ,··· , ···		(;;;)	Did		60	Amount paid		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	tò (o	fundraiser	(vi) Amount paid to (or retained by)	
	uraiser)		or con contrib	trol of utions?	nom activity		ted in col. (i)	organization	
			Yes	No					
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is (	exempt from re	egistration	
or licensing.									
HA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-F	7.		Schedul	e G (Form 990) 2021	
			55 01	L			Conedu		

132081 10-21-21

BUCKHEAD CHRISTIAN MINISTRY, INC.

58-1748786 Page 2

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

		or fundraising event contributions and gro		•	vente with groop receipt	6 groator than \$6,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	SEEDS OF	NONE	(add col. (a) through
			TOURNAMENT	CHANGE		
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Sevenue						
sver	1	Gross receipts	255,232.	86,475.		341,707.
Å	•					
	2	Less: Contributions				
	_					
	3	Gross income (line 1 minus line 2)	255,232.	86,475.		341,707.
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
т Хр						
Direct Expenses	7	Food and beverages				
Dire						
_	8	Entertainment				
	9	Other direct expenses		8,600.		96,950.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	96,950.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			244,757.
Pa	rt I	<b>III Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
ŝ	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses						
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	<b>Yes</b> %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
~	E.e.					
		ter the state(s) in which the organization condu				Yes No
		the organization licensed to conduct gaming ac		states?		Yes No
a	IT "	No," explain:				
10-	We	ere any of the organization's gaming licenses re	wokod suspondod or to	rminated during the tax w	200r?	Yes No
				inimitated during the tax y	Gai:	
J		Yes," explain:				
	_					
13208	82 10	)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	BUCKHEAD	CHRISTIAN	MINISTRY,	INC. 5	58-1748	786 Page 3
11	Does the organization conduct g	aming activities with	n nonmembers?				Yes 🗌 No
12	Is the organization a grantor, ben	eficiary or trustee o	f a trust, or a memb	er of a partnership c	or other entity formed		
	to administer charitable gaming?					'	Yes 🗌 No
13	Indicate the percentage of gamin	g activity conducte	d in:				
а	The organization's facility					13a	%
b	An outside facility					13b	%
14	Enter the name and address of the	ne person who prep	ares the organizatio	n's gaming/special e	events books and records	:	
	Name 🕨						
	Address						
15a	Does the organization have a cor	ntract with a third pa	arty from whom the	organization receive	es gaming revenue?		Yes 🗌 No
b	If "Yes," enter the amount of gam	ning revenue receive	ed by the organization	on 🕨 \$	and the amou	nt	
	of gaming revenue retained by th	e 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		pendent contractor			
17	Mandatory distributions:						
а	Is the organization required unde	r state law to make	charitable distributi	ons from the gaming	g proceeds to		
	retain the state gaming license?					·······	Yes 🛄 No
b	Enter the amount of distributions	•		ed to other exempt	organizations or spent in	the	
Do	organization's own exempt activi						
Pa	rt IV Supplemental Infor 15b, 15c, 16, and 17b, as				2b, columns (iii) and (v); a	nd Part III, line	es 9, 9b, 10b,
	150, 150, 16, and 170, a	s applicable. Also p		i momation. See il			
13208	33 10-21-21				:	Schedule G (F	Form 990) 2021
			3	3			

Schedule G	(Form 990)
Dort IV	Supplam

Part IV	Supplemental Information (continue)	nued)
		Schedule G (Form 990
132084 11-18-	-21	

SCHEDULE I (Form 990)			Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047	
			Comple	ete if the organizatio			rt IV, line 21 or 22.				
	of the Treasury enue Service			<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>							Public ction
Name of	the organization								Employer ic	Ientificatio	n number
										58-17	
Part I	General Information	on on Grants a	nd Assistance								
	es the organization ma teria used to award the			-			-		_	X Yes	No No
<b>2</b> De	scribe in Part IV the or	ganization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.					
Part II			-	ations and Domestic be duplicated if additi			anization answered "Y	′es" on Form 990, Par	t IV, line 21, fo	or any	
1 (a)	Name and address of or government	•	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of g r assistanc	
2 En:	ter total number of sec	tion 501(c)(3) a	nd government org	janizations listed in the	e line 1 table						
	ter total number of oth								<b>)</b>		000) 0004

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

58-1748786

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COMMUNITY ASSISTANCE PROGRAM	4074	1,256,395.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE DIRECTOR OF FOUNDATION 3 MAINTAINS A COPY OF THE CLIENT'S CURRENT LEASE

ON FILE.

THE DIRECTOR OF FOUNDATION 3 COMPLETES A CHECK REQUEST FORM FOR THE

CLIENT'S MONTHLY RENT.

THE CHIEF PROGRAM OFFICER APPROVES THE REQUEST.

THE CHIEF OPERATING OFFICER WRITES THE CHECK.

THE CHIEF PROGRAM OFFICER REVIEWS THE CHECK AND ENSURES IT IS FOR THE

#### CORRECT AMOUNT AND THE CHECK NUMBER IS ON THE CHECK REQUEST FORM.

THE FINAL STEP IS MAILING THE CHECK TO THE CLIENT'S APARTMENT COMPLEX OR PROPERTY OWNER.

FOR PAYING UTILITIES:

THE CLIENT SUBMITS A MONTHLY UTILITY BILL TO THE DIRECTOR OF FOUNDATION 3.

THE DIRECTOR OF FOUNDATION 3 COMPLETES A CHECK REQUEST FORM, ATTACHES THE

MONTHLY UTILITY BILL, AND GIVES THE REQUEST TO THE CHIEF PROGRAM OFFICER.

THE CHIEF PROGRAM OFFICER APPROVES THE REQUEST.

THE CHIEF OPERATING OFFICER WRITES THE CHECK.

THE CHIEF PROGRAM OFFICER REVIEWS THE CHECK AND ENSURES IT IS FOR THE

CORRECT AMOUNT AND THE CHECK NUMBER IS ON THE CHECK REQUEST FORM.

THE FINAL STEP IS MAILING THE CHECK TO THE UTILITY COMPANY.

FOR OTHER SERVICES (COUNSELING, DRUG TEST AND/OR BACKGROUND CHECK):

THE DIRECTOR OF FOUNDATION 3 RECEIVES AN INVOICE FROM THE PROVIDER

REQUESTING A CHECK FOR THE CLIENT SERVICES AND SUBMITS THE REQUEST TO THE

CHIEF PROGRAM OFFICER.

THE CHIEF PROGRAM OFFICER APPROVES THE REQUEST.

THE CHIEF OPERATING OFFICER WRITES THE CHECK.

THE CHIEF PROGRAM OFFICER REVIEWS THE CHECK AND ENSURES IT IS FOR THE

CORRECT AMOUNT AND THE CHECK NUMBER IS ON THE CHECK REQUEST FORM.

THE FINAL STEP IS MAILING THE CHECK TO THE SERVICE PROVIDER.

Schedule I (Form 990)

132291 04-01-21

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2021

**Open to Public** Inspection

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organizatio	IC
-------------------------	----

Employer identification number 58-1748786

BUCKHEAD CHRISTIAN MINISTRY, IN
---------------------------------

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of determ noncash contribution	•	e.
		applicable	items contributed	Form 990, Part VIII, line 1g	noneasir contribution	amount	5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	101,816.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Of						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other 🕨 (						
26	Other ► (	)					
27	Other ► (						
28	Other ► (	)					
29	Number of Forms 8283 received by the	e organization during	the tax year for co	ontributions			
	for which the organization completed F	Form 8283, Part V, D	onee Acknowledg	ement			
						Yes	No
30a	During the year, did the organization re	eceive by contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from	the date of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding	period?			30	а	X
b	If "Yes," describe the arrangement in P	Part II.					
31	Does the organization have a gift accept	ptance policy that re	quires the review o	of any nonstandard contribut	ions? 31	J	X
32a	Does the organization hire or use third	parties or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					а	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amo	ount in column (c) for	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						
	For Departwork Poduction Act Noti	an and the least	in the fact Factor 000		Sebedule M (Fe		0001

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Schedule M	(Form 990) 2021	BUCKHEAD	CHRISTIAN	MINISTRY,	INC.	58-1748786 <sub>Ра</sub>	ige <b>2</b>
Part II	Supplemental	: I. column (b). the	number of contribu	ation required by Pa tions, the number o	rt I, lines 30b, 32b, and 33 f items received, or a com	3, and whether the organization bination of both. Also complete	
132142 11-17-2	1					Schedule M (Form 990)	2021
				20			

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



BUCKHEAD CHRISTIAN MINISTRY, INC.

Employer identification number 58 - 1748786

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

MEETING BASIC NEEDS THROUGH OUR EMERGENCY ASSISTANCE PROGRAM, AS WELL

AS PROVIDING ACCESS TO LIFE SKILLS EDUCATION AND SUPPORT SERVICES

THROUGH OUR HOUSING PROGRAMS, BCM HELPS LOCAL FAMILIES, PRIMARILY

LOW-INCOME WORKERS, ACHIEVE STABILITY AND REGAIN SELF-SUFFICIENCY.

COMMUNITY VOLUNTEERS ASSIST IN THE DELIVERY OF SERVICES, BRINGING HOPE

AND COMPASSIONS TO THOSE IN NEED.

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

BCM HELPS LOCAL FAMILIES, PRIMARILY LOW-INCOME WORKERS, ACHIEVE

STABILITY AND REGAIN SELF-SUFFICIENCY. COMMUNITY VOLUNTEERS ASSIST IN

THE DELIVERY OF SERVICES, BRINGING HOPE AND COMPASSIONS TO THOSE IN

NEED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BUCKHEAD THRIFTIQUE: BUCKHEAD THRIFTIQUE PROVIDES FREE CLOTHING TO

PEOPLE IN CRISIS AND SELLS AFFORDABLE CLOTHING TO THE COMMUNITY.

BUCKHEAD CHRISTIAN MINISTRY'S VOLUNTEER SERVICES PROVIDES AN

OPPORTUNITY FOR RESIDENTS OF ATLANTA TO SERVICE THEIR COMMUNITY. 987

FAMILIES RECEIVED \$68,295 IN CLOTHING FROM BUCKHEAD THRIFTIQUE.

EXPENSES \$ 583,102. INCLUDING GRANTS OF \$ 112,152. REVENUE \$ 79,503.

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. THE FORM

990 IS THEN PRESENTED BY THE TREASURER TO THE FULL BOARD FOR APPROVAL PRIOR

TO FILING.

Schedule O (Form 990) 2021

BUCKHEAD CHRISTIAN MINISTRY, INC.

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

BCM HAS A WRITTEN CONFLICT OF INTEREST POLICY. ANNUALLY, ALL

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE IN WRITING

ANYINTERESTS THAT COULD GIVE RISE TO CONFLICTS.

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

CEO REVIEW COMMITTEE HAD CEO COMPLETE A SELF-EVALUATION, COLLECTED

FEEDBACKFROM SENIOR LEADERSHIP, CONSULTED INDUSTRY COMPENSATION COMPARABLES

ANDINTERVIEWD THE CEO.SALARY COMPARABILITY DATA FROM OPPORTUNITY KNOCKS WAS

USED DURINGTHE BUDGETING PROCESS IN DETERMINING COMPENSATION FOR THE

EXECUTIVEDIRECTOR AND KEY EMPLOYEES. THE FINANCE COMMITTEE REVIEWED THE

PROPOSEDBUDGETS AND FORWARDED TO THE BOARD FOR FINAL APPROVAL. PERFORMANCE

REVIEWSAND QUESTIONNAIRES ARE SENT TO STAFF FOR INPUT.

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

WE PROVIDE OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS TO THE PUBLIC POSTED ON OUR WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES253,986.MANAGEMENT AND GENERAL EXPENSES33,802.FUNDRAISING EXPENSES70,218.TOTAL EXPENSES358,006.TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A358,006.

132212 11-11-21

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oach	roturn
File a	separate	application	tor each	return.

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

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

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

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

Type or	Name of exempt organization or other filer, see instru	Taxpayer	identification ı	number (TIN)						
print	BUCKHEAD CHRISTIAN MINISTRY	, INC	•	58-1748786						
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s									
instruction	aun. see									
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1				
Applica	tion	Return	Application F							
ls For		Code	Is For			Code				
Form 99	00 or Form 990-EZ	01	Form 1041-A			08				
Form 47	720 (individual)	03	Form 4720 (other than individual)			09				
Form 99	00-PF	04	Form 5227			10				
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	00-T (trust other than above)	06	Form 8870			12				
Form 99	90-T (corporation)	07	PIEDMONT ROAD 2847							
box ▶ 1 In tr	s is for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension is for the organization named above. The extension is for the organization of the organization named above. The extension is for the organization of the organization named above. The extension is for the organization of th	and atta	ch a list with the names and TINs of         Z       15, 2023       , to file         return for:         d ending       JUN 30, 2022	all membe	ers the extension of th	on is for.				
<u>a</u> i b If	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp	, enter any	refundable credits and	3a 3b	\$	0.				
	alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.				
	If you are going to make an electronic funds withdrawal				d Form 8879-TI					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)