Form 990

Return of Organization Exempt From Income Tax

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

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

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2022 c	alendar year, or tax year beginning , and ending			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10								
В	Check if a	applicable:	C Name of organization		D Employer	identification number								
	Address o	change	ONE HUNDRED SHARES											
Ħ	Name cha	ange	Doing business as		20-8	686310								
Ħ		48	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone									
_	Initial retur	1970	PO BOX 190092 City or town, state or province, country, and ZIP or foreign postal code		770-8	833-5704								
	Final retur terminated													
П	Amended	return	ATLANTA GA 31119-0128		G Gross rece	eipts \$ 257,243								
Ħ	Application	n nonding	F Name and address of principal officer:) Is this a grou	ip return for su	ubordinates? Yes X No								
ш	Application	n penuing	MICHELE ROWLAND											
			GEOGRAPHICA CONTRACTOR	Are all subo		ded? Yes No								
XE.	0041010000000		ATLANTA GA 31119	II INO,	auaur a iist. C	see instructions								
1_	72.015.00 BOX	npt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527											
J	Website:	: 0		Group exem		~								
		organization:	X Corporation Trust Association Other L Year of fo	ormation: Z	007	M State of legal domicile: GA								
	art I	w/s=1 891 11 11 11	immary											
	1 E		scribe the organization's mission or most significant activities:											
ce	56		UPPORT THE WORK OF CHRISTIAN NON-PROFIT ORGANIZATIONS I	N THE	ATLANT	Α								
nan	92	AREA IN THE FORM OF GRANTS FOR PROJECTS.												
Governance	/-													
Go	2 (s box if the organization discontinued its operations or disposed of more than 25% of its ne	et assets.	1 1	2								
∞ŏ	3 1		of voting members of the governing body (Part VI, line 1a)			3								
ies			of independent voting members of the governing body (Part VI, line 1b)			3								
Activities	200,000		nber of individuals employed in calendar year 2022 (Part V, line 2a)		2220	0								
Ac	2000		nber of volunteers (estimate if necessary)			3								
			elated business revenue from Part VIII, column (C), line 12			0								
	bl	Net unrela	ated business taxable income from Form 990-T, Part I, line 11	Prior Year	7b	Current Year								
	8 (Contribution	one and grants (Part VIII line 1h)		,220	252,047								
ne	9 [Program	ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)		1220	4,280								
Revenue			tt income (Part VIII, line 2g)		64	119								
Re			onus (Part VIII column (A) lines 5, 6d, 9c, 9c, 40c, and 41a)		0.7	797								
	600 mm and		enue (Part VIII, Columni (A), lines 3, 6d, 6d, 9d, 9d, and 11e)	297	,284	257,243								
V-E			d civiles assessed (Det IV selver (A) lines 4.2)		,475	225,000								
			paid to or for members (Part IX, column (A), line 4)		,,1,5	0								
			other compensation, employee benefits (Part IX, column (A), lines 5–10)			0								
xpenses			the second contract of		-	0								
neu			nal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25)											
X			pages (Part IV column (A) lines 11s 11d 11f 24s)	22	,212	31,363								
	0.000		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,687	256,363								
	500 To 6	Processing and and and	less expenses. Subtract line 18 from line 12		,597	880								
5 %	3	TOVOITAG		ning of Curre	-	End of Year								
Net Assets or	20	Total asse	ets (Part X, line 16)	228	,111	233,991								
ASS	21	Total liabi	lities (Part X, line 26)		0	0								
E E	22 1	Net asset	s or fund balances. Subtract line 21 from line 20	228	,111	233,991								
P	art II	Sig	gnature Block		-									
			perjury, I declare that I have examined this return, including accompanying schedules and statements, and		of my know	wledge and belief, it is								
tn	ue, corre	ect, and co	omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any	knowledge.	44	- 1								
		72			50	5								
Sig	gn	Signature			Date									
He	re	VEN.	ITA MITCHELL CFO											
		Type or p	rint name and title											
	250	Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN								
Pai		M. ELI	EN LUCCIOLA, CPA M. ELLEN LUCCIOLA, CPA	08/23/	23 self-emp	ployed P01420851								
	parer	Firm's nar		P Fin	m's EIN	46-4148474								
Use	Only		1600 RIVEREDGE PKWY NW STE 310											
		Firm's add		Ph	one no.	770-644-0500								
May	y the IR	S discuss	s this return with the preparer shown above? See instructions			X Yes No								

Part 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: TO SUPPORT THE WORK OF CHRISTIAN NON-PROFIT ORGANIZATIONS IN THE AREA IN THE FORM OF GRANTS FOR PROJECTS.	ATLANTA
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 X No
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. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 	
4a (Code:)(Expenses \$ 100,000 including grants of \$ 100,000) (Revenue \$ DEVELOPEMTAL DISABILITIES MINISTRIES: THE MISSION OF DEVELOPEMTAL DISABILITIES MINISTRIES IS TO PROVIDE RESIDENTIAL, FAMILY SUPPORT AND CHRISTIAN MINISTRY FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES FAMILIES TO ACHIEVE THEIR HIGHEST LEVEL OF SOCIAL, PHYSICAL, EMOTIC SPIRITUAL MATURITY. THE PURPOSE OF OHS'S GRANT OF \$100,000 WILL TWO RESIDENCE VEHICLES TO TAKE RESIDENTS TO VARIOUS APPOINTMENTS, RENOVATE AN EXISTING BATHROOM THAT WILL IMPROVE THE RESIDENTS' QUALIFE, AS WELL AS START A NEW HOST HOME.	AND THEIR ONAL, AND PURCHASE ALITY OF
4b (Code:) (Expenses \$ 50,000 including grants of \$ 50,000) (Revenue \$ GILGAL: GILGAL'S MISSION IS TO ASSIST WOMEN IN BREAKING THE CYCLE THAT LED THEM TO DRUG AND ALCOHOL ADDICTION AND REPLACE IT WITH A VICTORIOUS LIVING THROUGH JESUS CHRIST. THE PURPOSE OF OHS'S GRAI \$50,000 WILL BEGIN BUILDING GILGAL VILLAGE, WHICH WILL BE MADE UP SUITES WITH A COMMON OUTDOOR SPACE FOR INCOMING RESIDENTS WHO NEED PLACE TO DETOX BEFORE ENTERING THE LONG-TERM PROGRAM.	OF DEFEAT CYCLE OF NT OF OF TWO
4c (Code:)(Expenses \$ 75,000 including grants of \$ 75,000)(Revenue \$ STREET GRACE: STREET GRACE'S MISSION IS TO MOBILIZE COMMUNITY RESERVANCIAL, HUMAN, AND MATERIAL—TO FIGHT COMMERCIAL SEXUAL EXPLOIT CHILDREN THROUGH PREVENTION, PROTECTION, POLICY, AND PURSUIT. THE OF OHS'S GRANT OF \$75,000 WILL PURSUE THE NEXT STRATEGIC PHASE OF STREET GRACE YOUTH EDUCATION INITIATIVE, WHICH WILL INCLUDE THE LATER TWO INNOVATIVE NEW PROGRAMS: HELP LOCKER AND THE STREET GRACE YOU'LLEADERSHIP ACADEMY.	TATION OF E PURPOSE THE AUNCH OF
4d Other program services (Describe on Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

		8	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
022	complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		^
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			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			Λ
J	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,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			S 32
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			255
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			v
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	440		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		х
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	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			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1000-001 AT (1000)		
	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			3,7
VIII.	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	100		v
	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	47		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		A
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		х
20a	Did the ergonization energic one or more beguited facilities? If "Vee " complete Schedule U	200		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ĺ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

2.2	990 (2022) ONE HUNDRED SHARES 20-8686310 art IV Checklist of Required Schedules (continued)		P	age 4
Г	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	*	100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1 × 100 00 100 000 00		i
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			550
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	50,100		i
2	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	220		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051-		X
00	If "Yes," complete Schedule L, Part I	25b		^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	10.000 (000.000-000.000.000)		
	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,"	0.000.000		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
05-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		Λ
b	controlled on the within the magning of costion F12/bV42/Q/F "Occupator Ochodule D. Dod V. For Q	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
50	related erganization? If "Vee " complete Schoolule D. Dert V. line ?	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
(d)	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	1.000		92
-	Check if Schedule O contains a response or note to any line in this Part V			
1,0		i ooma suuki an ooma suuki an oo	Vec	No

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Pa	rt 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	2517			19
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	51/0/8000			1072
	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				
7 martin (1)	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).			37
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
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		c-		Х
L			6a		Λ
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).		OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
а	and convices provided to the payor?		7a		X
b	If "Vos " did the experience potity the depart of the volue of the goods or conjugation provided?	500 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 -	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10		
•	required to file Form 02020		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		a 18
b			9b		
10	Section 501(c)(7) organizations. Enter:	1	Î		
a	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	A-1 22			
11	Section 501(c)(12) organizations. Enter:	Ť			
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
40	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		. 8
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	*********	ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	1			
С	F-1	The state of the s			
14a	Did the experience receive any neumants for indeer tenning configuration to tay year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				19
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 or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
91	If "Yes," complete Form 6069.				z ple

Form 990 (2022) ONE HUNDRED SHARES 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

				1924		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3				
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		Х
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?				7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the fo	ollowing	W		W.	
а	The governing body?				Ba	X	
b	Each committee with authority to act on behalf of the governing body?				Bb	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						v
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nai R	evenu	e Coae	.)		
40	Did the second of the second o			8		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				0a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			١,	n L		
11-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			5-692-2005-0	0b 1a		Х
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1011117	000000		ıa		
b 120				١,	2a		X
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				2b		A
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	COITIIC	۱۵ ! 	• • • • •	20		
C	describe an Octobrida Octobrida or described				2c		
13	Did the organization have a written whistleblower policy?				13		Х
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 approval by						
1000	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			1	5a		X
b	Other officers or key employees of the organization				5b	}	Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			1.600.00			***
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?			1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
Vie e	organization's exempt status with respect to such arrangements?			1	6b		
Sec	tion C. Disclosure						185
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	n 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy,					
	and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
M	ICHELE ROWLAND PO BOX 190092						

ATLANTA

GA 31119

770-833-5704

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of 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.

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

(A) (B) Name and title Average hours per week			o not x, unle ficer a	Pos check ess pe	c) ition more than one erson is both an director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LUCINDA LEWIS	4.00	1.5								
SECRETARY	0.00			X				0	0	0
(2) VENITA MITCHELL	4.00				ő.					700
CFO	0.00			X				0	0	0
(3) MICHELE ROWLAND	4.00									
CEO	0.00			X				0	0	0
(4)		98								
(5)										
(6)		6								
(7)		,			. v					
(8)		3								
(9)		<u>ka</u>								
(10)			17.		,					
(11)										
** 13445-1346-1445-1446-1446-1446-1446-1446-1446-14									7	

(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ox, unle ficer a	Pos check ess pe	erson i	than of s both Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	(F) imated of oth ompens from t ganization ed orga	amount er ation he	
						i.								
			25											
				1.0										
1b c d	Subtotal Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (inc	ts to Part VII, S	ectio	to th					who received more than \$1	00,000 of				
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and person listed on line 1a	mer officer, directions of the complete Scheduler 1a, is the sum of the complete th	le J of rep nan	for s ortal \$150	ble c	indiv omp ? If "	idual ensa Yes,	tion " cor	and other compensation from the such and the schedule J for such	n the		3	Yes	X X
Sect	for services rendered to the orgion B. Independent Contractor		s," c	ompi	lete 3	Sche	dule	J fo	r such person			5		X
1	Complete this table for your five compensation from the organization	e highest compe							year ending with or within t				(C)	6
	Name and	business address							Descript	on of services		Co	mperisati	on
2	Total number of independent or received more than \$100,000 or							nose	listed above) who	0				

Form 990 (ZUZZ	ONE	HOIV	עניטוע	SILVINGS
Part VII	1	Stateme	nt of	Reven	ue

		Check if	Sche	dule O cont	ains a	response	or note	to any line in this	s Part VIII		
		000000000000000000000000000000000000000						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated camp	aigns		1a						37
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b						
D E	c	Fundraising ever	200000		1c						
ifts Ir A	d	Related organiza	***		1d						
nila G	e	Government grants (co)	1e						
Sil	f	All other contributions,			-	i company	(63 (USSENER)				
her		and similar amounts no			1f	25	2,047				
F O	g	Noncash contributions i lines 1a-1f			1g	\$					
Cor	h	Total. Add lines			177			252,047			
_							iness Code	•			
Ф	2a	AWARDS LUN	CHEON					4,280	4,280		ii (ii)
vice	b		•••••								
Ser	С					STATE OF THE PARTY	8				72
am	d									à	A 8
Program Service Revenue	е					tuborotic contra					.es 19
	f	All other program									8
		Total. Add lines						4,280			V = 33
		Investment incon						-			
		other similar amo						119			119
	4	Income from inve		of tax-exempt	bond p	roceeds					18
	5	Royalties				****					75
		•		(i) Real		(ii) Perso					8 8
	6a	Gross rents	6a								
	b	Less: rental expenses	6b		331	f:		1			
	С	Rental inc. or (loss)	6c								
	d	Net rental income	e or (los	ss)							00
	7a	7a Gross amount from (i) Securitie		1	(ii) Othe	ег					
		sales of assets other than inventory	7a	******							
e	b	Less: cost or other						3			
enn		basis and sales exps.	7b								
Sev	С	Gain or (loss)	7c								
Other Revenue	d	Net gain or (loss)								33
E E		Gross income from					Million Control				55
•		(not including \$									
		of contributions rep									
		1c). See Part IV, lin	ne 18		8a						
	b	Less: direct expe	100000		8b						
		Net income or (le			vents .		212222				e 9
	9a	Gross income from	om gam	ing							8
		activities. See Pa	art IV, lii	ne 19	9a						
	b	Less: direct expe	enses		9b	,					
		Net income or (le			ities	elebelykon nojelebelebelykon n	yegresses espeseus i i i i				23
	10a	Gross sales of in	ventory	, less							
		returns and allow	vances		10a						
	b	Less: cost of goo	ods sold		10b	8					ia di
	С	Net income or (lo	oss) froi	m sales of inve	ntory						72 22
u)	9			110		Bus	siness Code				25
Miscellaneous Revenue	11a	CREDIT CAR	D FEE	RECOVERY		194100 020		797	797		- E
Scellaneo	b	***************************************									5
Seve	C	*									
Mis	d	All other revenue									
es Tr		Total. Add lines						797			
	12	Total revenue.	See ins	tructions				257,243	5,077	0	119

Form 990 (2022) ONE HUNDRED SHARES Part IX Statement of Functional Expenses

e e	Check if Schedule O contains a response			(c) T	(D)
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	225,000	225,000		, i
2	Grants and other assistance to domestic individuals. See Part IV, line 22	200			
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				3
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified				i i i i i i i i i i i i i i i i i i i
9.760	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		is a second of the second of t		15
8	Pension plan accruals and contributions (include			1	H.
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				2
11	Fees for services (nonemployees):				
a	Management				
b	Legal	050): ::	050	
C	Accounting	950	8	950	4
d	· · · · · · · · · · · · · · · · · · ·			-	*
e	Professional fundraising services. See Part IV, line 17			-	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column			+	
g	(A) amount, list line 11g expenses on Schedule O.)	8,981		8,981	
12	\$2000.000 mm	0,501		0,301	
13	Office expenses	5,369): 	5,369	
14	Information technology	- 1	9		E E
15	Royalties				*
16	Occupancy				3
17	Travel	6,587		6,587	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,476		9,476	<u>6</u>
20	Interact	5/2/5); (4)	5,210	
21	Payments to affiliates			1	S.
22	Depreciation, depletion, and amortization		*		*
23	Insurance		2		<u> </u>
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 O.)		<u></u>		
a				4	8
b): ::		
C				:	<u> </u>
d	All other processes		5.		9
100,000	All other expenses	256,363	225,000	31,363	0
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	230,303	223,000	31,303	0
	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)				

ONE HUNDRED SHARES Form 990 (2022) Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 213,357 133,598 Cash—non-interest-bearing Savings and temporary cash investments 93,729 20,260 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 784 374 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a
Less: accumulated depreciation 10b **b** Less: accumulated depreciation Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 228,111 233,991 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 228,111 233,991 Retained earnings, endowment, accumulated income, or other funds 31 31 233,991 228,111 32 Total net assets or fund balances 32 228,111 233,991 Total liabilities and net assets/fund balances

Form 990 (2022)

Pa	art XI Reconciliation of Net Assets				- 10				
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57,2					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2.	56,3	363				
3	Revenue less expenses. Subtract line 2 from line 1	3			880				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2:	28,1	111				
5	Net unrealized gains (losses) on investments	5			- 10				
6	Donated services and use of facilities	6							
7	Investment expenses 7								
8	Prior period adjustments	8		5,0	000				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-40.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	2	33,9	991				
Pa	art XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				يلل				
			0.000	Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_8%						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on								
	Schedule O.				5,500				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of								
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Ļ.,				
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	etelete eteletetetete	3a						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2.	. 3b						

Form 990 (2022)

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

ONE HUNDRED SHARES

Employer identification number 20-8686310

			ONE HUNDRED	SHARES			20-868	6310
P	art I	Reas	on for Public Charity	Status. (All organizations	must co	omplete	this part.) See instruction	ns.
The	orgai	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)		ii
1	П	A church, cor	nvention of churches, or asso	ciation of churches described in	section '	170(b)(1)(A)(i).	
2	П	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form 9	990).)			
3	П			e organization described in secti)(1)(A)(iii)		
4	Н	· · · · · · · · · · · · · · · · · · ·	- 1/E/	in conjunction with a hospital des	500			oital's name
		city, and state		,			(-)(-)(-)(-)(-)	
5	П	and the same of th		a college or university owned or	operated	by a gove	emmental unit described in	
•	ш		(b)(1)(A)(iv). (Complete Part I		oporatoa	by a gove	similar and addenbed in	
6	П		<u> Pergangan perkepadi kenangan sanan penghina pangan</u>	vernme <mark>ntal unit d</mark> escribed in sec	tion 170	(b)(1)(A)(v	٨	
7	Н		경우하다는 것이 없는 아이들이 프라이탈 아이를 보면 되었다. 그 아이들이 아	ubstantial part of its support from			TO 1884 and 1884 and	
	ш		section 170(b)(1)(A)(vi). (Co		a govern	montal un	it of from the general public	
8	П			70(b)(1)(A)(vi). (Complete Part II)			
9	Н			ribed in section 170(b)(1)(A)(ix)		in conjun	action with a land-grant college	
	ш			agriculture (see instructions). En	50 55	1,-		
		university:		-3		, - ,,		
10	X	An organization	on that normally receives (1)	more than 33 1/3% of its suppor	t from cor	ntributions,	membership fees, and gross	
	_			t functions, subject to certain exc				
			<u> </u>	unrelated business taxable inco	***		11 tax) from businesses	
	_	acquired by the	he organization after June 30,	, 1975. See section 509(a)(2). (Complete	Part III.)		
11	Ш	An organization	on organized and operated ex	clusively to test for public safety.	See sec	tion 509(a)(4).	
12	\sqcup	3		clusively for the benefit of, to per				
				ns described in section 509(a)(Check
		Carlotte Comment		cribes the type of supporting orga		18	(A 1) (A2)	
	a			rated, supervised, or controlled by				
				er to regularly appoint or elect a r		tne airec	tors or trustees of the	
	L			emplete Part IV, Sections A and		aumm arta	d organization(s) by baring	
	b	A CONTRACT OF THE PARTY OF THE	T () () () () () () () () () (ervised or controlled in connection ng organization vested in the sar		10-000		
			ion(s). You must complete I		ne persor	is that con	inoi oi manage me supported	
	С	700000000000000000000000000000000000000	SO THE WAR SHALL BE A SECURE OF THE SECURE O	upporting organization operated in	n connect	ion with	and functionally integrated with	
	•			ructions). You must complete P				
	d	Type III	non-functionally integrated	. A supporting organization opera	ated in co	nnection v	vith its supported organization(s)
		that is no	t functionally integrated. The	organization generally must satis	fy a distri	bution req	uirement and an attentiveness	ž.
		requireme	ent (see instructions). You m	ust complete Part IV, Sections	A and D	, and Par	t <mark>V</mark> .	
	е			ived a written determination from			Type I, Type II, Type III	
	***			-functionally integrated supporting	g organiza	ation.		·
	f		nber of supported organization					
	g	Provide the fo	ollowing information about the	e supported organization(s).	Tableson to	190 -00		
V		e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10 above (see instructions))	and the second of the second	ur governing ment?	support (see instructions)	other support (see instructions)
				destro (eee menadamente)	Yes	No	nisaucuons)	insudedons)
(A)					4.55			2
(~)								
(D)								8
(B)								
10		- 1	*		5			<u>.</u>
(C)	10							
(D)								
(D)								
<i>(</i> =:								
(E)								
	74				-			

Page 2

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

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

Sec	tion A. Public Support		1111		40			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization'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					C5		
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		j i					
Sec	tion B. Total Support	500		967	10 m	200	0000	
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
7	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 activities, whether or not the business is regularly carried on		r.					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							1
11	Total support. Add lines 7 through 10				*	8		
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First 5 years. If the Form 990 is for the or						2000	
	organization, check this box and stop here							
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2022 (line 6,			(f))			14	%
15	Public support percentage from 2021 Schei	through the Advisory of the Control					15	%
16a	33 1/3% support test—2022. If the organi	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3% or more, che	ck this		
107-0-7-0	box and stop here. The organization qualit							L
b	33 1/3% support test—2021. If the organi				is 33 1/3% or more	, check		(
	this box and stop here . The organization of	1.	, ,, ,					
17a	10%-facts-and-circumstances test—202							
	10% or more, and if the organization meets		the secondary of the second					
	Part VI how the organization meets the fac organization							
b	10%-facts-and-circumstances test—202			Sand Library and profession of the sand of				
	15 is 10% or more, and if the organization			CONTRACTOR SECTION SEC	CONTRACTOR SERVICE CONTRACTOR CONTRACTOR			
	in Part VI how the organization meets the	facts-and-circumsta	nces test. The orga	anization qualifies a	s a publicly suppor	ted		_
	organization							
18	Private foundation. If the organization did		50 d A	25				_
	instructions				*******			******

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

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

Sec	tion A. Public Support	quality arrast are	teete neteu p	cion, picaco co	inpieto i uit ii.)		
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	230,104	203,500	326,503	297,220	252,047	1,309,374
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	7,449	4,933	278	64	5,077	17,801
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	237,553	208,433	326,781	297,284	257,124	1,327,175
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			-3			
8	Public support. (Subtract line 7c from line 6.)						1,327,175
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	237,553	208,433	326,781	297,284	257,124	1,327,175
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		373			119	492
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		373			119	492
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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	237,553	208,806	326,781	297,284	257,243	1,327,667
14	First 5 years. If the Form 990 is for the or	ganization's first, seco				207,210	
Sec	organization, check this box and stop here tion C. Computation of Public Se						
15	Public support percentage for 2022 (line 8,	• • •		/f\\		15	99.96%
16	Public support percentage from 2021 Sche						99.93%
	tion D. Computation of Investme					101	33.33 70
17	Investment income percentage for 2022 (li			rolumn (f))		17	%
18	Investment income percentage from 2021		i 47			40	%
19a	33 1/3% support tests—2022. If the orga			4. and line 15 is mo			
0.879537	17 is not more than 33 1/3%, check this bo						X
b	33 1/3% support tests—2021. If the orga						12 -
	line 18 is not more than 33 1/3%, check thi						
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box an	d see instructions		

Part IV Supporting Organizations

(Complete only if you checked a box on 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

- 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 IPS determination of status.
- 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**.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
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	3b		
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	3c		- 12
	4a		
	4b		
	4c		
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	7		
	8		77
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	9a		
	9a		
	9b		19
	9c		
	10a		6 500
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Par	t IV Supporting Organizations (continued)			-
		81	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		-
_	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	112		*
•	provide detail in Part VI .	11c		
Secti	ion B. Type I Supporting Organizations	110		6
0000	on Britypo i Supporting Significations		Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	- 3	165	NO
1				
	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	28		
	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,	L.		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		9
Secti	on 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		5
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			8
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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 governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ns)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Lu		
b	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	21-		
_	have engaged in these activities but for the organization's involvement.	2b		- 3
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
127	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		- 8
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organizatio	ns	-3-
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 20, 1970	(explain in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organization	ons must complete S	Sections A through E.	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			1
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		2.5
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		1
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally interest.	egrated Type III sup	porting organization	
(see instructions).			

Schedule A (Form 990) 2022

Par	V Type III Non-Functionally Integrated 509(a)(3)		ions (continued)	00.	Page Page
Secti	on D – Distributions		1	212	Current Year
4	Amounts paid to supported organizations to accomplish exempt purpos	100		4	SAS-SYN-A SISSASSISSI BASSANS AND
2	Amounts paid to supported organizations to accomplish exempt purpose	9 100 0 NV		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	oi supported		2	
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of support	arted ergenizations		3	
4		nted organizations		4	
5	Amounts paid to acquire exempt-use assets Ouglified set acide amounts (prior IPS approval required provide data)	ile in Part VA		5	
6	Qualified set-aside amounts (prior IRS approval required—provide deta Other distributions (describe in Part VI). See instructions.	IIIS III FAIL VI)		6	
7	Total annual distributions. Add lines 1 through 6.	_		7	
8	Distributions to attentive supported organizations to which the organization	tion is responsive		8	
•	(provide details in Part VI). See instructions.	uon is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10				10	
10	Line 8 amount divided by line 9 amount	(5)	(ii)	10	(iii)
Conti	on E. Dietribution Allegations (see instructions)	(i)	(ii) Underdistributions	.	(iii) Distributable
Secu	on E – Distribution Allocations (see instructions)	Excess Distributions		•	AT A THE SECTION OF STREET
	Distributable amount for 2022 from Continu C. line C		Pre-2022	- 8	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		3	-	
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022		ei -		
	E-100047			: 1	
			E	-	
	From 2018		8	: 1:	
1,770	From 2019			-	
	From 2020		~	+	
	From 2021			-	
	Total of lines 3a through 3e		<u>.</u>		
	Applied to underdistributions of prior years		3	- 1	
h	Applied to 2022 distributable amount		r E	- 8	
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_	
4	Distributions for 2022 from				
	Section D, line 7:			_	
а	Applied to underdistributions of prior years			_	
b	Applied to 2022 distributable amount		e e		
С	Remainder. Subtract lines 4a and 4b from line 4.		48	: :	
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:		<i>g</i>		
а	Excess from 2018		(a)		
	Excess from 2019				
	Excess from 2020		B	2.5	
	Excess from 2021		4	:	

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Fo	rm 990) 2022	ONE	HUNDRED	SHARES			20-8686310	Page 8
Part VI	Supplementa III, line 12; Pa B, lines 1 and	I Information at IV, Section 2; Part IV, Se	n. Provide the A, lines 1, 2, action C, line	explanation 3b, 3c, 4b, 1; Part IV, S	4c, 5a, 6, 9a, Section D, lines	9b, 9c, 11a, 1 s 2 and 3; Par	0; Part II, line 17a or 1b, and 11c; Part IV t IV, Section E, lines 5, and 8; and Part V	17b; Part , Section 5 1c, 2a, 2b,
S	lines 2, 5, and							Occion L,
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Schedule B (Form 990)

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

Schedule of Contributors

Name of the organization Employer identification number ONE HUNDRED SHARES 20-8686310

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a libutions.						
Special Rules							
regulations under section 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2022)

Name of organization

ONE HUNDRED SHARES

Employer identification number 20-8686310

Part I	Contributors (see instructions). Use duplicate copies of Pa	irt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JANE FISCHER 3425 NEWPORT BAY DR. ALPHARETTA GA 30005	\$ 11,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 LIN DAWS 3996 CLUB DRIVE ATLANTA GA 30319	Total contributions \$ 11,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4 COMMUNITY FOUNDATION OF GREATER ATLANTA 191 PEACHTREE STREET NE SUITE 1000 ATLANTA GA 30303	Total contributions \$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA GA 30009	\$ 171,929	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
lica to the unit		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

048307

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047 2022 Open to Public Inspection

internal Revenue Service		o to mmin	sigom officer for al	o latest illioillation		The state of the s	mopection
Name of the organization ONE HUNDRED SHARES							Employer identification number 20-8686310
Part I General Information on Grants and	Assistance						20 0000010
Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance Describe in Part IV the organization's procedures for monit	amount of the grade?oring the use of gra	ant funds in	the United States.				
Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient that							vered "Yes" on Form 990,
(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	MA (4) 383 3
(1) DEVELOPMENTAL DISABILITIES MINISTRI 6320 AMHERST COURT NORCROSS GA 30092	58-2469479		100,000				PURCHASE VEHICLES
(2) GILGAL P.O. BOX 150777 ATLANTA GA 30315	41-2176125		50,000			4	BUILD SUITES
(3) STREET GRACE 5995 FINANCIAL DR. STE 180 NORCROSS GA 30071	26-4335907		75,000				LAUNCH NEW PROGRAMS
(4)						*	
(5)						<u> </u>	
(6)		2	<u>s</u> <u>s</u>			3	
(7)			× ×			Ÿ	
(8)			3			₹	
(9)	di di					<u>s</u>	
2 Enter total number of section 501(c)(3) and government or	l ganizations listed in	the line 1	table	**********			

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

Schedule I (Form 990) (2022)

Schedule I (Form 990) (2022) ONE HUNDRED	SHARES	2	0-8686310		Page 2
Part III Grants and Other Assistance Part III can be duplicated if addi	to Domestic Individua	ls. Complete if the o	rganization answered	"Yes" on Form 990, Part N	V, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	3				
2	-				*
3					
4					
5		_			8
6	20 0			9	2
7					
Part IV Supplemental Information. Pro	ovide the information rec	quired in Part I, line	2; Part III, column (b)	; and any other additional in	nformation.
		260300			
Carramana and an analysis and a					

*					

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2022

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

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

Open to Public Inspection

Name of the organization Employer identification number ONE HUNDRED SHARES 20-8686310 FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS DEVELOPEMTAL DISABILITIES MINISTRIES: THE MISSION OF DEVELOPEMTAL DISABILITIES MINISTRIES IS TO PROVIDE RESIDENTIAL, FAMILY SUPPORT SERVICES, AND CHRISTIAN MINISTRY FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES TO ACHIEVE THEIR HIGHEST LEVEL OF SOCIAL, PHYSICAL, EMOTIONAL, AND THE PURPOSE OF OHS'S GRANT OF \$100,000 WILL PURCHASE SPIRITUAL MATURITY. TWO RESIDENCE VEHICLES TO TAKE RESIDENTS TO VARIOUS APPOINTMENTS, RENOVATE AN EXISTING BATHROOM THAT WILL IMPROVE THE RESIDENTS' QUALITY OF LIFE, AS WELL AS START A NEW HOST HOME. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY A MINIMUM OF TWO OFFICERS OF THE ORGANIZATION. MOST CURRENT FILED FORM 990 MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC