			EXTENDED TO MAY 15, 2023			OMB No. 1545-0047
For	_ <b>g</b>	90	Return of Organization Exempt Fror Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			2021
			Do not enter social security numbers on this form as it n	nay be made	public.	Open to Public
Inter	nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la government of the second seco			Inspection
Α	For th	e 2021 calenda	ar year, or tax year beginning $ { m JUL}1,2021$ and endin	g JUN 3	0, 2022	
	Check if applicat	Die: C Name of	organization	D Em	ployer identificat	ion number
	Addr chan	ge ONE	HUNDRED MILES, INC.			
Ļ	chan Initia	ge Doing bu	usiness as		*-***0656	
	retur _Final _retur	PO B	and street (or P.O. box if mail is not delivered to street address) Room, OX 2056		ephone number 12-264-41	.11
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross	s receipts \$	6,422,047.
	retur		SWICK, GA 31521-2056	<b>H(a)</b> Is	this a group retur	'n
	Appl tion		nd address of principal officer: MEGAN DESROSIERS	fo	or subordinates?	Yes X No
	pend	SAME .	AS C ABOVE	<b>H(b)</b> Ar	e all subordinates includ	ied? Yes No
		kempt status:			"No," attach a list	
			ONEHUNDREDMILES.ORG		roup exemption n	
	Form c <b>art l</b>	of organization:	X Corporation Trust Association Other ▶ L	Year of format	ion: 2012  M S	tate of legal domicile: GA
	1	-	e the organization's mission or most significant activities: ONE HUNI	DRED MI	LES SEEKS	ТО
Governance		ENHANCE	AND PRESERVE THE GA COAST FOR CURREN	T/FUTUR	E GENERAT	TIONS
nar	2	Check this bo	x      if the organization discontinued its operations or disposed of	more than 25	% of its net assets	3.
ver	3	Number of vot	12			
		Number of ind	12			
8 8	5	Total number		9		
/itie	6		of volunteers (estimate if necessary)			0
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
					or Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	1,5	31,611.	6,377,120.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
sev.	10		come (Part VIII, column (A), lines 3, 4, and 7d)		763.	726.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 5	24,318.	44,201.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,5	56,692.	6,422,047.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)	7	0.	0.
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1	46,906.	<u>862,739.</u> 0.
ens	16a		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 108,001.			0.
Expenses				1	98,805.	381,881.
	1 1		es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,711.	1,244,620.
	18				10,981.	5,177,427.
	<b>19</b>	nevenue less	expenses. Subtract line 18 from line 12		of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		36,659.	6,577,148.
Asse	20		(Part X, line 26)		82,990.	346,052.
Net,	22		fund balances. Subtract line 21 from line 20		53,669.	6,231,096.
	art II					
Unc	ler per	-	declare that I have examined this return, including accompanying schedules and st	tatements, and i	to the best of my kn	owledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	eparer has any k	nowledge.	

Sign	Signature of officer		Date							
Here	MEGAN DESROSIERS, EXECUTIVE DIRECTOR									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	GREGORY M. CHAPMAN	GREGORY M. CHAPMAN	05/15/23 self-employed P01019632							
Preparer	Firm's name <b>NICHOLS</b> , CAULEY	& ASSOCIATES, LLC	Firm's EIN ▶ **-**5857							
Use Only	Firm's address 🖕 1300 BELLEVUE AV	<b>ENUE</b>								
	DUBLIN, GA 31021-4152 Phone no.478-275-1163									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)										

Form	990 (2021) ONE HUNDRED MILES, INC.	*-**0656	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: ONE HUNDRED MILES, INC. IS A PUBLICLY SUPPORTED CONSERVATI ORGANIZATION DEDICATED TO PRESERVING, PROTECTING AND CELEE 100-MILE GEORGIA COAST. ONE HUNDRED MILES, INC. SEEKS TO E STATEWIDE ATTENTION TO THE OPPORTUNITIES AND CHALLENGES FA	BRATING THE BRING	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measures 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.		d
4a	FOR THE PASSAGE AND ENFORCEMENT OF LAWS AND POLICIES THAT	TO ADVOCATH PROTECT N 2018, WE STATE LEVEN SPACEPORT	
4b	(Code:) (Expenses \$ 484,449. including grants of \$) (Revenue \$ ONE HUNDRED MILES WORKS TO ENGAGE CITIZENS AND VISITORS AE ECOLOGICAL AND CULTURAL VALUE GEORGIA'S COAST HAS TO OFFER VARIETY OF COMMUNITY PROGRAMS, DIGITAL COMMUNICATIONS, WID MEDIA OUTREACH AND CITIZEN ACTION OPPORTUNITIES, IN 2018, MORE THAN 12,000, ENSURING THEY HAD THE KNOWLEDGE AND TOOL FOR RESPONSIBLE DECISIONS AND TAKE RESPONSIBLE ACTIONS IN LIVES THAT PROTECT OUR COAST'S WILDLIFE AND WILD PLACES.	OUT THE THROUGH A DE RANGING WE REACHED S TO ADVOCA	ATE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 998,494.		
132002	<sup>2</sup> 12-09-21 <b>3</b>	Form <b>9</b> 9	<b>90</b> (2021)

18230515 350462 10133.001

<sup>2021.05080</sup> ONE HUNDRED MILES, INC. 10133.01

Form 990 (2021) ONE HUNDRED MILES, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<b> </b>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<b> </b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	├
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
•				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI		- 11	<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			_ <u></u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	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		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
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	0000	X
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 Form 990 (2021)
 ONE HUNDRED MILES, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5%		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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			<b>v</b>
20	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	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?			
De	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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-	5			. ,

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orm <b>Par</b>	990 (2021) ONE HUNDRED MILES, INC. <b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)	**-***0	656	Pa	age 5
				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	a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	-			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	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 Acco	unts (FBAR).			
			5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactio		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	s provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-	equired			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7	d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	act?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	· · · · · · · · · · · · · · · · · · ·	7f		
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		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	Da			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	)b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	la			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	lb			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10-	41?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	Bb			
с		3c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				-
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	come?	16		Х
	If "Yes," complete Form 4720, Schedule O.		10		
7	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		
	addivides that would result in the imposition of an excise tax under section 4351, 4352 of 4353?		17		
	If "Yes," complete Form 6069.				

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Form 9	990 (2	021)
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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response	е
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	Х

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
		1	1 10		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	12				
	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	12	-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
-	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	2	0		v		
a	The governing body?			<u>8a</u>	X	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					v	
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	<u>Code.)</u>		V		
10-	Did the eventimation have least shortens, human has an efficience			10-	Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>			
D				10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		re filing the form?	11a	х		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	х		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}						
	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 approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•				
а	The organization's CEO, Executive Director, or top management official			15a	Х		
	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 arrangen	nent w	rith a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ GA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	I finano	cial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records				
	MEGAN DESROSIERS - 912-264-4111						
	301 GLOUCESTER STREET, BRUNSWICK, GA 31520			Form	gan	(2021)	
132006	<sup>12-09-21</sup> 7			LOLU	1000	(2021)	

Form 990 (2021)	ONE HUNDRED MILES, INC.	**-***0656 Page 7							
Part VII Compensa	ation of Officers, Directors, Trustees, Key Employe	es, Highest Compensated							
Employees, and Independent Contractors									
Check if Sche	edule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	verage Position (do not check more than one						(D)	(E)	(F)
Name and title	Average						ne	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is					compensation	compensation	amount of
	week							from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MEGAN DESROSIERS	40.00				×	1 0	Ц			
EXECUTIVE DIRECTOR		1		x				133,764.	0.	0.
(2) ROY RICHARDS	1.00									
CHAIR		Х						0.	Ο.	0.
(3) SCOTT COLEMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(4) MARK CROSSWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(5) SALLY MCDANIEL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) SHELLEY RENNER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JOANNA ADAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOHN SIBLEY	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) SUSAN SHIPMAN	1.00									-
DIRECTOR	1	Х						0.	0.	0.
(10) GLEN DARBYSHIRE	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(11) JIM BARGER	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(12) LAURA RICHARDS	1.00	v						0.	0.	0.
DIRECTOR (13) JOSIAH WATTS	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
		^						0.	0.	0.
		1								
		1								
132007 12-09-21										Form <b>990</b> (2021)

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#### 18230515 350462 10133.001

2021.05080 ONE HUNDRED MILES, INC. 10133.01

	990 (2021) ONE HUNDE	RED MILE	s,	Ι	NC	•				**_**	**06	56	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
nours per						rson i	) than o s both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		am	(F) imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		orga and	oensat om the inizati relate nizatio	e on ed
1b	Subtotal								133,764.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							0. 133,764.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n							o re		000 of reportable				
	compensation from the organization												Yes	1 No
3	Did the organization list any <b>former</b> officer,				•	-		Ŭ						v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										-	4	_	X
	rendered to the organization? If "Yes," com											5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	lepe	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensatio	on froi	m	
	the organization. Report compensation for (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y (B)	ear.		(C)	)	
									Co	Compensation				
								1						
								-						
	Total number of independent contractors "		<b></b>	nite	1+~ '	the		tod		are then				
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	JUIN	niteo	1 (0 1			ιeα	above) who received mo					
											F	orm 9	<b>990</b> (2	2021)

132008 12-09-21

Form	n 99	0 (	ONE HUNDRED	MII	LES, INC	2.		**-***0	656 Page 9
Pa	rt V				, .			-	<u> </u>
			Check if Schedule O contains a response	nse or r	note to any line	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
									sections 512 - 514
nts	1		Federated campaigns 1a	1 (	00 026				
		b	Membership dues 1b		00,036.				
Ą,		-	Fundraising events <u>1c</u>						
ia i		d	Related organizations 1d	11	53,591.				
Sin's,			Government grants (contributions) <b>1e</b>		55,591.				
er (		t	All other contributions, gifts, grants, and	6 1'	23,493.				
<u>ē</u> Đ		-		0,14	25,495.				
Contributions, Gifts, Grants and Other Similar Amounts		g h	Noncash contributions included in lines 1a-1f			6,377,120.			
5 0			Total. Add lines 1a-1f		usiness Code	0,577,120.			
	2	а			usiness ooue				
Program Service Revenue	2	a b							
Ser		č							
m Ver		d							
Be		e							
Pro			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, inte						
			other similar amounts)			726.	726.		
	4		Income from investment of tax-exempt bond						
	5		Royalties		►				
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securitie	es	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
anc			and sales expenses 7b						
evenue		С	Gain or (loss)						
			Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b>				
Other R	8	а	Gross income from fundraising events (not						
ō			including \$ of						
			contributions reported on line 1c). See		12 650				
					<u>13,658.</u> 0.				
				8b	<b>.</b>	13,658.			13,658.
	•		Net income or (loss) from fundraising events	.s		13,030.			13,030.
	9	а	Gross income from gaming activities. See	0.0					
		h	· · · · · · · · · · · · · · · · · · ·	9a 9b					
			Net income or (loss) from gaming activities_						
	10		Gross sales of inventory, less returns						
	10	u	-	10a					
		b		10b					
			Net income or (loss) from sales of inventory						
					usiness Code				
Miscellaneous <u>Revenue</u>	11	а	OTHER INCOME		900099	30,543.	30,543.		
nec		b		-  -	_				
ella		c							
S B R			All other revenue						
≥			Total. Add lines 11a-11d		🕨	30,543.			
	12		Total revenue. See instructions			6,422,047.	31,269.	0.	13,658.
132009	9 12	-09-							Form <b>990</b> (2021

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Form 990 (2021)
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ONE HUNDRED MILES, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl										
Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above to disqualified										
	persons (as defined under section $4958(f)(1)$ ) and										
_	persons described in section 4958(c)(3)(B)	791,285.	626 011	83,501.	00 010						
7	Other salaries and wages	/ 7 1 , 203 .	626,944.		80,840.						
8	Pension plan accruals and contributions (include										
•	section 401(k) and 403(b) employer contributions)	71,454.	57,838.	7,656.	5,960.						
9 10	Other employee benefits	/ _ , ± J ± •	57,050.	1,050•	J, 200 .						
11	Payroll taxes Fees for services (nonemployees):										
'' a	Management										
b	Legal										
		23,458.		23,458.							
d		,,									
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
0	column (A), amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion										
13	Office expenses	10,659.	6,590.	990.	3,079.						
14	Information technology	22,613.	19,559.	1,516.	1,538.						
15	Royalties										
16	Occupancy	14,884.	12,031.	1,587.	1,266.						
17	Travel	13,912.	12,445.	634.	833.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	10,182.	8,248.	1,120.	814.						
21	Payments to affiliates	1 - 000		1 - 000							
22	Depreciation, depletion, and amortization	15,020.	C 1 C 0	15,020.	<u> </u>						
23	Insurance	7,986.	6,469.	878.	639.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)										
а	OTHER PROFESSIONAL SERV	209,828.	204,135.	429.	5,264.						
b	OUTREACH	45,010.	36,541.	801.	7,668.						
С	EVENTS	6,591.	6,433.	79.	79.						
d	DUES, SUBS, & PUBLICATI	1,738.	1,261.	456.	21.						
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	1,244,620.	998,494.	138,125.	108,001.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here Figure if following SOP 98-2 (ASC 958-720)										

132010 12-09-21

#### 18230515 350462 10133.001

Form 990 (2021)

18230515 350462 10133.001

ONE HUNDRED MIL	ES, INC.
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		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			515,053.	1	1,443,702.
	2	Savings and temporary cash investments	150,999.	2	51,071.		
	3	Pledges and grants receivable, net			146,000.	3	4,573,250.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former of	officer, director,			
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e persor	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1 0 0 0	8	1
A	9	Prepaid expenses and deferred charges		·····	1,000.	9	1,000.
	10a	Land, buildings, and equipment: cost or other		<b>F</b> 4 4 <b>C C</b> 4			
		basis. Complete Part VI of Schedule D	10a	544,664.			F00 10F
		Less: accumulated depreciation	10b	36,539.	523,604.	10c	508,125.
	11	Investments - publicly traded securities			200 002	11	
	12	Investments - other securities. See Part IV, line 1	200,003.	12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,536,659.	15	6,577,148.
	16	Total assets. Add lines 1 through 15 (must equa			55,952.	16 17	82,135.
	17 18	Accounts payable and accrued expenses			55,552.	17	02,133.
	19	Grants payable		19			
	20	Deferred revenue Tax-exempt bond liabilities		20			
	20 21	Escrow or custodial account liability. Complete F		20			
	22	Loans and other payables to any current or form			21		
ties	LL	trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			22		
Lia	23	Secured mortgages and notes payable to unrela		F	273,447.	23	263,917.
	24	Unsecured notes and loans payable to unrelated		Г	153,591.	24	· · ·
	25	Other liabilities (including federal income tax, pay		Г	-		
		parties, and other liabilities not included on lines					
		of Schedule D			25		
	26	Tatal lishilities Add lines 17 through OF			482,990.	26	346,052.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.			1,053,669.		
lan	27	Net assets without donor restrictions	hout donor restrictions				2,701,611.
Ba	28	Net assets with donor restrictions				28	3,529,485.
pun		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🗌			
r F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe.	30	Paid-in or capital surplus, or land, building, or eq		Г		30	
t A:	31	Retained earnings, endowment, accumulated inc			1 052 662	31	C 221 00C
Ne	32	Total net assets or fund balances			1,053,669.	32	6,231,096.
	33	Total liabilities and net assets/fund balances			1,536,659.	33	<u>6,577,148.</u>
							Form <b>990</b> (2021)

\*\*-\*\*\*0656 Page 11

Form 990 (2021)
Part X Balance Sheet

Form	ONE HUNDRED MILES, INC.	**_*	**0656	Pad	<sub>ge</sub> 12				
Pa	rt XI Reconciliation of Net Assets				4				
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,422	2,0	47.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,244	1,6	20.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,053	3,6	69.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	6,231	L,0:	96.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
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 required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000					

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nan	IE OT T	the organization					6						
De	- <b>1</b>		HUNDRED MI				L		*-***0656				
	rtl	Reason for Public (					ee instructions.						
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i	ii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	Ily receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from the	general p	ublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a la	nd-grant	college				
		or university or a non-land-g											
		university:		, , , , , , , , , , , , , , , , , , ,		, <b>,</b>	,	U					
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	gross receipts from				
		activities related to its exem											
		income and unrelated busir		•	. ,				•				
		See section 509(a)(2). (Con					, 3		,				
11		An organization organized a		velv to test for public sa	fetv. See	section 50	09(a)(4).						
12	$\square$	An organization organized a	-	•	•			v out the i	ourposes of one or				
		more publicly supported or	-	-									
		lines 12a through 12d that											
а		<b>Type I.</b> A supporting orga	• •					-	aivina				
		the supported organization	-	-	• • • •	-			· •				
		organization. You must o							ppo				
b		<b>Type II.</b> A supporting org	-		tion with its	s sunnorte	d organization(	s) by hav	ina				
~	L	control or management o	-				-		-				
		organization(s). You mus					nanage		ontod				
с		Type III functionally inte	-		in connect	tion with	and functionally	integrate	d with				
Ŭ		its supported organization					-	integrate					
d		Type III non-functionally		-				d organiz	ation(s)				
u		that is not functionally int						-					
		requirement (see instructi			-		-	allentiv	611633				
~		Check this box if the orga	-										
е		functionally integrated, or					турет, турет,	туре ш					
f	Ento	er the number of supported of	ragnizationa										
		vide the following information	0	d organization(a)									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of n	nonetary	(vi) Amount of other				
		organization		(described on lines 1-10	in your governi Yes	No	support (see inst	tructions)	support (see instructions)				
				above (see instructions))	103								
Tota	l												

Schedule A	(Form	990	202
		000	1202

עדד המתואווט אדו המ

	art II Support Schedule for	Organizations			(b)(1)(A)(iv) and	1 170(b)(1)(A)(v	
•••	(Complete only if you checke	-					-
	fails to qualify under the tests			-			organization
Se	ction A. Public Support	,1	I	,			
	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(6) 2010	(0) 2013	(0) 2020	(e) 2021	
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
3							
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	•	•	•	•	•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2021 (					14	%
15						15	%
16a	a 33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
ł	o 33 1/3% support test - 2020. If the						
	and <b>stop here.</b> The organization qua						
17a	a 10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>ere.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	organization		▶∟
ł	o 10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets t						
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	y supported organi	ization	▶∟

.....▶∟ 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

Schedule A (Form 990) 2021

132022 01-04-22

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.)

#### Section A. Public Support (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 6223529.10383029. 763,222 1030711. 1007373. 1358194. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1007373. 1358194. 6223529.10383029. 763,222. 1030711. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 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 0 10383029. Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2020 Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (e) 2021 (f) Total 763,222. 1007373. 1358194. 9 Amounts from line 6 1030711 6223529.10383029. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 499. 3,360. 8,892. 763. 726. 14,240. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 499. 3,360. 8,892. 763. 726. 14,240. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 763,721. 1034071. 1016265. 1358957. 6224255.10397269. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 99.86 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 99.74 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .14 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f) 17 % 17 .26 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22 16

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<sup>2021.05080</sup> ONE HUNDRED MILES, INC. 10133.01

1

Yes No

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

17

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Dart IV	Supporting Orga	nizatione	/ /
			Icontinued

2

			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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions if any applied to such powers during the tax year	1		

2 Did the 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	

 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
 Image: Control organization was vested in the same persons that controlled or managed

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed

Section D. All Type III Su	pporting Organizations

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

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

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

18

- 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.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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

ONE HUNDRED MILES, INC.

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

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

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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1

c Excess from 2019 d Excess from 2020 e Excess from 2021

9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018

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

3 4

ONE HUNDRED MILES, INC.

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Schedule A (Form 990) 2021

Section D - Distributions

2

3

4

6

7

8

\*\*-\*\*\*0656 Page 7

1

2

5

6

7

8

**Current Year** 

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	ONE	HUNDRED	MILES,	INC.		**-**0656 Page 8
Part VI	Supplemental Part IV, Section A, I line 1; Part IV, Secti	Information. ines 1, 2, 3b, 3c ion D, lines 2 an	Provide the ex , 4b, 4c, 5a, 6, d 3; Part IV, Se	xplanations re 9a, 9b, 9c, 11 ction E, lines	quired by 1a, 11b, an 1c, 2a, 2b	Part II, line 10; Part II, lin Id 11c; Part IV, Section E , 3a, and 3b; Part V, line complete this part for any	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
132028 01-04-2	2			ົ່	1		Schedule A (Form 990) 2021
				4	<b>-</b>		

## Schedule B

#### (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

## Schedule of Contributors

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

202

Employer identification number

\*\*-\*\*\*0656

5	·
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

INC.

Check if your organization is covered by the General Rule or a Special Rule.

ONE HUNDRED MILES,

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)		2021				
	For Orga					
Department of the Treasury Internal Revenue Service		if the organization is described to www.irs.gov/Form990 for			0-L2.	Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, lin	e 46 (Political Campa	ign Activ	ities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not cor	nplete Part I-C.			
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I	I-B.	
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	e Part I-A only.				
		Form 990, Part IV, line 4, or Fo				
	•	nave filed Form 5768 (election un	( )/	•		
		nave NOT filed Form 5768 (election	•			•
If the organization answ Tax) (See separate inst	-	Form 990, Part IV, line 5 (Prox	y Tax) (See separate ii	nstructions) or Form §	990-EZ, F	Part V, line 35c (Proxy
		ions: Complete Part III.				
Name of organization	, er (e) er gamzar			E	Employer	identification number
Ū.	ONE HUN	DRED MILES, INC.				*-***0656
Part I-A Comple		anization is exempt under	er section 501(c) o	or is a section 527		
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities ir	n Part IV.		
2 Political campaign	activity expendit	ures			▶\$	
3 Volunteer hours for	political campaig	gn activities				
Deut I.D. Commu	ata if tha are	onization is avamatured		2)		
-	-	anization is exempt unde		-		
		incurred by the organization und			►\$ ►\$	
	•	incurred by organization manage n 4955 tax, did it file Form 4720				Yes No
4a Was a correction m						
<b>b</b> If "Yes," describe in						
Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section 50	)1(c)(3).	
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt functi	ion activities	▶\$	
2 Enter the amount o	f the filing organi	ization's funds contributed to oth	ner organizations for se	ction 527		
exempt function ac	tivities		-		▶\$	
3 Total exempt functi		. Add lines 1 and 2. Enter here a				
line 17b					▶\$	
						Yes No
		ployer identification number (EIN				
	•	tion listed, enter the amount paid				•
		omptly and directly delivered to a additional space is needed, provi	· · ·	· ·	arate sec	regated fund of a
(a) Name	. ,	(b) Address	(c) EIN	(d) Amount paid fro	om (	e) Amount of political
(a) Name	5	(b) Address		filing organization		tributions received and
				funds. If none, enter		promptly and directly
						elivered to a separate political organization.
						If none, enter -0
For Paperwork Reduct	ion Act Notice.	see the Instructions for Form 9	90 or 990-EZ.	1	Sche	dule C (Form 990) 2021

132041 11-03-21

LHA

Schedule C (Form 990) 2021	ONE H	UNDRED I	MILES, INC	•	**_*	**0656 Page 2
Part II-A Complete if the org	anizatio	n is exemp	t under section	n 501(c)(3) and filed	d Form 5768 (ele	ction under
section 501(h)).						
A Check ► if the filing organiza expenses, and shar			•	n Part IV each affiliated g	roup member's name	e, address, EIN,
B Check ► if the filing organiza		, .	,	ovisions apply		
¥ ¥		oying Expendi	•		(a) Filing	(b) Affiliated group
			s paid or incurred.	)	organization's totals	totals
		,			2,756.	
<ul><li>1a Total lobbying expenditures to influ</li><li>b Total lobbying expenditures to influ</li></ul>	•	1 (0	, ,		990.	
c Total lobbying expenditures (add li					3,746.	
d Other exempt purpose expenditure					577101	
e Total exempt purpose expenditure					3,746.	
f_Lobbying nontaxable amount. Ente					749.	
If the amount on line 1e, column (a) o			ing nontaxable am			
Not over \$500,000		20% of the	e amount on line 1e			
Over \$500,000 but not over \$1,000	),000	\$100,000	plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,000	plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000			ess over \$1,500,000.		
Over \$17,000,000		\$1,000,00	0.			
					187.	
g Grassroots nontaxable amount (en		,			2,569.	
<ul> <li>h Subtract line 1g from line 1a. If zero</li> <li>i Subtract line 1f from line 1c. If zero</li> </ul>		-1 0			2,997.	
j If there is an amount other than zer				L ation file Form 4720	275571	
reporting section 4911 tax for this					Γ	X Yes No
			ging Period Under			
(Some organizations the			• •		the five columns be	low.
		•		nes 2a through 2f.)		
	LOD	bying Expend	itures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> Total
2a Lobbying nontaxable amount					749.	749.
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						1,124.
					3,746.	2 746
c Total lobbying expenditures					5,740.	3,746.
d Grassroots nontaxable amount					187.	187.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						281.
f Grassroots lobbying expenditures					2,756.	2,756.
					Schedu	le C (Form 990) 2021

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# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b	) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

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60		Supplement	al Financial Statements		OMB No. 1545-0047		
	HEDULE D		2021				
•			Open to Public				
	ment of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Inspection		
Nam	e of the organizati	on ONE HUNDRED MILES,	TNC.	Emplo	over identification number * * - * * * 0 6 5 6		
Par	t I Organiza		d Funds or Other Similar Funds or Ad	counts			
		n answered "Yes" on Form 990, Part IV, lin					
	-		(a) Donor advised funds	(b) Funds	and other accounts		
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4	Aggregate value a	t end of year					
5			writing that the assets held in donor advised fund	ds			
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing			
	impermissible priv				Yes No		
Par			ganization answered "Yes" on Form 990, Part IV,	line 7.			
1		servation easements held by the organization					
		of land for public use (for example, recrea	, <u> </u>		•		
		f natural habitat	Preservation of a certi	fied histo	oric structure		
•		of open space	field concernation contribution in the form of a co	nooriotio	n accoment on the last		
2	day of the tax year		fied conservation contribution in the form of a co		leid at the End of the Tax Year		
2				2a			
a b				2a 2b			
c	-	•	ucture included in (a)	20 20			
			after 7/25/06, and not on a historic structure	20			
ŭ				2d			
3			eased, extinguished, or terminated by the organi	<u> </u>	Iring the tax		
	year 🕨				Ū		
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enf	orcement of the conservation easements it	t holds?		Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easeme	ents during the year		
	▶						
7	•	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements	during the year		
	►\$						
8			re satisfy the requirements of section 170(h)(4)(B)				
•					Yes No		
9			on easements in its revenue and expense statem				
		ounting for conservation easements.	note to the organization's financial statements the	at descrit	Jes the		
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar /	Assets.		
		f the organization answered "Yes" on Form					
1a			8, not to report in its revenue statement and bala	ance shee	et works		
	•		blic exhibition, education, or research in furtherar				
		· ·	ncial statements that describes these items.				
b	· •		8, to report in its revenue statement and balance	e sheet w	orks of		
	-		exhibition, education, or research in furtherance				
	provide the following amounts relating to these items:						
	•	с с		▶ \$			
2			asures, or other similar assets for financial gain, I				
	-	unts required to be reported under FASB A					
а	Revenue included	on Form 990, Part VIII, line 1	-	▶ \$			

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	1 10-28-21

Schedule D (Form 990) 2021

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2021.05080	ONE	HUNDRED	MILES,	INC.	10133.01

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Sche		DRED MILES					*	* _ * *	*065	5 Р	age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other S	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	any of the t	following that	t make sigr	nificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	L k	Loan or exc	hange progra	am					
b	b Scholarly research e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical treas	sures, or othe	er similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered '	"Yes" on Fo	orm 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia		liary for	contribution	s or other ass	sets not inc	cluded				
14	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							∟		L	
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete in	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back <b>(d</b>	<b>i)</b> Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are held ar	nd administer	red for the	organizat	tion	ſ	Vee	Na
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organization								3b		
Pa	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		wment	unas.							
	Complete if the organization answered		) Part IV	/ line 11a S	See Form 990	Part X lin	ne 10				
	Description of property	(a) Cost or c			t or other		umulated	-	(d) Boo		10
	Description of property	basis (investr			(other)		eciation		( <b>u)</b> 600	r valu	le
19	Land	· · ·			1,800.	Goph			9	1.8	00.
b	Buildings				1,927.		7,83	9.			88.
	Leasehold improvements						.,05			-, -	
	Equipment			6	0,937.		28,70	0.	3	2.2	37.
	Other				. ,		-,			,_	
	Add lines 1a through 1e. (Column (d) must en		X colur	nn (R) line 1	() ()				50	8,1	25.
		wash onn ooo, i alt			<i></i>		S	Schedule			

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 99
(a) Description of security or category (including name of security)	(b) Book value	(c) Method
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		

### 90, Part X, line 12. of valuation: Cost or end-of-year market value (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value

(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

#### Part IX Other Assets.

Schedule D (Form 990) 2021

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

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

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

X

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(6) (7) (8)

Sche	dule D (Form 990) 2021 ONE HUNDRED MILES,	INC.	**_*	***0656 Page 4
Par	t XI Reconciliation of Revenue per Audited Finance	cial Statements With Revenue pe		
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stater	nents	1	6,422,047.
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			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,422,047.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part	t I, line <u>12.)</u>	5	6,422,047.
Pa	t XII Reconciliation of Expenses per Audited Finar	ncial Statements With Expenses	per Return	<b>).</b>
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,244,620.
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 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,244,620.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa	art I, line 18.)	5	1,244,620.
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.

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM INCOME TAX
UNDER SECTION 501(C)(3) OFTHE INTERNAL REVENUE CODE. THEREFORE, NO
PROVISION FOR INCOME TAXES IS MADE IN THE ACCOMPANYING
FINANCIAL STATEMENTS. THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE
FEDERAL AND APPLICABLE STATEJURISDICTIONS. THE ORGANIZATION BELIEVES THAT
IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, ANDAS SUCH, DOES
NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL
STATEMENTS. THE ORGANIZATION'S FEDERAL FORM 990 IS SUBJECT TO EXAMINATION
BY THE IRS, GENERALLY FOR THREE YEARS AFTER IT ISFILED.

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(continued)	
	Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

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

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

Open to Public Inspection Employer identification number

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OMB No. 1545-0047

ONE HUNDRED MILES, INC.

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

GEORGIA'S UNIQUE COAST.

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

THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE FORM 990 BEFORE IT IS FILED.

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

EACH DIRECTOR ON THE BOARD COMPLETES A CONFLICT OF INTEREST STATEMENT

ANNUALLY.

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

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSATION OF THE EXECUTIVE

DIRECTOR AND MAKES NECESSARY ADJUSTMENTS DURING THAT TIME.

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

THE CONFLICT OF INTEREST POLICY, FORM 990, FINANCIAL STATEMENTS, AND

GOVERNING DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021