_	Q	Q	Λ
Form	J		U

Department of the Treasury Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2022

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

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

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

AF	or th	e 2021 calendar year, or tax year beginning and er	nding		
B c a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	THE ROAD HOME DANE COUNTY, INC.			
	Name Chang	Doing business as		**-***892	25
	Initial	Number and street (or P.0. box if mail is not delivered to street address) Ro	oom/suite	E Telephone number	
	Final	890 W. WINGRA DRIVE		608-294-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	3,382,182.
	Amen return	MADISON, WI 53715		H(a) Is this a group re	
	Applio dtion pendi	F Name and address of principal officer: GEORGIA ADDEN		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) ( ) \blacktriangleleft$ (insert no.) 4947(a)(1) or	527	,	list. See instructions
				H(c) Group exemption	
	-	f organization: X Corporation Trust Association Other	L Year o		State of legal domicile: WI
FC	art I	Summary Briefly describe the organization's mission or most significant activities: <u>THE</u> RO	ם מס	ME DANE COI	
S	1	PROVIDES OPPORTUNITIES FOR HOMELESS CHILD	REN A	ND THEIR FAI	MILIES TO
Activities & Governance	2	Check this box			
ver	3				11
ဗီ	4	Number of independent voting members of the governing body (Part VI, line Ta)			11
s S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			35
itie		Total number of volunteers (estimate if necessary)			170
ctiv	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, , ,		Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		2,233,420.	2,817,219.
Revenue	9	Program service revenue (Part VIII, line 2g)		104,879.	106,181.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		72,955.	140,580.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,728.	4,368.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,401,526.	3,068,348.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		256,707.	249,373.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		1,523,740.	1,819,275.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďX	b	Total fundraising expenses (Part IX, column (D), line 25)  370,688			<u> </u>
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		585,350.	615,921.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,365,797.	2,684,569.
	19	Revenue less expenses. Subtract line 18 from line 12		35,729.	383,779.
Net Assets or Fund Balances				jinning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)		11,027,024.	9,003,518.
et A ind [	21	Total liabilities (Part X, line 26)		1,147,773.	1,086,702.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		9,879,251.	7,916,816.
1 6	u t H	Signature Diver			

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

	Signature of officer			Date							
Sign	, .			Date							
Here	GEORGIA ALLEN, EXECUTI	IVE DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	JASON WRASSE			if penployed P01455199							
Preparer		BENTON LLP		Firm's EIN <b>** - ** * 7409</b>							
Use Only	Firm's address 1233 NORTH MAYFA	AIR ROAD, SUITE 302									
	MILWAUKEE, WI 53	3226-3255		Phone no. (414)271-7800							
May the I	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2021) THE ROAD HOME DANE COUNTY, INC.	**-***8925	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	THE ROAD HOME DANE COUNTY PROVIDES OPPORTUNITIES FOR HOM AND THEIR FAMILIES TO ACHIEVE SELF-DETERMINED GOALS AND		REN
	STABLE HOUSING.	AFFORDABLE,	
	STABLE HOUSING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	and
	revenue, if any, for each program service reported.	100	1
4a	(Code: ) (Expenses \$ 537,937. including grants of \$ 6,891.) (Revenu		561.)
	HOUSING & HOPE- PROVIDES VERY AFFORDABLE APARTMENTS OWNI HOME WITH FULL TIME ON-SITE CASE MANAGEMENT; PROPERTIES		AD
	MERIDIAN GROUP.	MANAGED BI	
	MERIDIAN GROOF.		
4b	(Code:) (Expenses \$163,942. including grants of \$2,065. ) (Revenue)		)
	RAPID REHOUSING FOR FAMILIES-A RAPID REHOUSING PROGRAM,		
	COLLABORATION WITH THE YWCA MADISON, THAT USES A PROGRES APPROACH TO RENTAL ASSISTANCE AND SUPPORT SERVICES.	SIVE ENGAGE	MENT
	APPROACH TO RENTAL ASSISTANCE AND SUPPORT SERVICES.		
4c	(Code:) (Expenses \$168,182. including grants of \$70,596. ) (Revenue)		)
	BUILDING FUTURES (FORMERLY KNOWN AS SECOND CHANCE APARTM		
	PROJECT)-CREATES SUPPORTED HOUSING FOR YOUNG FAMILIES TH	IROUGH	
	COLLABORATION WITH THE YWCA MADISON AND RISE WISCONSIN.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 996,704 • including grants of \$ 169,821 •) (Revenue \$	3,620.)	
4e	Total program service expenses 1,866,765.		
		Form 9	90 (2021)

-	~~~	(0004)
⊢orm	990	(2021)

 Form 990 (2021)
 THE ROAD HOME DANE COUNTY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
10	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

	Form 990 (2	2021	)	THE	ROAD	HOME	DANE
ĺ	Part IV	Ch	ecklist	of Require	d Schee	dules (co	ntinued)

			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	<u> </u>
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			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	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		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	0.4		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OFh		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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,	21		
20	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			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?		37	l I
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		1

Form 990	
Part V	Sta

 021)
 THE ROAD HOME DANE COUNTY, INC.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 35				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
	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? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		x	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			
C Fo	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x	
h	any contributions that were not tax deductible as charitable contributions?	Ud		- 23	
D	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	00			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	L		
Ŭ	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
10-	amounts due or received from them.)	10-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100			
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 <b>13b</b>				
с	Enter the amount of reserves on hand 13c				
	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			
15	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		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

6

19

## 890 W WINGRA DR, MADISON, WI 53715

X Another's website

statements available to the public during the tax year.

Own website

2	2021)		THE	ROAD	HOME	DANE	COUNTY,	INC.	~~_~~~
I	Gov	vernance,	Manag	ement,	and Dis	closure	For each "Yes"	response	to lines 2 through 7b below, and fo
	to lir	ne 8a, 8b, or 1	0b below	, describe	the circur	nstances,	processes, or ch	nanges on	Schedule O. See instructions.
	Che	ck if Schedule	e O conta	ins a resp	onse or no	ote to any l	ine in this Part V	/	
1	A. G	overnina	Bodv ar	nd Mana	aaemen	t			

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11	-				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11	_				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	anv other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under th							
	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			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х		
6	Did the organization have members or stockholders?			6		X		
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					<u> </u>		
	more members of the governing body?			7a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					<u> </u>		
	persons other than the governing body?			7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye							
a	The governing body?	-	-	8a	х			
b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			8b				
•	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 R			-				
			,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such c							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	<b>1a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ū					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe					
	on Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approv							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•						
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b		Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	vith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
47								
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ WI							
18		ind 990	)-T (section 501(c)(3	)s only	) availa	able		

\_\_\_ Other (explain on Schedule O)

X Upon request

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

COUNTY. INC.

\*-\*\*\*8925 Page 6

or a "No" response

X

Yes No

Form 990 (:	
Part VI	Go

Section

Part VII	Со	npensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

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

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

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

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

• List all of the organization's current key employees, if any. See 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.

т

• 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		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	nper		1099-NEC)	,	and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) KRISTIN RUCINSKI	40.00									
EXECUTIVE DIRECTOR				х				108,122.	0.	18,097.
(2) ADAM SWEET	1.00									
PRESIDENT		х		х				0.	0.	0.
(3) MONICKA WHITEHEAD	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(4) JESI WANG	1.00									
SECRETARY		X		х				0.	0.	0.
(5) BARBARA TOMASCHY	1.00									_
TREASURER		х		х				0.	0.	0.
(6) JEFF SWALVE	1.00									
DIVERSITY OFFICER		х						0.	0.	0.
(7) LEIGH BECKER	1.00									
DIRECTOR		х						0.	0.	0.
(8) STEVE KELLEY	1.00									
DIRECTOR		X						0.	0.	0.
(9) TESS KLUG	1.00									-
DIRECTOR		X						0.	0.	0.
(10) MARK MARTIN	1.00									
DIRECTOR		X						0.	0.	0.
(11) RENNET PREMNATH	1.00									_
DIRECTOR		X						0.	0.	0.
(12) ROB SAVAGE	1.00									-
DIRECTOR		X						0.	0.	0.
										<b>F 000</b> (2004)

Form 990 (2021)

	1 990 (2021) THE ROAD						-			**_**	*892	5	Page <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C	Compensated Employe	es (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimat amount other		ted t of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS( 1099-NEC)	C/ 0	ompens from torganiza and rela rganiza	he ation ated
	Subtotal								108,122.		0.	18	097.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					I		0.		0.		0.097.
2	Total number of individuals (including but n compensation from the organization										-	107	1
												Yes	i No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si	-		•	•			Ŭ	ghest compensated emp		3	;	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n anc	l ot	her compensation from		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv				x
Sec	tion B. Independent Contractors		01	01 30	JUN	06/3	<u>.</u>				J	,	
1	Complete this table for your five highest con the organization. Report compensation for t	-									pensatio	n from	
	(A) Name and business			ONE			0		(B) Description of s		Com	<b>(C)</b> pensat	ion
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se lis )	tec	d above) who received n	nore than			

Forn	n 990 (	2021) THE	E ROAD HOME	E DANE CO	UNTY, INC.		**-***8	925 Page 9
	rt VIÌ				-			Ŭ
		Check if Schedule O	contains a response	or note to any lir	ne in this Part VIII			
			<u></u>		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
<u>s</u> s	1 2	Federated campaigns	1a	396,742.				
unt	-			55077120	4			
ΩĘ	b			337,626.	-			
r A		Fundraising events		557,020.	4			
ji Gi	a	Related organizations		350,908.	4			
Sin	е	Government grants (contr		350,900.	-			
eric	f	All other contributions, gifts,		721 042				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included		731,943.	-			
ont	g	Noncash contributions included in	lines 1a-1f 1g \$	11,000.				
<u>ភី ប៉</u>	h	Total. Add lines 1a-1f			2,817,219.			
				Business Code				
e	2 a	RENTAL INCOME	<u> </u>	531110	106,181.	106,181.		
e X	b							
S a	с							
exe	d							
Program Service Revenue	е							
Ţ,	f	All other program service	revenue					
	a	Total. Add lines 2a-2f			106,181.			
	3	Investment income (includ						
	_	other similar amounts)	-		56,099.			56,099.
	4	Income from investment of						
	5	Royalties						
	Ŭ		(i) Real	(ii) Personal				
	6.0	Gross rents	6a	(ii) i ciccinai	4			
	6a		6b		-			
	b	Less: rental expenses			-			
	c	Rental income or (loss)	6c					
	d _	· · ·	) (i) Securities	(ii) Other				
	<i>i</i> a	Gross amount from sales of	7a 398, 315.		4			
		assets other than inventory	7a 590, 515.		-			
đ	b	Less: cost or other basis	_ 212 024					
evenue		and sales expenses	7ь 313,834.		4			
eve		Gain or (loss)	7c 84,481.		04 401			04 401
ų,		Net gain or (loss)		. <u></u>	84,481.			84,481.
Other	8 a	Gross income from fundraisin						
0			7,626. <sub>of</sub>					
		contributions reported on						
		Part IV, line 18		<b>^</b>	-			
	b	Less: direct expenses	8b	0.				
	С	Net income or (loss) from	fundraising events	<u>,</u>	0.			
	9 a	Gross income from gamin	ig activities. See					
		Part IV, line 19						
	b	Less: direct expenses						
	с	Net income or (loss) from	gaming activities	🕨				
	10 a	Gross sales of inventory, I	less returns					
		and allowances	10a	a				
	b	Less: cost of goods sold						
	с	Net income or (loss) from	sales of inventory	►				
<i>6</i>			<b>*</b>	Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS	<b>REVENUE</b>	900099	4,368.	0.		4,368.
ane	b							
eve	c							
lis B	d	All other revenue						
2	_ _	Total. Add lines 11a-11d			4,368.			
	12	Total revenue. See instructio			3,068,348.		0.	144,948.

THE ROAD HOME DANE COUNTY, INC.

132009 12-09-21

\*\*-\*\*8925

THE ROAD HOME DANE COUNTY, INC.

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

Do not include amounts reported on lines 6b,	ponse or note to any line in (A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
7b, 8b, 9b, and 10b of Part VIII.	· · · · · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
<b>1</b> Grants and other assistance to domestic organizati		F 666		
and domestic governments. See Part IV, line 21	5,663.	5,663.		
<b>2</b> Grants and other assistance to domestic	242 710	040 710		
individuals. See Part IV, line 22	243,710.	243,710.		
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and fore	-			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,	126,220.	44,177.	37,866.	44,177
trustees, and key employees	120,220.	44,1//•	57,000.	44,1//
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	1,310,397.	905,513.	230,329.	174,555
<ul><li>7 Other salaries and wages</li><li>8 Pension plan accruals and contributions (include</li></ul>		• CIC, CUC	430,343.	±/=,JJJ
section 401(k) and 403(b) employer contributions	46,460.	32,652.	7,967.	5,841
9 Other employee benefits	004 050	158,139.	41,512.	32,208
10     Payroll taxes		69,388.	19,328.	15,623
<ul><li>11 Fees for services (nonemployees):</li></ul>				10,025
a Management				
b Legal				
c Accounting			45,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees			20,181.	
g Other. (If line 11g amount exceeds 10% of line 25				
column (A), amount, list line 11g expenses on Sch	64 69 9	54,398.	1,100.	6,135
<b>12</b> Advertising and promotion	,			
13 Office expenses		20,487.	5,049.	17,591
14 Information technology		10,558.	2,589.	7,475
15 Royalties				
16 Occupancy		148,966.	4,395.	3,241
17 Travel	10 /01	10,354.	127.	
18 Payments of travel or entertainment expense	s			
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings		6,579.	1,833.	1,481
20 Interest	15,235.		15,235.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,372.	118,075.	8,229.	6,068
23 Insurance	36,487.	25,516.	5,686.	5,285
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (/				
amount, list line 24e expenses on Schedule 0.)	,,			
a BAD DEBT EXPENSE	49,607.			49,607
<b>b</b> OTHER CLIENT ASSISTANC	-	12,268.		
c DUES AND MEMBERSHIPS	1,750.	322.	90.	1,338
d OTHER MISCELLANEOUS EX	P 63.			63
e All other expenses	_			
25 Total functional expenses. Add lines 1 through 24	e 2,684,569.	1,866,765.	447,116.	370,688
26 Joint costs. Complete this line only if the organizat	on			
reported in column (B) joint costs from a combined	1			
educational campaign and fundraising solicitation.				
Check here Life following SOP 98-2 (ASC 958-720	)			Earm <b>990</b> (202

132010 12-09-21

Form 990 (2021)

THE	ROAD	HOME	DANE	COUNTY,	INC.
-----	------	------	------	---------	------

\*\*-\*\*\*8925 Page 11

. u				u line in this Dout V			
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	<u> </u>	<u> </u>			458,105.		243,537.
	1				828,901.	1	1,344,804.
	2	Savings and temporary cash investments		F	970,482.	2	
	3	Pledges and grants receivable, net				3	1,024,598.
	4	Accounts receivable, net			19,070.	4	14,744.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
ets	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use			42 001	8	
4	9				43,821.	9	58,963.
	10a	Land, buildings, and equipment: cost or other		4 100 000			
		basis. Complete Part VI of Schedule D	. 10a	4,196,900.	2 0 4 1 0 0 2		2 000 400
	b	Less: accumulated depreciation	10b	996,414.	3,241,903.	10c	3,200,486.
	11	Investments - publicly traded securities		F	1,628,677.	11	3,110,590.
	12	Investments - other securities. See Part IV, lin	F	1,143,900.	12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets	0 600 165	14			
	15	Other assets. See Part IV, line 11			2,692,165.	15	5,796.
	16	Total assets. Add lines 1 through 15 (must ed			11,027,024.	16	9,003,518.
	17	Accounts payable and accrued expenses		146,433.	17	135,460.	
	18	Grants payable				18	
	19	Deferred revenue			3,670.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
ilit		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of th		22	0.4.0, 0.0.2		
	23	Secured mortgages and notes payable to unr			381,670.	23	940,293.
	24	Unsecured notes and loans payable to unrela		F		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24)	. Complete Part X	C1C 000		10 040
		of Schedule D		F	616,000.		10,949.
	26	Total liabilities. Add lines 17 through 25			1,147,773.	26	1,086,702.
ŝ		Organizations that follow FASB ASC 958, c	heck her	e ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			0 040 505		
ala	27				8,840,525.	27	6,772,785.
dВ	28	Net assets with donor restrictions	1,038,726.	28	1,144,031.		
'n		Organizations that do not follow FASB ASC	; 958, che	eck here 🕨 🛄			
г Т		and complete lines 29 through 33.					
its e	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F		31	
ž	32	Total net assets or fund balances		·····	9,879,251.	32	7,916,816.
	33	Total liabilities and net assets/fund balances			11,027,024.	33	9,003,518.

Form **990** (2021)

Form 990 (		
Part X	Balance	Sheet

5	Net unrealized gains (losses) on investments	5	21	8,4	57.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-2,56	4,6	71.
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	7,91	6,8	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

Form	1990 (2021) THE ROAD HOME DANE COUNTY, INC.	**_	***8925 Page 12				
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
			3,068,348.				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,684,569.				
2	Total expenses (must equal Part IX, column (A), line 25)	2					
3	Revenue less expenses. Subtract line 2 from line 1	3	383,779.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,879,251.				
5	Net unrealized gains (losses) on investments	5	218,457.				
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	-2,564,671.				
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	7,916,816.				
Pa	Part XII Financial Statements and Reporting						

Form **990** (2021)

SCHEDULE A	١
------------	---

(Form 990)

<u>Tot</u>al

# 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.

OMB No. 1545-0047
2021
Open to Public

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
Nan	ne of	the organizat		ROAD HOME	DANE COUNTY,	TNC.				identification number *-**8925
Pa	rt I	Reason			(All organizations must c		his part.) S	See instructio		0920
The	orga				For lines 1 through 12, c	-				
1			•		on of churches described					
2	$\square$	-		-	Attach Schedule E (Forn			·//· ·//·		
3	$\square$				anization described in <b>se</b>		)/b)/1)/ <b>Δ</b> //i	ii)		
4	$\square$	•	•		njunction with a hospital				()(iii) Enter	the hospital's name
-		city, and stat			njunoton war a noopita					the hospital o hame,
5		-	-	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	ed in
5		-	-	Complete Part II.)			icu by a g	overnmentar		
6					nental unit described in :	soction 17	70(6)(1)(4)	(v)		
7	X								the general	public described in
'	<u> </u>	0			intial part of its support f	rom a yov	ennenia		line general	public described in
0				complete Part II.)	(1)(A)(ui) (Complete Der	• 11 \				
8 9	$\square$				(1)(A)(vi). (Complete Par ⊢in section 170(b)(1)(A)(		od in ooniu	unction with a	land grant	collogo
9		-	-	-			-		-	-
		-	or a non-ianu-ç	grant college of agric	ulture (see instructions).	Enterthe	name, cit	y, and state t	or the colleg	eor
10		university:	ion that narma	ally receives (1) more	than 22 1/20/ of its own	nort from	oontributir	no mombor	bin face of	ad areas respirets from
10					than 33 1/3% of its sup					
					ct to certain exceptions;					
					(less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	atter June 30, 1975.
				mplete Part III.)	i velu te test feu eulelie es	fate Can	a a ati a m Fi			
11	H	-	-		ively to test for public sa	•				
12					ively for the benefit of, to					
					ed in <b>section 509(a)(1)</b> o					neck the box on
					of supporting organizatio					
а					supervised, or controlled					
					gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		-		complete Part IV, Se					<i>.</i>	
b					d or controlled in connec					
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
				st complete Part IV,						
C			-		g organization operated				ally integrate	ed with,
					s). You must complete I					
C					porting organization oper					
					zation generally must sat				nd an attent	iveness
	_			,	nplete Part IV, Sections					
e			•		written determination fro			а Туре I, Туре	e II, Type III	
				••	nally integrated support					
<u>0</u>	Pro		-	n about the supporte		(iv) is the orga	anization listed	(u) Amount o	f man atom (	(vi) Amount of other
		<ul> <li>(i) Name of supp organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see i	,	(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No			

THE ROAD HOME DANE COUNTY, INC.

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

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

See	ction 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.")	1,669,069.	2,767,368.	3,260,306.	2,233,420.	2,817,219.	12,747,382.
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	1,669,069.	2,767,368.	3,260,306.	2,233,420.	2,817,219.	12,747,382.
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)						989,622.
6	Public support. Subtract line 5 from line 4.						11,757,760.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	( <b>d)</b> 2020	(e) 2021	<b>(f)</b> Total
7	Amounts from line 4	1,669,069.	2,767,368.	3,260,306.	2,233,420.	2,817,219.	12,747,382.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	19,019.	18,826.	27,139.	49,579.	162,280.	276,843.
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.)					4,368.	4,368.
11	Total support. Add lines 7 through 10						13,028,593.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section	501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	90.25 %
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	88.86 %
<b>1</b> 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ <u>X</u>
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	iis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported a	rganization	-	<b>&gt;</b>
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
<u>18</u>	Private foundation. If the organization						s
							(Earm 000) 2021

Schedule A (Form 990) 2021

## THE ROAD HOME DANE COUNTY, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			•	•	•	
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						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)					1	1
	First 5 years. If the Form 990 is for th	L organization's f	I irst second third	fourth or fifth tax	vear as a section	L 501(c)(3) organizat	tion
	check this box and stop here	U U			•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inve						70
-			•			17	%
	Investment income percentage for 20					18	
	Investment income percentage from 33 1/3% support tests - 2021. If the						%
199							
	more than 33 1/3%, check this box a						and
b	<b>33 1/3% support tests - 2020.</b> If the						
~~	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	inis box and see in	structions	<u> </u>

## 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.)

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

#### THE ROAD HOME DANE COUNTY, INC. Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

1

2

No

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

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	
------------	---------	------------	---------------	--

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

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

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

### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- 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
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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.

2a

2b

За

Yes No

 Schedule A (Form 990) 2021
 THE ROAD HOME DANE COUNTY, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

_	rt v Type III Non-Functionally Integrated 509(a)(3) Supportin			<b>D</b> 11/10 <b>D</b> 1 1 1 1 1
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•	, , ,	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	<b>1</b> a		
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
<u> </u>				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

1	THE	ROAD	HOME	DANE	COUNTY,	INC.
---	-----	------	------	------	---------	------

\*\*-\*\*\*\*8925 Page 7

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

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	THE F	ROAD	HOME	DANE	COUNTY	INC.	**-**8925 Page 8
Part VI	Supplemental Infor	mation. , 2, 3b, 3c, lines 2 and	Provide 4b, 4c, 5 3; Part	the explar 5a, 6, 9a, IV, Sectior	nations req 9b, 9c, 11a n E, lines 1	uired by Part a, 11b, and 11 c, 2a, 2b, 3a, a	II, line 10; Part II, line 1 c; Part IV, Section B, lir and 3b; Part V, line 1; F	7a or 17b; Part III, line 12; ies 1 and 2; Part IV, Section C, part V, Section B, line 1e; Part V,

## Schedule B

(Form 990)

Department of the Treasury nternal Revenue Service

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

٩r

Name of the organization		Employer identification number				
Т	HE ROAD HOME DANE COUNTY, INC.	**-**8925				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox$ 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					
Check if your organization	is covered by the General Rule or a Special Rule.					
Note: Only a section 501(	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.				
General Rule						
0	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totany one contributor. Complete Parts I and II. See instructions for determining a contributor.	<b>8</b> · · · · · · · · · · · · · · · · · · ·				
Special Rules						

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

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

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

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

cash
h contributions.)
(d) of contribution
on X
cash
h contributions.)
(d) of contribution
on X
oll cash
ete Part II for h contributions.)
(d)
of contribution
on X oll
cash
h contributions.)
(d) of contribution
on X
oll 🔄
ete Part II for h contributions.)
T contributions.)
(d) of contribution
oll
cash
h contributions.)
e B (Form 990) (2021)
h co

### Schedule B (Form 990) (2021)

THE ROAD HOME DANE COUNTY, INC.

UNITED WAY DANE COUNTY

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

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

1

Employer identification number

(d)

Type of contribution

X

\*\*-\*\*8925

Person

(c)

**Total contributions** 

Page 2

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7	CITY OF MADISON 215 MARTIN LUTHER KING JR BLVD, SUITE 300 MADISON, WI 53701	\$72,008.	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	

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

(b)

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

Part I

(a)

(c)

\*\*-\*\*8925

(d)

Schedule B (Form 990) (2021)

24

123453 11-11-21

Employer identification number

\*\*-\*\*8925

## THE ROAD HOME DANE COUNTY, INC.

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	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
—			
		\$	

Name of organization

Schedule	B (Form 990) (2021)		Page <b>4</b>				
Name of c	organization		Employer identification number				
тне в	OAD HOME DANE COUNTY,	TNC.	**-**8925				
Part III	Exclusively religious, charitable, etc., contributor	utions to organizations described in s (a) through (e) and the following line en s, charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		t					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address,	(e) Transfer of gif	t Relationship of transferor to transferee				

**SCHEDULE D** 

(Form	990)
-------	------

132051 10-28-21

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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number \*\*-\*\*\*8925

	THE ROAD HOME DANE	COUNTY, INC.	**-***8925				
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts.Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	iting that the assets held in donor advised	d funds				
•	are the organization's property, subject to the organization's e	0					
6	Did the organization inform all grantees, donors, and donor ad						
Ŭ	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Pa		nization answered "Ves" on Form 990 Pa					
1	Purpose(s) of conservation easements held by the organization		historically important land area				
	Preservation of land for public use (for example, recreation of land for public use)		historically important land area				
	Protection of natural habitat	Preservation of a	certified historic structure				
•	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form of	Held at the End of the Tax Year				
	day of the tax year.						
а	Total number of conservation easements						
b							
С	Number of conservation easements on a certified historic struct						
d	Number of conservation easements included in (c) acquired af		e				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax				
	year ►						
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it h	nolds?	Yes 📖 No				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	rvation easements during the year				
	▶						
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	on easements during the year				
	►\$						
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No				
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statemer	nts that describes the				
	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.				
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement an	d balance sheet works				
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furt	herance of public				
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items					
b	If the organization elected, as permitted under FASB ASC 958						
	art, historical treasures, or other similar assets held for public e						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$				
2	If the organization received or held works of art, historical treas	sures or other similar assets for financial o					
2	-		Jain, provide				
-	the following amounts required to be reported under FASB AS		► ¢				
a L	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	ior Form 990.	Schedule D (Form 990) 2021				

		D HOME DAN		·	or Otho		***8925	
	t III Organizations Maintaining C		-				•	uea)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any o	of the following the	at make si	gnificant use of	t its	
	collection items (check all that apply):	ام						
a	Public exhibition	a		or exchange progr				
b								
c	Preservation for future generations	- 11 41						
4	Provide a description of the organization's co						Part XIII.	
5	During the year, did the organization solicit of							
Da	to be sold to raise funds rather than to be matter than to be matter t							└── No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organ	ization answered	"Yes" on I	Form 990, Part	IV, line 9, or	
1a	Is the organization an agent, trustee, custod							
	on Form 990, Part X?						Ves	└── No
a	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:				Amount	
	De sinsis e la la se						Amount	
	Beginning balance							
	Additions during the year							
-	Distributions during the year							
f	Ending balance					. <b>1</b> f		
	Did the organization include an amount on F					• • • • • • • • • • • • • • • • • • • •	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	t V Endowment Funds. Complete i	(a) Current year	(b) Prior ye			<b>d)</b> Three years ba	ack (a) Four	vears hack
		-	(b) FIIOLYE		IIS DACK (			years back
	Beginning of year balance	2,772,577.						
	Contributions	46,000.						
	Net investment earnings, gains, and losses	357,931.						
	Grants or scholarships							
е	Other expenditures for facilities	46.000						
	and programs	46,000.						
	Administrative expenses	19,918.						
g	End of year balance	3,110,590.						
2	Provide the estimated percentage of the cur		e (line 1g, colu	ımn (a)) held as:				
а	Board designated or quasi-endowment	100.0000	_%					
b	Permanent endowment	%						
С	·	%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are I	neld and administ	ered for th	e organization	г	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization			le 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 answere				0, Part X, I	line 10.		
	Description of property	(a) Cost or o		Cost or other		cumulated	<b>(d)</b> Book	value
		basis (investr	nent)	pasis (other)	depi	reciation		- 000
	Land			325,800.		<u></u>		5,800.
	Buildings		3	,493,074.	8	33,714.	2,659	9,360.
	Leasehold improvements			000 000				
d	Equipment			378,026.	1	62,700.	215	5,326.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B),	line 10c.)		🕨	3,200	),486.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE ROAD HO	ME DANE COUNT	Y, INC.	**-**8925 Page 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: Cos	st 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>(b)</b> Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 1	5.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	o 15 )		
Part X Other Liabilities.	- 10.)		📕
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X	. line 25.
<b>1.</b> (a) Description of liability	,,,,	······································	(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSITS			
(3)			10,949.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			▶ 10,949.
2 Liability for uncertain tax positions. In Part XIII, provide	the text of the tootpote to	n the organization's tinancial state	amonte that reporte the

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 THE ROAD HOME DANE COUNTY	, INC.	**-**8925 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	•	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

SCHEDULE G	Suppleme	ntal Information Regardi	ng Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" organization entered more than				or 19, or if the	2021
Department of the Treasury Internal Revenue Service	Ν.	Attach to Form					Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for in	struction	is and	the latest informat		identification number
Name of the organization		D HOME DANE COUN	<b>ΨΥ</b> Τ	NC.			*8925
Part I Fundrais		Complete if the organization and			n Form 990 Part IV		
	complete this par		owered	00 0			
1 Indicate whether th	e organization rais	sed funds through any of the follo	owing act	vities.	Check all that apply		
a 📃 Mail solicitat	ions	e 📃 Solic	citation of	non-g	overnment grants		
	email solicitations				nment grants		
c Phone solici		g 🛄 Spec	cial fundra	aising	events		
d In-person so		w and agreement with any individ	hual (in alu	din a a	fficare directore tru	-	
U U		or oral agreement with any indivic art VII) or entity in connection wit	•	•		·	Yes 🗌 No
• • •		viduals or entities (fundraisers) pu	-		-		
compensated at le	-			0			
			(			(v) Amount pa	id
(i) Name and addres		(ii) Activity	fund	Did raiser ustody	(iv) Gross receipts	(v) Amount pa to (or retained	
or entity (fund	Iraiser)		or cor	ntrol of utions?	from activity	fundraiser listed in col. (	auguarization //
			Yes	No			-/
			103				
Total				. 🕨			
<ol> <li>List all states in white or licensing.</li> </ol>	ch the organizatio	on is registered or licensed to soli	cit contrib	oution	s or has been notified	d it is exempt fro	om registration

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

Schedule G (Form 990) 2021

THE ROAD HOME DANE COUNTY, INC.

\*\*-\*\*8925 Page2

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-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1 HOMES FOR FAMILIES BRE	<b>(b)</b> Event #2	(c) Other events NONE	<b>(d)</b> Total events (add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue					· /	
eve	1	Gross receipts	337,626.			337,626.
æ						
	2	Less: Contributions	337,626.			337,626.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	7					
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
t Ex	_					
lirec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10		9 in column (d)		►	
_		Net income summary. Subtract line 10 from li				
Pa	rt I		answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
nue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
æ	1	Gross revenue				
ses	2	Cash prizes				
suac	3	Noncash prizes				
Direct Expenses	3	Noncash phzes				
irect	4	Rent/facility costs				
Δ						
	5	Other direct expenses			1 1	
	~		Yes%	└── Yes %	Yes%	
	6	Volunteer labor	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)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a No," explain:				Yes No
U U						
		ere any of the organization's gaming licenses re	welked suspended or to	rminated during the tax	voar?	Yes No

**b** If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	THE R	ROAD	HOME	DANE	COUNTY,	INC.	**_*	***8925	Page <b>3</b>
11	Does the organization conduct of	gaming activi	ities with	nonmem	bers?				Yes	No
12	Is the organization a grantor, be to administer charitable gaming	neficiary or tr	rustee of	a trust, c	or a memb	er of a partnersl	hip or other enti	ity formed	Yes	No No
13	Indicate the percentage of gami									
	The organization's facility								13a	%
	An outside facility									%
	Enter the name and address of									, -
	Name									
	Address 🕨									
15a	Does the organization have a co	ontract with a	third pa	rty from v	whom the o	organization rec	ceives gaming re	evenue?	🗌 Yes	🗌 No
k	If "Yes," enter the amount of ga	ming revenue	e receive	d by the	organizatio	on 🕨 \$	á	and the amount		
	of gaming revenue retained by t					·				
c	If "Yes," enter name and addres									
	Name 🕨									
	Address 🕨									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	► \$								
	Description of services provided	▶								
	Director/officer		0/22			pendent contrac	ctor			
			oyee							
17	Mandatory distributions:									
a	Is the organization required und retain the state gaming license?	er state law t	to make o	charitable	e distributio	ons from the ga	ming proceeds	to	Ves	No
k	Enter the amount of distribution	s reauired un	nder state	e law to b	e distribut	ed to other exe	mpt organizatio	ons or spent in the		
	organization's own exempt activ	-					1 3	,		
Pa	rt IV Supplemental Info	ormation. F	Provide t	he explar					art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable	. Also pro	ovide any	additiona	l information. S	ee instructions.			

Sch	ned	ule G	a (Fori	m 990)
			•	

Part IV	Supplemental Information (continued)

SCHEDULE (Form 990)		Go	Grants and Oth vernments, an lete if the organization	nd Individual	<b>s in the Ŭni</b> on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2021</b> Open to Public
Department of th Internal Revenue			Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the	organization THE ROAD	HOME DANE	E COUNTY, IN	IC.				Employer identification number **-**8925
Part I	General Information on Grants a	nd Assistance						
criteria	the organization maintain records a used to award the grants or assis	stance?						
	ibe in Part IV the organization's pro Grants and Other Assistance to					nization answard "	(aall on Form 000, Dar	t IV line 21 for any
	recipient that received more than \$	-				anization answered i	es on Form 990, Par	trv, line 21, lor any
	me and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
YWCA MADI 101 E MIF MADISON, N	FLIN ST	**-***6303	501(C)(3)	5,663.	0.			SECOND CHANCE APARTMENT PROJECT
2 Enter t	total number of section 501(c)(3) a	I and government or	I rganizations listed in th	I ne line 1 table			I	<b>▶</b> 1.
	total number of other organization	-	- -					0.
LHA For P	Paperwork Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) 2021

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance RENTAL ASSISTANCE 78 163,970 0. OTHER DIRECT ASSISTANCE 97 58,565 0 REDUCING BARRIERS 10 000 0 THERAPY 11,175 0 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: THE SECOND CHANCE APARTMENT PROJECT IS A PARTNERSHIP WITH THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF MADISON, WISCONSIN, INC. ("YWCA"). THE ORGANIZATION GRANTS FUNDS IT RECEIVES FROM THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT TO THE YWCA TO PAY FOR THE SECOND CHANCE APARTMENT PROJECT TENANT MANAGER POSITION. THE ORGANIZATION WORKS CLOSELY WITH THE YWCA AND THE SECOND CHANCE TENANT MANAGER AND MONITORS THE USE OF

GRANT FUNDS ON A FIRST-HAND BASIS.

SCHEDULE O (Form 990) 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.

OMB No. 1545-0047

THE ROAD HOME DANE COUNTY, INC.

Employer identification number \*\*-\*\*8925

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

ACHIEVE SELF-DETERMINED GOALS AND AFFORDABLE, STABLE HOUSING.

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

HOUSE-ABILITY- HOUSING SUBSIDY AND SUPPORT SERVICES FOR FAMILIES WITH

AN ADULT WITH A DISABILITY, PROVIDED IN COLLABORATION WITH THE YWCA

MADISON AND THE SALVATION ARMY.

EXPENSES \$ 98,968. INCLUDING GRANTS OF \$ 15,693. REVENUE \$ 0.

THE BREESE APARTMENTS-THE ROAD HOME PARTNERS WITH STONE HOUSE

DEVELOPMENT FOR NINE AFFORDABLE APARTMENTS FOR HOMELESS FAMILIES IN A

MIXED-INCOME DEVELOPMENT. STONE HOUSE MANAGES THE APARTMENTS AND THE

ROAD HOME PROVIDES SUPPORTIVE CASE MANAGEMENT SERVICES.

EXPENSES \$ 64,546. INCLUDING GRANTS OF \$ 1,622. REVENUE \$ 0.

HOUSING STABILIZATION-SUPPORTS FORMERLY HOMELESS FAMILIES IN HOUSING

THROUGH CASE MANAGEMENT, GOAL PLANNING, AND COMMUNICATION WITH

LANDLORDS.

EXPENSES \$ 41,012. INCLUDING GRANTS OF \$ 1,908. REVENUE \$ 0.

MOVING UP- PROVIDES FAMILIES WHO HAVE STABILIZED AND NO LONGER NEED

SUCH INTENSE SERVICES WITH SECTION 8 VOUCHERS, ENABLING THEM TO MOVE

INTO OTHER RENTAL UNITS WHERE THEY WILL CONTINUE TO RECEIVE SOME

SUPPORTIVE SERVICES. THIS OPENS UP PERMANENT SUPPORTIVE HOUSING UNITS

FOR FAMILIES WHO ARE CURRENTLY HOMELESS.

Schedule O (Form 990) 202	21						Page <b>2</b>
Name of the organization	THE	ROAD HOM	DANE	COUNTY,	INC.		Employer identification number **-**8925
EXPENSES \$ 43	,118.	. INCLUI	DING G	RANTS OF	\$ 2,065.	REVENU	Е\$О.

THE HEART ROOM-A PILOT PROGRAM THAT PROVIDES SIX FAMILIES WITH

OPPORTUNITIES TO ACHIEVE HOUSING STABILITY LONG-TERM. INCLUDES THREE

YEARS OF SIGNIFICANT RENTAL ASSISTANCE WITH FLEXIBLE AND FAMILY-DRIVEN

SUPPORT AND SERVICES. A PARTNERSHIP WITH ORCHARD RIDGE UCC, JOINING

FORCES FOR FAMILIES (JFF), EARLY CHILDHOOD INITIATIVE (ECI) AND THE

ROAD HOME.

EXPENSES \$ 66,485. INCLUDING GRANTS OF \$ 24,272. REVENUE \$ 0.

RISE-IN COLLABORATION WITH THE SALVATION ARMY, THE ROAD HOME PROVIDES

SUPPORT SERVICES TO ABOUT TEN FAMILIES A YEAR IN A NEW RAPID REHOUSING

PROGRAM, WHO ALSO RECEIVE A RENTAL SUBSIDY AND ASSISTANCE WITH HOUSING

LOCATION.

EXPENSES \$ 87,351. INCLUDING GRANTS OF \$ 1,503. REVENUE \$ 0.

HEALING HOUSE-PROVIDES A SAFE PLACE FOR FAMILIES WHEN SOMEONE NEEDS TO

PREPARE FOR OR RECOVER FROM A MEDICAL PROCEDURE, CHILDBIRTH,

HOSPITALIZATION OR SOMETHING SIMILAR. THE EIGHT-BED FACILITY PROVIDES

CLIENTS WITH THREE MEALS A DAY, CHILD CARE ASSISTANCE AND CASE

MANAGEMENT.

EXPENSES \$ 25,966. INCLUDING GRANTS OF \$ 1,544. REVENUE \$ 0.

FOUNDATIONS - PROVIDES SCATTEREDSITE, PERMANENT SUPPORTIVE HOUSING

(HOUSING LOCATED THROUGHOUT THE COMMUNITY INSTEAD OF IN ONE APARTMENT

COMPLEX) TO SIX FAMILIES IN OUR COMMUNITY WHO ARE CHRONICALLY HOMELESS.

FOUNDATIONS IS PRIMARILY FUNDED THROUGH HUD WITH THE ROAD HOME

PROVIDING CASE MANAGEMENT AND ADMINISTERING THE PROGRAM. FAMILIES PAY

Schedule O (Form 990) 2021	Page 2
Name of the organization THE ROAD HOME DANE COUNTY, INC.	Employer identification number **-**8925
30% OF THEIR INCOME BACK INTO THE PROGRAM.	

EXPENSES \$ 103,040. INCLUDING GRANTS OF \$ 48,334. REVENUE \$ 3,620.

TAILOR PLACE--IN PARTNERSHIP WITH STONE HOUSE DEVELOPMENT, 10 UNITS OF

AFFORDABLE HOUSING FOR FAMILIES WHO HAVE PREVIOUSLY BEEN IN A RAPID

REHOUSING PROGRAM OR PERMANENT SUPPORTIVE HOUSING PROGRAM, THEREBY

OPENING SPACE IN THOSE PROGRAMS FOR FAMILIES CURRENTLY EXPERIENCING

HOMELESSNESS.

EXPENSES \$ 69,998. INCLUDING GRANTS OF \$ 999. REVENUE \$ 0.

FAIR OAKS--IS A PARTNERSHIP WITH STONE HOUSE DEVELOPMENT, INC. TO

PROVIDE AFFORDABLE THREE-BEDROOM APARTMENTS FOR LARGER FAMILIES WHO

HAVE EXPERIENCED HOMELESSNESS. THROUGH UNITED WAY FUNDING, WE WILL ALSO

BE PARTNERING WITH THE PLAYING FIELD WHO IS EXPANDED TO CREATE A NEW

EARLY LEARNING CENTER ON THE EAST SIDE OF MADISON THAT WILL SERVE

CHILDREN LIVING IN FAIR OAKS APARTMENTS.

EXPENSES \$ 70,147. INCLUDING GRANTS OF \$ 3,456. REVENUE \$ 0.

MVP--THE MAINSTREAM VOUCHER PROGRAM IS ADMINISTERED BY THE CITY OF MADISON COMMUNITY DEVELOPMENT AUTHORITY AND DANE COUNTY HOUSING AUTHORITY. THE ROAD HOME PARTNERS WITH BOTH AGENCIES TO PROVIDE SUPPORT SERVICES FOR OVER 50 FAMILIES WITH SECTION 8 MAINSTREAM VOUCHERS, ALLOWING THEM TO PAY 30% OF THEIR INCOME FOR RENT. EACH HOUSING AUTHORITY HAS DIFFERENT ELIGIBILITY CRITERIA BUT IN BOTH PARTNERSHIPS, THE HOUSEHOLD NEEDS TO INCLUDE A HEAD OF HOUSEHOLD BETWEEN 18-61 YEARS OLD WITH A DISABILITY.

EXPENSES \$ 268,357. INCLUDING GRANTS OF \$ 6,418. REVENUE \$ 0.

Schedule O (Form 990) 2021		Page <b>2</b>
Name of the organization		Employer identification number
THE	E ROAD HOME DANE COUNTY, INC.	**-**8925
EXPENSES \$ 57,716	. INCLUDING GRANTS OF \$ 62,007. REVEN	WE \$ 0.

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

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE

GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

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

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

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

THE DIRECTORS ANNUALLY CONDUCT A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR AND REVIEW COMPENSATION DATA FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION. THE DIRECTORS APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION WITH AN OFFICIAL VOTE.

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

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization	THE	ROAD	HOME	DANE	COUI	NTY,	INC.			Employer identifi * * - * * * 8	
PRIOR PERIOD	ADJUS	STMENT	- DE	CREAS	SE II	N II	VESTM	IENTS			
DURING THE OR	GANIZ	CATION	I'S AU	DIT,	IT V	WAS	NOTEL	) THAT	THE	ORGANIZATION	DID

FOUNDATION. THEREFORE, THESE ASSETS WERE REMOVED FROM THE BALANCE

SHEET OF THE ORGANIZATION AND A PRIOR PERIOD ADJUSTMENT WAS DONE TO

CORRECT THE NET ASSET BALANCE AT DECEMBER 31, 2020. THESE FUNDS ARE

STILL BEING HELD AT THE MADISON COMMUNITY FOUNDATION AND THE

ORGANIZATION RECEIVES ANNUAL DISTRIBUTIONS FROM THESE FUNDS.

SCH	IEDULE R
-	

## (Form 990)

## Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

**ZUZ I** Open to Public Inspection

Employer identification number

\*\*-\*\*8925

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE ROAD HOME DANE COUNTY, INC.

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

		1	r		1
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity	5 5	foreign country)		,	entity
		loreign country)			
HOUSING AND HOPE LLC - 31-1618925					
890 W WINGRA DRIVE					THE ROAD HOME DANE
MADISON, WI 53715		WISCONSIN	102,561.	2,117,356.	COUNTY, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?	
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

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

(a)	(b)	(c)	(d)		(e)		(f)	(	(g)	()	ר)	(i)		(j)	(k)	.)					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign			nicile entity (related, unrelated, income end-of-		Share of total income		Share of total income		al Share of end-of-year assets		end-of-year		Disproportio allocation		Code V-UB amount in b 20 of Schedu	n xoc	managing partner?		ntag rship
		country)		sections	512-514)			40	0010	Yes	No	K-1 (Form 1	065) <b>y</b>	res No							
	_																				
	_																				
	4																				
	-																				
	-																				
	-																				
	-																				
	-																				
Identification of Related O organizations treated as a co	rganizations Taxable	as a Corpo	<b>pration or Trust.</b> Co	omplete if t	he organizat	tion ansv	vered "Yes	s" on Fo	rm 990, P	art IV,	line 34	1, because it	had or	ne or m	nore rela	ate					
IV Identification of Related O organizations treated as a c (a)	rganizations Taxable orporation or trust duri	as a Corpo	pration or Trust. Co year. (b)	omplete if t	he organizat		vered "Yes		rm 990, P (f)		line 34			ne or m	-						
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	<b>(c)</b> _egal domicile	<b>(d)</b> Direct con	trolling	<b>(e</b> ) Type of	) entity	(f) Share c	) of total		<b>(g)</b> Share of	( Perce	(h) entage	(i) Secti 512(b)						
organizations treated as a contract (a)	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	(d)	trolling	(e) Type of (C corp. 5	) entity S corp,	(f)	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h)	(i) Secti 512(b)	i) tion o)(13					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	<b>(c)</b> Legal domicile (state or	<b>(d)</b> Direct con	trolling	<b>(e</b> ) Type of	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of	( Perce	(h) entage	(i) Secti 512(b) contro	tion b)(13 olle ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(13 olle ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(13 olle ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(13 olle ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(13 olle ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(13 olle ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(13 olle ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(13 olleo ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(13 olle ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(13 olleo ity?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	) tion b)(13 olled ty?					
organizations treated as a c     (a)     Name, address, and	orporation or trust durin	ng the tax	year. (b)	(c) Legal domicile (state or foreign	<b>(d)</b> Direct con	trolling	(e) Type of (C corp. 5	) entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	( Perce	(h) entage	(i) Secti 512(b) contro entit	tion b)(10 olle ity?					

## Schedule R (Form 990) 2021 THE ROAD HOME DANE COUNTY, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a						
	Gift, grant, or capital contribution to related organization(s)	1b						
с	Gift, grant, or capital contribution from related organization(s)	1c						
	Loans or loan guarantees to or for related organization(s)	1d						
	Loans or loan guarantees by related organization(s)	1e						
f	Dividends from related organization(s)	1f						
g		1g						
h	Purchase of assets from related organization(s)	1h						
i	Exchange of assets with related organization(s)	1i						
j	Lease of facilities, equipment, or other assets to related organization(s)	1j						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k						
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n						
	Sharing of paid employees with related organization(s)	10						
р	Reimbursement paid to related organization(s) for expenses	1p						
q	Reimbursement paid by related organization(s) for expenses	1q						
r	Other transfer of cash or property to related organization(s)	1r						
S	Other transfer of cash or property from related organization(s)	1s						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(</u> 3)			
(4)			
(5)			
(6) 132163 11-17-21	44		Schedule R (Form 990) 2021

## Schedule R (Form 990) 2021 THE ROAD HOME DANE COUNTY, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	)      (3) !? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(H Dispr tior alloca <b>Yes</b>	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr <b>Yes</b>	ral or iging ner?	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2021

Part VII	Supplemental	Information

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