

o	879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
Form	079-1E	For calendar year 2021, or fiscal year beginning, 2021, and ending,	20	0004
	ent of the Treasury levenue Service	Lo not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.	20	2021
Name o	f filer		EIN or SSN	
		HOT MEMPHIS INC	81-3772	313
Name a	nd title of officer or p	erson subject to tax JARED BARNETT CEO		
Part	I Type of	Return and Return Information		
		urn for which you are using this Form 8879-TE and enter the applicable amount, if any, from	 m the return For	m 8038-CP and
Form 5 or 10a whiche	330 filers may enter below, and the am	er dollars and cents. For all other forms, enter whole dollars only. If you check the box on lin ount on that line for the return being filed with this form was blank, then leave line 1b, 2b, lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	ine 1a, 2a, 3a, 4 , 3b, 4b, 5b, 6b, e line below. Do	ła, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b, not complete more
1a		here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		
2a		eck here b Total revenue, if any (Form 990-EZ, line 9)		
3a	Form 1120-POL			
4a 5a	Form 990-PF che			
5a 6a	Form 8868 check Form 990-T check			
0a 7a	Form 4720 check			
8a	Form 5227 check			
9a	Form 5330 check			
10a	Form 8038-CP c	heck here b Amount of credit payment requested (Form 8038-CP, Part III, li	ine 22) 10 b	
Part		tion and Signature Authorization of Officer or Person Subject to Tax , I declare that X I am an officer of the above entity or I am a person subject to ta		
completinterme acknow of any entry to financi later th payme person	ete. I further declare ediate service provi vledgement of rece refund. If applicable o the financial instit al institution to deb an 2 business days nt of taxes to recei al identification nu	d accompanying schedules and statements, and, to the best of my knowledge and belief, t e that the amount in Part I above is the amount shown on the copy of the electronic return. der, transmitter, or electronic return originator (ERO) to send the return to the IRS and to re ipt or reason for rejection of the transmission, (b) the reason for any delay in processing the e, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic i ution account indicated in the tax preparation software for payment of the federal taxes ov it the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financi s prior to the payment (settlement) date. I also authorize the financial institutions involved in ve confidential information necessary to answer inquiries and resolve issues related to the mber (PIN) as my signature for the electronic return and, if applicable, the consent to electronic to electronic to electronic to the payment to electronic return and the consent to electronic to the payment of the electronic return and its processing to the model of the test of the model of the test of the electronic return and the consent to electronic to the payment for the electronic return and the consent to electronic to electronic return and the consent to electronic to electronic to the payment of the electronic return and the consent to electronic to electronic return and the consent to electronic to electronic to electronic return and the consent to electronic to electronic to the payment of the electronic to electronic	I consent to all eceive from the he return or refu funds withdrawa wed on this retui ial Agent at 1-88 n the processing payment. I have	ow my IRS (a) an nd, and (c) the date al (direct debit) rn, and the 8-353-4537 no 9 of the electronic selected a
	heck one box only		enter my PIN	98162
		ERO firm name	E	nter five numbers, but
	with a state age	e on the tax year 2021 electronically filed return. If I have indicated within this return that a ency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor	copy of the retu	-
	As an officer or return. If I have	disclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agency(ies) r program, I will enter my PIN on the return's disclosure consent screen.	•	-
	of officer or person subje		Date 🕨	
Part		ation and Authentication		
	-	our six-digit electronic filing identification y your five-digit self-selected PIN. Do not enter all zeros		
submit		meric entry is my PIN, which is my signature on the 2021 electronically filed return indicate ccordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for A		
ERO's s	ignature 🕨 STE	CPHANIE L. LIVINGSTON, CPA Date > 12/	13/22	
		ERO Must Retain This Form - See Instructions	20	
		Do Not Submit This Form to the IRS Unless Requested To Do S		rm 8879-TE (2021)
	or Privacy act and	d Paperwork Reduction Act Notice, see instructions.	FO	

SLINGSHOT MEMPHIS INC 802 ROZELLE STREET MEMPHIS, TN 38104

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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Form JJU	Form	990
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** PUBLIC DISCLOSURE COPY **

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

Do not enter social security numbers on this form as it may be made public.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection			
				ending		•		
B	Check if applicabl	C Name o	C Name of organization D Employer identification number					
	Addre	ST.TN	GSHOT MEMPHIS INC					
	Name		usiness as		81-377232	13		
	_chang Initial return			Room/suite	E Telephone number			
	Final	802	ROZELLE STREET	110011/Suite	901-300-6			
	Lreturn, termin ated	,)-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,902,886.		
	Amen	ded MEMD	HIS, TN 38104		H(a) Is this a group re			
F	Applic		nd address of principal officer: JARED BARNETT			? Yes X No		
	tion pendir		AS C ABOVE		H(b) Are all subordinates in			
1	Гах-ех	empt status:		or 527		list. See instructions		
			SLINGSHOTMEMPHIS.ORG		H(c) Group exemption			
			X Corporation ∏ Trust ∏ Association ∏ Other ►	I Year		State of legal domicile: TN		
	art I	Summary						
	1	Briefly describ	be the organization's mission or most significant activities: ${f SLING}$	GSHOT	IS A POVERTY	-FIGHTING		
Governance			OF INFLUENCE THAT IS IGNITING A MO					
nar	2	Check this bo	x if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.		
ver	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	9		
	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)		4	9		
s So			of individuals employed in calendar year 2021 (Part V, line 2a)			18		
Activities			of volunteers (estimate if necessary)			0		
cţi			d business revenue from Part VIII, column (C), line 12			0.		
<			business taxable income from Form 990-T, Part I, line 11			0.		
					Prior Year	Current Year		
đ	8	Contributions	and grants (Part VIII, line 1h)		2,796,934.	2,902,587.		
Revenue	9	Program servi	ice revenue (Part VIII, line 2g)		0.	0.		
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		5,435.	299.		
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,802,369.	2,902,886.		
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)		1,999,999.	1,054,407.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
ş	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		940,963.	1,030,011.		
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.		
2 Z De	b.		ing expenses (Part IX, column (D), line 25)					
Ш	1 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		231,459.	240,434.		
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,172,421.	2,324,852.		
		Revenue less	expenses. Subtract line 18 from line 12		-370,052.	578,034.		
S OF				Be	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (F			2,407,281.	2,015,540.		
t As	21		s (Part X, line 26)		1,889,828.	1,076,753.		
		Net assets or	fund balances. Subtract line 21 from line 20		517,453.	938,787.		
Pa	art II	Signature	e RIOCK					

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

Sign	Signature of officer	Date						
Here	JARED BARNETT, CEO							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date	Check PTIN						
Paid	STEPHANIE L. LIVINGSTON, STEPHANIE L. LIVINGS 12/1							
Preparer	Firm's name CANNON WRIGHT BLOUNT PLLC	Firm's EIN ▶ 62-1657946						
Use Only	Firm's address 756 RIDGE LAKE BLVD, SUITE 100							
	MEMPHIS, TN 38120 Phone no.901-685-7500							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2021) SLINGSHOT MEMPHIS INC	81-3772313	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SLINGSHOT HAS DEVELOPED A NEW, STANDARDIZED METHODOLOGY		
	POVERTY-FIGHTING EFFECTIVENESS. BY PROVIDING PREVIOUSLY U		
	INSIGHTS ABOUT POVERTY-FIGHTING OUTCOMES, WE EMPOWER DECI		
	TO ALLOCATE FINANCIAL AND OTHER RESOURCES TOWARD SOLUTION	NS THAT	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		d
4a	(Code:) (Expenses \$1,958,355. including grants of \$1,054,406.) (Revenue	ue \$)
	TO WORK WITH POVERTY-FIGHTING ORGANIZATIONS TO STUDY THE		/
	EFFECTIVENESS, IDENTIFY OPPORTUNITIES TO ENHANCE THEIR OU		
	INVEST DIRECTLY TO AMPLIFY HIGH-IMPACT PROGRAMS AND SERVE	-	
	INVEDI DIRECIDI IO AMIDIFI MIGNI IMIACI IROGRAMD AND DERVI		
4b	(Code:) (Expenses \$) (Revenue) (Revenue) (Revenue)	ue \$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
	· · · · · · · · · · · · · · · · · · ·		/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	١	
40	Total program service expenses > 1,958,355.		
4e			00 (0001)

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FUIII	330	(2021)

Form 990 (2021) SLINGSHOT MEMPHIS INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L.	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
u	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	11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		<u> </u>
120	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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2021)

Form	990	(2021)
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Form 990 (2021) SLINGSHOT MEMPHIS INC Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than 55.000 of grants or other assistance to or for domestic individuals on Part X, other organization aware "Yes" to Part VI. Section A, Ind 3, 4, or 5, about compensation of the organization aware "Yes" to Part VI. Section A, Ind 3, 4, or 5, about compensation of the organization aware "Yes" to Part VI. Section A, Ind 3, 4, or 5, about compensation of the organization face. The organization have a taxeowing bond issue with an outstanding principal amount of more than 5100,000 as of the add with Y No.1 po of Ima 26. 24 24 Did the organization mater aware account other than a relunding escow at any time during the year 1 of delease any tax-sempt bond? 24a X 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dd the organization mater and negation and excows abound the than a relunding escow at any time during the year? 24a X 26 Did the organization mater and in engaged in an excows abound the organization mappe in an excows abound that the transaction with a discuption on than an tot been reported on any of the organization mappe in an excess benefit transaction with a discuption on that an integraded in an excess benefit transaction with a discuption or any abound on any of the organization argues that exceed and any of the organization argues that are theread or any of the organization argues that are theread or any of the organization argues that exceed the arguest and that the transaction have that if a transaction with a discuption or any about the arguest and that the transaction have that the transaction with a discuption or any of these particles of the argumest and arguest an				Yes	No
23 Dict the organization arswer "Yes" to Park WL Section A, line 3, 4, or 5, about compensation of the organization is current and former officars, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule V, If 'No, 'or bine 25a 24a Dict the organization have a tax-exempt bond issue with an outstanding prinopal amount of more than \$100,000 as of the last day of the year, fit was assisted after Desember 31, 2002? If 'Yes, 'answer line 24 through 24 and complete Schedule K, If 'No, 'or bine 25a 24a 24b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? # 'Yes, ' complete Schedule ', 24a Did the organization have a tax exampt 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, ¹ go to line 25a Zab 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Zab 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Zab 25a Schedule K if No, ¹ go to line 25a Zab 25a Schedule K, If No, ¹ go to line 25a Zab 25a Schedule K, If No, ¹ go to line 25a Zab 25a Schedule K, If No, ¹ go to line access benefit transaction ware that it engaged in an excess benefit transaction with a disqualified person in a priory year, and that the transaction have the an epoted on any of the organizations pilor Forms 900 or 900.672 // Yes, ' complete Schedule L, Part I Zab 25b Did the organization rough any amount on Part X, line 5 072, for receivables form or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 354. Zab 27b Did the organization roughes thereofor any or mereof any or these person? If Yes, ' complete Schedule L, Part II. Zab 27b A start or former officer, director, trustee, key employee, creator or founder, substanti		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 23 X 4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the set day of the year, that was issued after December 31, 2002? // *Yes, *answer lines 24b through 24d and complete Schedule K, if Yes, *a to low Posses and tax-exempt bonds beyond a temporary period exception? 24a b Did the organization maintain an escow account other than a refunding scow at any time during the year to detease any tax-exempt bonds? 24a c Did the organization maintain an escow account other than a refunding scow at any time during the year to detease any tax-exempt bonds? 24d c Did the organization and a tax an "on behal of" issue for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization cape in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization capes in an excess benefit transaction with a disqualified person in a prory year, and that the transaction near other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled antity or family member of any of these persons? // *Yes,* complete Schedule L, Part I 26 27 Did the organization provide a grant or dimition space for bonder, substantial contributors? y Yes,* complete Schedule L, Part IV 28a X 28 Did the organization ender were than \$25,000 in non-cash contributions? y +Yes,* complete Schedule L, Part IV 28b X	23				
24a Did the organization have a tax-every blood issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued and December 31, 2002? If "Re," <i>answer lines 24a transpit 24d and complete</i> Schedule IP No.' go to line 25a 24a X 25b Did the organization invest any proceeds of tax-every to both a seturation of the ran a return document of ther than a returnation of the organization returns an an ecrose benefit transaction with a disqualified person taining the year? If 'Yea,' complete Schedule L, Part I 25a X 25b bit the organization returns any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of chulding an employee thereof or family member of any of these persons? If 'Yea,' complete Schedule L, Part I 25b X 25b Did the organization provide a grant or other assittance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of chulding an employee thereof or family member of any of these persons? If 'Yea,' complete Schedule L, Part I 25a X 26b X 26a X 27a X 27b Did the organization provide a grant or other assistante to any current or former officer, director, trustes, key employee, creator organization near thereof or family member of any of		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
at day of the year, that was issued after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete 24a X b Did the erganization invest any proceeds of tax-exampt bonds beyond a temporary particid exception? 24b 24b c Did the erganization invest any proceeds of tax-exampt bonds beyond a temporary particid exception? 24d 24d c Did the erganization invest any proceeds of tax-exampt bonds outstanding at any time during the year? 24d 24d d Did the erganization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 50(16(3), 50(16(4), and 50(1c(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a b Is the organization expone that the angead in an excess benefit transaction with a disqualified person during the year? 25b X 25a Did the erganization expone that the angead in an excess benefit transaction with a disqualitied person during the year? 25b X 25a Did the erganization expone that the angead in an excess benefit transaction with a dispute the organization expone there on a system complexe. Centrolled and the organization expone there on a system complexe. Centrolled and control and or any carrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 35% controlled end try or the assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor, or a 35% controlled end try or the assistance to any or these persons? If 'Yes,' com			23	Х	
Schedule K. If Yes," got to fine 25a 24a X D Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-awampt bonds? 24b X C Did the organization meantain an escrow account other than a refunding escrow at any time during the year? 24c X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the organization aware that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the organization avare that 1 engaged in an excess benefit transaction with a disqualified person during the year? 25b X 26 Did the organization avare that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a fibre organization avare that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the member of any of these persons? If "Yes," complete Schedule L, Part I 26b X 27 Did the organization provide agring therefold is campling therefold is campling therefold is campling therefold is campling therefold is camplication receive and provide person any oreversite aschardule L, Part I 27c X<	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 501(68), 501(64), 401(64)(40, and 501(62)) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person during the year? / 14' Yes,' complete Schedule L, Part I 25a J Is the organization avere that engaged in an excess benefit transaction with a disqualified person during the year? / 14' Yes,' complete Schedule L, Part I 25b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or rainiy member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization reports as party to a business transaction with one of the following parties (see the Schedule L, Part II 26 X 28 Was the organization applet Schedule L, Part II 28 X 28 A assis controlled entity of anniy member of any of the sege secons? If 'Yes,' complete Schedule L, Part II 28 X 29 Did the organi					
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 34 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule O and provide explanations on Schedul	29				
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Yes No 1a 5 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 17	Fal				
1a 5 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 5 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1a 5		Check it Schedule C contains a response or note to any line in this Part V	<u></u>	V	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1	4.	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable		Tes	INO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-		
	U		10	x	

(gambling) winnings to prize winners?

	990 (2021) SLINGSHOT MEMPHIS INC 81-3772	313	Р	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
h	, , , , , , , , , , , , , , , , , , , ,	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	- 23	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		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).			37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7c		
		7e		x
e f	Did the eventiation during the user recommendation disable evidence in a new relation of the evidence (7e 7f		X
' a	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8				
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
a	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			
~				
	Enter the amount of reserves on hand	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021)

SLINGSHOT MEMPHIS INC

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

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

Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?			. L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	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?		L	5		X
6	Did the organization have members or stockholders?			. L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?			. L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or				
	persons other than the governing body?			. L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. L	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	H	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe				
	on Schedule O how this was done			.	12c	X	
13	Did the organization have a written whistleblower policy?			.	13	X	
14	Did the organization have a written document retention and destruction policy?			.	14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			° Г	15a	X	
b	Other officers or key employees of the organization			·	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a				37
	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				10		
800	exempt status with respect to such arrangements?			.	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright TN		T (agetien FOT())	(0)-			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	10 990	I (Section 501(C)	(ട)ട (oniy) a	availat	DIE
	for public inspection. Indicate how you made these available. Check all that apply.	~					
10	Own website X Another's website X Upon request Other (explain		,	and f	line	iol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	THICT C	i interest policy, a	and I	manc	idi	
20	statements available to the public during the tax year.	ke en-	I rocorda				
20	State the name, address, and telephone number of the person who possesses the organization's boo JARED BARNETT, CEO $-901-300-6634$	iks and					

	802	ROZELLE	STREET,	MEMPHIS,	TN	3810
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Form 990 (2		81-3772313	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	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)			(0	C)			(D)	(E)	(F)
Name and title	Average	Positio			ition	tion		Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [.]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		e.	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JARED BARNETT	40.00		<u> </u>	0	×	Ξœ	ш			
INCOMING CEO		1		x				167,173.	0.	16,734.
(2) YOAN ANGUILET	40.00									· · · ·
DIRECTOR OF TECH & DATA ENGINEERING						Х		113,840.	0.	19,651.
(3) JUSTIN MILLER	40.00									
OUTGOING CEO AT MAY2021, BOARD CHAIR		Х		Х				113,285.	0.	7,582.
(4) BRENDA BRAZLEY	1.00									
BOARD MEMBER		х						0.	0.	0.
(5) MEG CROSBY	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) STINSON LILES	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) JOHN SIMS	1.00									
BOARD MEMBER	1 0 0	X						0.	0.	0.
(8) THOMAS LATKOVIC	1.00								0	0
BOARD MEMBER	1.00	X						0.	0.	0.
(9) HARRIET MCFADDEN BOARD MEMBER	1.00	x		x				0.	0.	
(10) GRETCHEN MCLENNON	1.00	<u> </u>		<u> </u>				0.	0.	0.
(IU) GRETCHEN MCLENNON SECRETARY	1.00	х		x				0.	0.	0.
(11) WILL THOMPSON	1.00	~		<u> </u>				0.	0.	0.
(II) WILL THOMPSON TREASURER	1.00	х		x				0.	0.	0.
TREASURER		~		<u> </u>				0.	0.	0.
		1								
		 								
										000

Form 990 (2021) SLINGSHO	MEMPHI	S	IN	C					81-37	723	313	Pa	age 8
Part VII Section A. Officers, Directors, Trus		ploye	ees,			ghes	t C		, ,	<u> </u>			
(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	(ey em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations compe (W-2/1099-MISC/ from				e ion ed
		Ind	Ins	Off	Кеу	Higen	For						
1b Subtotal c Total from continuation sheets to Part VI								<u>394,298.</u> 0.		0.	43	3,90	57. 0.
d Total (add lines 1b and 1c)								394,298.		0.	43	3,90	
2 Total number of individuals (including but n compensation from the organization ►							o re	eceived more than \$100,	000 of reportable	·		-	3
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-		-	•	•		Ŭ	• •			3		х
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150Did any person listed on line 1a receive or a	,		•								4	X	
rendered to the organization? If "Yes." com	-				-			•			5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	monopoted ind	long	odor		ntro	otor	0. +h	at received more than [¢]	100 000 of comp	onanti	ion fro		
the organization. Report compensation for								the organization's tax y					
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C omper	, nsatio	า
							_						
2 Total number of independent contractors (ii \$100.000 of compensation from the organized strength of the organized streng	•	ot lin	nitec	to t	thos C		ted	above) who received mo	ore than				

RevenueProgram ServiceContributions, Gifts, GranRevenueand Other Similar Amounpdddd <th>Check if Schedule O contains a response of Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2,</th> <th>325,890. 576,697. ■ Business Code ■ st, and ■</th> <th>e in this Part VIII (A) Total revenue</th> <th></th> <th>(C) Unrelated business revenue</th> <th>(D) Revenue excluded from tax under sections 512 - 514</th>	Check if Schedule O contains a response of Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2,	325,890. 576,697. ■ Business Code ■ st, and ■	e in this Part VIII (A) Total revenue		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Revenue Program Service Contributions, Gifts, Gran Revenue and Other Similar Amoun p 2 d b b p 2 d b b p 2 d b b 2 d b b 2 d b b 2 d b b 2 d b b 2 d b b 2 d b b 2 d b b 5 d b b 5 d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2, Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond purchase Income from investment of tax-exempt bond purchase	325,890. 576,697. ■ Business Code ■ st, and ■	(A) Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under sections 512 - 514
Revenue Program Service Contributions, Gifts, Gran Revenue and Other Similar Amoun p 2 d b b p 2 d b b p 2 d b b 2 d b b 2 d b b 2 d b b 2 d b b 2 d b b 2 d b b 2 d b b 5 d b b 5 d	Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2, Noncash contributions included in lines 1a-1f 1g \$ 1g Total. Add lines 1a-1f 1g 1 All other program service revenue 1 1 Total. Add lines 2a-2f 1 1 Investment income (including dividends, interestimation of tax-exempt bond purpositions) 1 1 Noncash contributions 1 1 1 Member 2a-2f 1 1 1 Noncash contributions 1 1 1 Investment income (including dividends, interestimation of tax-exempt bond purpositions) 1 1 Income from investment of tax-exempt bond purpositions 1 1 1	576,697.				299.
Levenne Bevenn	Total. Add lines 2a-2f Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond pu Royalties	st, and roceeds	299.			299.
4 5 6 a c d 7 a b c d	other similar amounts) Income from investment of tax-exempt bond purchases and the second sec	roceeds	299.			299.
b Re 8 a	Gross rents6aLess: rental expenses6bRental income or (loss)6cNet rental income or (loss)6cGross amount from sales of assets other than inventory(i) SecuritiesLess: cost or other basis and sales expenses7bGain or (loss)7c	(ii) Personal ▶ (ii) Other				
b c 9a b c 10a b	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b Net income or (loss) from gaming activities.					
Miscellaneous Revenue a p c t t	All other revenue	Business Code	2,902,886.	0.	0.	299.

26

Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

- orm	990 (2021) SLINGSHOT ME			81-37	72313 Page 10
Pa	rt IX Statement of Functional Expense	S			9
Secti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
D -	Check if Schedule O contains a respons	e or note to any line in t (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21	1,054,407.	1,054,407.		
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,	280,458.	201,930.	42,069.	36,459.
6	trustees, and key employees	200,430.	201,330.	=4,009.	50,459.
5	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	595,318.	428,629.	89,298.	77,391.
8	Pension plan accruals and contributions (include				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	section 401(k) and 403(b) employer contributions)	8,050.	5,796.	1,208.	1,046.
9	Other employee benefits	65,683.	47,292.	9,852.	<u>1,046</u> . 8,539.
10	Payroll taxes	80,502.	57,961.	12,075.	10,466.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	16,850.	6,740.	8,425.	1,685.
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		41 225	00 071	12 007	1 767
	column (A), amount, list line 11g expenses on Sch 0.)	<u>41,225.</u> 71,016.	<u>23,371.</u> 63,914.	13,087.	<u>4,767.</u> 7,102.
	Advertising and promotion	19,496.	15,597.	1,950.	1,949.
13	Office expenses	19,490.	13,397.	1,950.	1,949.
14 15	Information technology				
15 16	Royalties Occupancy	48,420.	41,157.	4,842.	2,421.
17	Travel	1,992.	1,594.	299.	99.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,921.	3,937.	492.	492.
23	Insurance	4,033.	807.	3,226.	
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	MEALS AND ENTERTAINMENT	13,502.	2,025.	4,726.	6,751.
b	RECRUITING EXPENSE	7,144.		7,144.	
с	NETWORK FOR GOOD FEES	6,819.		6,819.	
d	PROFESSIONAL DEVELOPMEN	3,659.	2,927.	732.	
е	All other expenses	1,357.	271.	1,086.	
	Total functional expenses. Add lines 1 through 24e	2,324,852.	1,958,355.	207,330.	159,167.

SLINGSHOT MEMPHIS INC	2
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ľů		Check if Schedule O contains a response or r	ote to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,976,362.	1	1,650,556.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			150,000.	3	270,645.
	4	Accounts receivable, net			264,524.	4	76,836.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B				9	
		Land, buildings, and equipment: cost or other				-	
		basis. Complete Part VI of Schedule D		13,641.			
	Ь	Less: accumulated depreciation		13,641. 6,212.	4,125.	10c	7,429.
	11	Investments - publicly traded securities			-7	11	.,
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			8,235.	14	6,039.
	15	Other assets. See Part IV, line 11			4,035.	15	4,035.
	16	Total assets. Add lines 1 through 15 (must e			2,407,281.	16	2,015,540.
	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	1,889,828.	17	1,076,753.
	18	Grants payable			, ,	18	, ,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ilid		controlled entity or family member of any of th				22	
Lia	23	Secured mortgages and notes payable to unr	-			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D		25			
	26	Tabal Balanda Adal Basa 47 Marsada 05			1,889,828.	26	1,076,753.
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.					
ũ	27				367,453.	27	936,496.
3ala	28	Net assets with donor restrictions	150,000.	28	936,496. 2,291.		
Ъ		Organizations that do not follow FASB ASC					, -
Fur		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			517,453.	32	938,787.
Z	33	Total liabilities and net assets/fund balances			2,407,281.	33	2,015,540.
	1.00	Total habilities and net assets/fully balances			-,,	55	, = = = = = = = = = = = = = = = = = =

Form **990** (2021)

Part X Balance Sheet

Form	990	(2021

Form	1990 (2021) SLINGSHOT MEMPHIS INC	81-37	72313	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,902	2,8	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,324	.,8	52.
3	Revenue less expenses. Subtract line 2 from line 1	3	578	3,03	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	517	7,4	53.
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	-156	5,70	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	938	3,78	<u>87.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	, 5				1
	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?		. <u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	200	

Form **990** (2021)

SCHEDULE A	١
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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	ne of t	ne organization							dentification number
De			GSHOT MEMPH						1-3772313
Pa	irt I	Reason for Public (Jonarity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch				n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	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	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(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	inction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10	X	An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusiv	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations described	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that	- describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization		-	•	-			
		organization. You must o							
b		Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	-				-		•
		organization(s). You mus			·				
с] Type III functionally inte	-		in connect	tion with. a	and functional	lv integrate	ed with.
		its supported organization						, ,	
d] Type III non-functionally	.,.,	•				ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi			•		-		
е		Check this box if the orga		-				II. Type III	
		functionally integrated, or					·) [- · , ·) [- ·	., ., .,	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
q		vide the following information	-						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	al								

Schedule	A (Form	990)	202
Part II	Sup	porl	: Sc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4			(-,	(,	(-/	
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10							
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						_
		ata (aga instructi				12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,	fourth or fifth tox		LI	
13		e e					
Sec	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2021 (I		-	column (f))		14	%
	Public support percentage from 2020		•			15	%
	33 1/3% support test - 2021. If the c					· · · · · · · · · · · · · · · · · · ·	
100	stop here. The organization qualifies						
F	33 1/3% support test - 2020. If the c		-				
~	and stop here. The organization gual						
17-	10% -facts-and-circumstances test	, ,				and line $1/1$ is 10%	
170							
	and if the organization meets the fact					-	
	meets the facts-and-circumstances te	•	• •	,	•	170 and line 15 in	
b	10% -facts-and-circumstances test						10% OF
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 160, 17a, or 17	D, CHECK THIS DOX a	and see instruction	S ►

Schedule A (Form 990) 2021

SLINGSHOT MEMPHIS INC

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2745887.10835205. 1296504 1689385. 2306495. 2796934. 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 2306495. 2796934. 2745887.10835205. 1296504. 1689385. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 491,000. 504,260. 497,049. 469,300. 448,002. 2409611. 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 448,002. 491,000. 504,260. 497,049. 469,300. 240961 8425594 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2020 (a) 2017 (b) 2018 (c) 2019 (e) 2021 (f) Total 9 Amounts from line 6 1296504. 2306495. 2796934. 2745887.10835205. 1689385. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 432. 5,013. 7,942. 5,435. 299. 19,121. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 432. 5,013. 7,942. 5,435. 299. 19,121. 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.) 1296936. 1694398. 2314437. 2802369. 2746186.10854326. **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 77.62 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) % 15 15 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .18 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 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

SLINGSHOT MEMPHIS INC

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.)

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

Part IV S	upporting Org	anizations (continued	1
Schedule A (Fo		SLINGSHOT	

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			

MEMPHIS INC

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	

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

 Yes
 No

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

Section D. All Type III Supporting 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 organization used to satisfy the Integral Part Test during 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.

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

132025 01-04-22

2a

2b

3a

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations must		•	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990) 2021

SLINGSHOT MEMPHIS INC

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions

and 4c.

	dule A (Form 990) 2021 SLINGSHOT MEM		nizotione		<u>-3772313 _{Ра}</u>
	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exer			1	
	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
ectio	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 202 ⁻
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
_	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			-	
				-	
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	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.				
	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

7 Excess distributions carryover to 2022. Add lines 3j 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 SLINGSHOT MEMPHIS INC	81-3772313 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 ⁻¹ line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also comp (See instructions.)	and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

		Supplement	L Eineneiel	Statement	-		OMB No. 1	545-0047
	HEDULE D n 990)	Supplementa ► Complete if the orga Part IV, line 6, 7, 8, 9, 10	anization answered , 11a, 11b, 11c, 11d,	"Yes" on Form 990 , 11e, 11f, 12a, or 12),		20	21
	nent of the Treasury Revenue Service	►Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions a		nation.		Open to Inspect	o Public ion
	e of the organizatio				lation	Emplo	yer identificatio	
	Ū	SLINGSHOT MEMPHIS	INC			•	81-37723	
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Othe	er Similar Funds	or Ac	counts	Complete if t	he
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor ad	vised funds	(b) Funds	and other accou	unts
1	Total number at er	nd of year						
2	Aggregate value of	f contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4	Aggregate value at	t end of year						
5	-	on inform all donors and donor advisors in v	-					
	are the organizatio	n's property, subject to the organization's	exclusive legal contro	ol?			Yes	No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that	t grant funds can be	used or	nly		
	for charitable purp	oses and not for the benefit of the donor o				•		
Day	impermissible priva						Yes	No No
Par		ation Easements. Complete if the org			Part IV,	line 7.		
1		servation easements held by the organization	· · ·					
		of land for public use (for example, recrea	tion or education)				portant land are	a
		f natural habitat		Preservation o	f a certif	fied histo	oric structure	
		of open space						
2	•	through 2d if the organization held a qualif	ied conservation con	tribution in the form	of a cor			
	day of the tax year						eld at the End of tl	ie lax rear
		onservation easements				2a		
b	J. J					2b		
		vation easements on a certified historic stru				2c		
a		vation easements included in (c) acquired a	•			0.1		
~		nal Register				2d		
3		vation easements modified, transferred, rele	eased, extinguisned,	or terminated by the	e organiz	zation du	iring the tax	
4	year	 where property subject to conservation eas	amont is located					
4 5		tion have a written policy regarding the per		acation bandling of				
5	•	orcement of the conservation easements it	.				Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations	and enforcing con	servatio	 n easemi	Logical integration of the version of the second sec	
U		r hours devoted to monitoring, inspecting,	nandling of violations	s, and childrening con-	Scivation	in caselin		Cai
7	Amount of expens	 es incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conserva	tion eas	ements (during the year	
•	► \$	es meaned in monitoring, inspecting, hand	ining of violations, and		lion cas		during the year	
8		vation easement reported on line 2(d) abov	e satisfy the requiren	nents of section 170	(h)(4)(B)(i)		
Ŭ	and section 170(h)	• • • • •					Yes	No
9	()	be how the organization reports conservation						
-		d include, if applicable, the text of the footn		•			oes the	
	,	ounting for conservation easements.	ioto to the organizatio					
Par		ations Maintaining Collections of	Art, Historical	Freasures, or O	ther Si	imilar A	Assets.	
		the organization answered "Yes" on Form	-	-				
1 a		elected, as permitted under FASB ASC 95		revenue statement :	and bala	nce shee	et works	
	0	easures, or other similar assets held for pub	· •					
		Part XIII the text of the footnote to its finar						
b	· •	elected, as permitted under FASB ASC 95				sheet w	orks of	
-	•	sures, or other similar assets held for public	•					

		•		
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1	►	\$ _	
	(ii) Assets included in Form 990, Part X	►	\$ _	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	le	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1	►	\$	

Schedule D (Form 990) 2021

▶ \$

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets gentineed. 3 Using the organization accusation, accusation, and other records, check any of the following that make significant use of its collection times (check all that apply): a Path of the organization accusation, and other records, check any of the following that make significant use of its collections and explain how they further the organization's exempt purpose in Part XIII. 5 Diring the year, did the organization is collections and explain how they further the organization's occurs, or other similar assets to be address and find the organization's collection? Yes No. 7 Part of the organization is collections or other intermediary for contributions or other assets not included on form 590, Part X, Ine 21. Test organization accusation and appent thread the arrangement in Part XIII and complete the following table: Yes No. 6 Brith organization accusation in accusation and appent thread the arrangement in Part XIII and complete the following table: Yes No. 6 Brith organization accusation and appent thread the arrangement in Part XIII. Check here of the organization accusation and accusation accusation and accusation accusation accusation accusation and accusation and accusatio	Sche		OT MEMPHIS						81-37			_{age} 2
collection terms (check all that apply): Collection terms (check all that apply): Scholatly research Collection to thure generations Collection to thure generations Collection to thure generations of collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Yes Yes<th>Par</th><th>t III Organizations Maintaining C</th><th>ollections of Ar</th><th>t, Histo</th><th>orical Tre</th><th>asures, or Of</th><th>her S</th><th>Simila</th><th>r Assets</th><th>(contir</th><th>nued)</th><th></th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or Of	her S	Simila	r Assets	(contir	nued)	
a Public exhibition d l	3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that mal	ke sign	ificant ι	use of its			
b Scholarly research • Other c Prevention for future generations Collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization scillactions and explain how they further the organization assempt purpose in Part XIII. No Part II Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, Iine 21. Yes No 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Iine 21. Armount 10 14 Is the organization and purpose in Part XIII and complete the following table: Armount 10 15 Distributions during the year 10 11 11 11 15 Distributions during the year 10 10 10 10 10 2 Distributions during the year 10 11 10 <		collection items (check all that apply):										
c Previde accircution of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be and to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part K, line 9. The Sector and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part K, line 21. Is the organization an agent, thuste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes,' explain the arrangement in Part XIII and complete the following table: Additions during the year Ital Ending balance Additions during the year Ital Ending balance Additions during the year Ital Ending balance Ital Beginning of year balanc	а	Public exhibition	d	I 🗌 L	_oan or exc	hange program						
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b If "Yes," explain the arrangement in Part XIII and complete the following table:		on Form 990, Part X?		-						Yes		No
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d Grants or scholarships	b	Contributions										
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f Administrative expenses	е	Other expenditures for facilities										
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c Leasehold improvements												
d Equipment												
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Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 7,429.	d	Equipment						_				
	е	Other			1	3,641.		6,2	12.			
	<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	X, colum	n (B), line 1	0 <u>c.)</u>					7,4	29.

Schedule D (Form 990) 2021

	(Form 990) 2021	SLINGSHOT	MEMPHIS	INC
Part VII	Investments -	• Other Securities.		

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (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	1-of-year market value
			a or year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9) Total (Column (b) must equal Form 000, Part X, col. (P) lin			

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

Sche	dule D (Form 990) 2021 SLINGSHOT MEMPHIS INC			81-3	3772313 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,932,940.
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		34,220.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		152,534.		
е	Add lines 2a through 2d			2e	186,754.
3	Subtract line 2e from line 1			3	2,746,186.
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	156,700.		
	Add lines 4a and 4b			4c	156,700.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,902,886.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,511,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	34,220.		
b	Prior year adjustments				
с	Other losses	2c			
d	Other (Describe in Part XIII.)		152,534.		
е	Add lines 2a through 2d			2e	186,754.
3	Subtract line 2e from line 1			3	2,324,852.
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, Part I, line 18.)			5	2,324,852.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	,		; Part)	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional inform	nation.		
PAI	T XI, LINE 2D - OTHER ADJUSTMENTS:				
EMI	LOYEE RETENTION CREDIT				152,534.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PPP LOAN FORGIVENESS RECOGNIZED ON 2020 FINANCIALS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SALARIES EXPENSE TO THE EXTENT OF EMPLOYEE RETENTION CREDIT 152,534.

156,700.

SCHEDULE I (Form 990)		Grants and Oth					OMB No. 1545	
		vernments, an lete if the organization					202	<u>'</u> 1
Department of the Treasury Internal Revenue Service	Comp	-	Attach to Formers.gov/Form990 fo	m 990.			Open to P Inspecti	
Name of the organization	MEMPHIS	INC					Employer identification 81-3772	
Part I General Information on Grants a	and Assistance							
1 Does the organization maintain records criteria used to award the grants or assi								X No
2 Describe in Part IV the organization's pr								
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	int
ADVANCE MEMPHIS								
769 VANCE AVENUE								
MEMPHIS, TN 38126	62-1778254	501(C)(3)	19,557.	0.			PROGRAM SUPPORT	
·			, ,					
ALPHA OMEGA VETERANS SERVICES INC								
1183 MADISON AVENUE								
MEMPHIS, TN 38104	58-1761468	501(C)(3)	18,253.	0.			PROGRAM SUPPORT	
COMMUNITIES IN SCHOOL MEMPHIS								
2714 UNION AVENUE EXT, SUITE 225								
MEMPHIS, TN 38112	82-4511570	501(C)(3)	18,253.	0.			PROGRAM SUPPORT	
JUST CITY								
P.O. BOX 41852								
MEMPHIS, TN 38174	47-2650826	501(C)(3)	46,936.	0.			PROGRAM SUPPORT	
JUVENILE INTERVENTION AND								
FAITH-BASED FOLLOW-UP - 254 S								
LAUDERDALE STREET - MEMPHIS, TN								
38126	62-0818307	501(C)(3)	31,291.	0.			PROGRAM SUPPORT	
MEMPHIS INNER CITY RUGBY								
7536 OAK HAVEN TRACE								
NASHVILLE, TN 37209	46-1415356	501(C)(3)	19,557.	0.			PROGRAM SUPPORT	
2 Enter total number of section 501(c)(3) a			,	· ·		I	•	
3 Enter total number of other organization	•	•					······	
LHA For Paperwork Reduction Act Notice							Schedule I (Form 99	90) 2021

SLINGSHOT MEMPHIS INC

Schedule I (Form 990) SLINGSHOT	MEMPHIS	INC				8	1-3772313 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTER-LEATH 3400 PRESCOTT ROAD							
	58-1409385	$E_{01}(\alpha)(2)$	E0 151	0.			PROGRAM SUPPORT
MEMPHIS, TN 38118	50-1409385	501(C)(3)	52,151.	0.			PROGRAM SUPPORT
AGAPE CHILD & FAMILY SERVICES							
3160 DIRECTORS ROW							
MEMPHIS, TN 38131	23-7039683	501(C)(3)	72,581.	0.			PROGRAM SUPPORT
	23 7033003	501(0)(3)	72,301.				FROMM BOITORI
CENTER FOR EMPLOYMENT							
OPPORTUNITIES - 2714 UNION AVENUE							
EXT, SUITE 200 - MEMPHIS, TN 38112	13-3843322	501(C)(3)	62,151.	0.			PROGRAM SUPPORT
,,,,,							
IOPE HOUSE							
23 S IDLEWILD ST							
MEMPHIS, TN 38104	62-1579024	501(C)(3)	41,291.	0.			PROGRAM SUPPORT
· · · · · ·							
GOODWILL EXCEL CENTER							
1490 NORRIS RD							
MEMPHIS, TN 38106	46-5234455	501(C)(3)	53,025.	0.			PROGRAM SUPPORT
MEMPHIS ATHLETIC MINISTRIES							
548 POPLAR AVENUE							
IEMPHIS, TN 38104	62-1751253	501(C)(3)	21,734.	0.			PROGRAM SUPPORT
ETROPOLITAN INTER-FAITH							
ASSOCIATION - 910 VANCE AVE -							
EMPHIS, TN 38126	62-0803601	501(C)(3)	38,683.	0.			PROGRAM SUPPORT
URSE-FAMILY PARTNERSHIP (LE							
SONHEUR CHILDREN'S HOSPITAL) - PO				-			
OX 41817 - MEMPHIS, TN 38174	62-1872938	501(C)(3)	52,151.	0.			PROGRAM SUPPORT
PURDUE CENTER OF HOPE (SALVATION							
ARMY) - 696 JACKSON AVE - MEMPHIS,		501(0)(2)	22.000	^			
FN 38105	58-0660607	501(C)(3)	33,898.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

SLINGSHOT MEMPHIS INC

Diffy	772313 Pag
organization or governmentif applicablecash grantnoncash assistancevaluation (valuation)noncash assistanceRCH901550 CONCOURSE AVE #37547-4244246501(c)(3)32,164.0.PROGREXTY YEAR MEMPHIS 2 N FRONT SREET47-4244246501(c)(3)32,164.0.PROGREXTY YEAR MEMPHIS 2 N FRONT SREET47-4244246501(c)(3)59,544.0.PROGREXTY YEAR MEMPHIS 2 N FRONT SREET22-2882549501(c)(3)59,544.0.PROGREXTY ELINE TO SUCCESS 647 DELIMOD AVENUE ECHINICOV AVENUE ECHINICOV AVENUE27-0322263501(c)(3)33,468.0.PROGREICHBORNOOD CHRISTIAN CENTER 85 JACKSON AVENUE EXMITIS, TN 3810758-1394456501(c)(3)28,253.0.PROGRDULSVILLE CHARTER SCHOOL 115 COLLEGE STREFT EXMITIS, TN 3810220-1861028501(c)(3)21,23,038.0.PROGRJ CASA 302 N ORAHAM STREET EXMITIS, TN 3812226-3898737501(c)(3)23,038.0.PROGRDYS AND GIRLS CLUBS OF GREATER501(c)(3)23,038.0.PROGR	
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1647 DELLWOOD AVENUE HEMPHIS, TN 3812727-0322263501(C)(3)33,468.0.PROGRHILLIAM R. MOORE COLLEGE OF TECHNOLOGY - 1200 POPLAR AVENUE - HEMPHIS, TN 3810462-0497613501(C)(3)38,683.0.PROGR62-0497613501(C)(3)38,683.0.PROGRPROGRHEIGHBORHOOD CHRISTIAN CENTER 185 JACKSON AVENUE HEMPHIS, TN 3810758-1394456501(C)(3)28,253.0.PROGRSOULSVILLE CHARTER SCHOOL 115 COLLEGE STREET HEMPHIS, TN 3810620-1861028501(C)(3)41,291.0.PROGRSUU CASA 302 N GRAHAM STREET HEMPHIS, TN 3812226-3898737501(C)(3)23,038.0.PROGR	
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115 COLLEGE STREET IEMPHIS, TN 3810620-1861028501(C)(3)41,291.0.PROGRVU CASA 302 N GRAHAM STREET IEMPHIS, TN 3812226-3898737501(C)(3)23,038.0.PROGR	
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.302 N GRAHAM STREET 26-3898737 501(C)(3) 23,038. 0. PROGR BOYS AND GIRLS CLUBS OF GREATER	
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OYS AND GIRLS CLUBS OF GREATER	
	AM SUPPORT
EMERIO - 44 S. REMORRI - MEMERIS,	
N 38104 62-0646371 501(C)(3) 41,291. 0. PROGR	AM SUPPORT
N 38104 62-0646371 501(C)(3) 41,291. 0. PROGR	AM SUPPORT
CONOMIC OPPORTUNITIES	
163 AIRWAYS BLVD.	
	AM SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) SLINGSHOT MEMPHIS INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

81-3772313 Page 1

organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ITE MEMPHIS							
550 NEW YORK ST.							
MEMPHIS, TN 38104	47-2532088	501(C)(3)	36,076.	0.			PROGRAM SUPPORT
WCA OF GREATER MEMPHIS							
3841 NEW COVINGTON PIKE							
MEMPHIS, TN 38128	62-0475754	501(C)(3)	41,291.	0.			PROGRAM SUPPORT
MEMPHIS TEACHER RESIDENCY							
350 CONCOURSE AVE #366							
MEMPHIS, TN 38104	26-4440905	501(C)(3)	49,113.	0.			PROGRAM SUPPORT
			,				
GIRLS INC. OF MEMPHIS							
568 ROBIN HOOD LANE							
MEMPHIS, TN 38111	62-0512078	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990) 2021

SLINGSHOT MEMPHIS INC

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

SCHED	ULE J Compensation Information		OMB No. 15	45-0047						
Form 9		For certain Officers, Directors, Trustees, Key Employees, and Highest								
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 2	23	202							
epartment c	If the Treasury		Open to Public							
nternal Reve	Due Service Go to www.irs.gov/Form990 for instructions and the latest information		Inspection							
lame of t	he organization		identification							
Part I	SLINGSHOT MEMPHIS INC	81-	3772313							
Farti	Questions Regarding Compensation									
				Yes No						
	the appropriate box(es) if the organization provided any of the following to or for a person listed on Fo	orm 990,								
	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or charter travel Housing allowance or residence for per									
	Travel for companions Payments for business use of persona									
	Tax indemnification and gross-up payments Health or social club dues or initiation									
	Discretionary spending account Personal services (such as maid, chau	Iffeur, chet)								
la lé aux										
-	y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		46							
	pursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b							
	he organization require substantiation prior to reimbursing or allowing expenses incurred by all directors									
trust	ees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2							
منامصا										
	ate which, if any, of the following the organization used to establish the compensation of the organizati									
	/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organi	zation to								
	blish compensation of the CEO/Executive Director, but explain in Part III.									
	Compensation committee Written employment contract									
	Independent compensation consultant									
	Form 990 of other organizations	on committee								
	ng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
-	nization or a related organization:			v						
	vive a severance payment or change-of-control payment?			<u>X</u>						
	cipate in or receive payment from a supplemental nonqualified retirement plan?			X						
	cipate in or receive payment from an equity-based compensation arrangement?		4c	<u> </u>						
lf "Ye	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
<u>.</u>										
-	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation								
	ingent on the revenues of:		_	v						
	organization?			<u>X</u>						
	related organization?		5b	<u> </u>						
	es" on line 5a or 5b, describe in Part III.									
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation								
	ingent on the net earnings of:			v						
	organization?			<u> </u>						
	related organization?		6b	X						
	es" on line 6a or 6b, describe in Part III.									
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment									
	lescribed on lines 5 and 6? If "Yes," describe in Part III		7	X						
	e any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	to the								
	· · · · · · · · · · · · · · · · · · ·		8	X						
9 If "Ye	es" on line 8, did the organization also follow the rebuttable presumption procedure described in									
	Ilations section 53.4958-6(c)?		9	1						

Schedule J (Form 990) 2021

81-3772313

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferre on prior Form 990	
(1) JARED BARNETT	(i)	167,173.	0.	0.	0.	16,734.	183,907.	0.	
INCOMING CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	<u>(ii)</u>								
	(i)								
	<u>(ii)</u>								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	<u>(ii)</u>								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i) (ii)								

Part III Supplemental Information

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

Schedule J (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.



81-3772313

SLINGSHOT MEMPHIS INC

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

WAY WE FIGHT POVERTY.

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

PRODUCE EFFECTIVE OUTCOMES FOR OUR NEIGHBORS EXPERIENCING POVERTY.

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

THE 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM. A REVIEW IS

PERFORMED BY THE EXECUTIVE DIRECTOR AND COPIES ARE FURNISHED TO EACH BOARD

MEMBER PRIOR TO FILING.

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

EACH DIRECTOR, OFFICER AND EMPLOYEE SHALL BE PROVIDED WITH AND ASKED TO

REVIEW A COPY OF THIS POLICY ANNUALLY. THE ORGANIZATION REQUIRES A

DISCLOSURE FORM BE COMPLETED, SUBMITTED AND SIGNED ON AT LEAST AN ANNUAL

BASIS.

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

THE ORGANIZATION DETERMINES COMPENSATION BY EVALUATING THE EXPERIENCE,

BACKGROUND, RESUME, AND ETC. COMPENSATION IS ALSO DETERMINED BY COMPARING

OTHER CHIEF EXECUTIVE OFFICER AND EXECUTIVE DIRECTOR SALARIES WITH SIMILAR

ROLES AND RESPONSIBILITIES. FINALLY, THE BOARD OF DIRECTORS REVIEWS AND

APPROVES THE EMPLOYMENT CONTRACT AND COMPENSATION.

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

THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC.

Name of the organization

SLINGSHOT MEMPHIS INC

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PPP LOAN FORGIVENESS RECOGNIZED ON THE 2020 FINANCIAL

STATEMENTS

-156,700.

FORM 990 PART XII LINE 2C

THE PROCESS IS UNCHANGED FROM THE PREVIOUS YEAR.

2021 DEPRECIATION AND AMORTIZATION REPORT

FOI

FORM 99	ORM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	(D)APPLE COMPUTER	02/02/17	SL	3.00		16	1,856.				1,856.	1,856.		0.	1,856.
2	APPLE COMPUTER	06/04/18	SL	3.00		16	810.				810.	698.		112.	810.
3	APPLE COMPUTER	09/03/18	SL	3.00		16	849.				849.	660.		189.	849.
4	APPLE COMPUTER	06/10/19	SL	3.00		16	999.				999.	527.		333.	860.
5	APPLE COMPUTER	01/28/19	SL	3.00		16	1,698.				1,698.	1,085.		566.	1,651.
6	FURNITURE - IKEA	07/29/19	SL	5.00		16	649.				649.	184.		133.	317.
7	APPLE COMPUTER	11/16/20	SL	5.00		16	809.				809.	22.		271.	293.
8	APPLE COMPUTER	11/16/20	SL	5.00		16	860.				860.	23.		288.	311.
9	VIDEO CONFERENCE	02/04/20	SL	5.00		16	938.				938.	287.		312.	599.
10	LENOVO COMPUTER	05/10/21	SL	3.00		16	1,185.				1,185.			263.	263.
11	APPLE LAPTOP	08/26/21	SL	3.00		16	849.				849.			94.	94.
12	APPLE LAPTOP	09/10/21	SL	3.00		16	849.				849.			94.	94.
13	APPLE LAPTOP	09/20/21	SL	3.00		16	857.				857.			71.	71.
14	APPLE COMPUTER	12/17/21	SL	3.00		16	2,289.				2,289.			0.	
	* TOTAL 990 PAGE 10 DEPR						15,497.				15,497.	5,342.		2,726.	8,068.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						9,468.			0.	9,468.	5,342.			7,546.

128111 04-01-21

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

ORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						6,029.			0.	6,029.	0.			522.
	DISPOSITIONS/RETIRED						1,856.			0.	1,856.	1,856.			1,856.
	ENDING BALANCE						13,641.			٥.	13,641.	3,486.			6,212.
	ENDING ACCUM DEPR LESS DISPOSITIONS											6,212.			
	ENDING BOOK VALUE											7,429.			

128111 04-01-21

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone