990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

11/14/2022

Date

TREASURER

Department of the Treasury Internal Revenue Service

Check if applicable:

Address change

Name change

Final return/terminated

Application pending

Tax-exempt status:

Website: ▶ HTTPS:

Check this box ▶

Form of organization:

Sovernance

Amended return

Initial return

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. and ending For the 2021 calendar year, or tax year beginning D Employer identification number C Name of organization SWEETWATER MISSION INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) 58-1992771 Telephone number 802 ZIP code City or town 770-944-3032 TELL 430168-GA Foreign country name Foreign province/state/county Foreign postal code G Gross receipts \$ 994781 F Name and address of principal officer: CHARLES H(a) Is this a group return for subordinates? AUSTELL MAXHAM RD H(b) Are all subordinates included? If "No," attach a list. See instructions 4947(a)(1) or 527 501(c)(3)) < (insert no.) //WWW.SWEETWATERMISSION H(c) Group exemption number ▶ L Year of formation: M State of legal domicile: Corporation Association Briefly describe the organization's mission or most significant activities: FOOD DISTRIBUTION CHARITABLE, BENEVOLENT & EDUCATIONAL

if the organization discontinued its operations or disposed of more than 25% of its net assets.

ගි	3	Number of voting members of the governing body (Part VI, line 1a)	£ 24 £ 26 £	3	8
රේ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
Activities	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	125
Ε̈́	6	Total number of volunteers (estimate if necessary) .		6	
Ac	7a	Total unrelated business revenue from Part VIII, column (0), line 12		7a	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	
			Prior Year		Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	17508	93.	989628.
2	9	Program service revenue (Part VIII, line 2g)			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104	80.	5153.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2418	87.	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	20032	60.	994781.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4286	32,	403816.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	18553	23.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2553	61.	17110.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	AT IN		
g.	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		Total State	
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Si AF		578926.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	25393		999852
	19	Revenue less expenses. Subtract line 18 from line 12	-5360		-5071.
Soc			Beginning of Current	Year	End of Year
sets	20	Total assets (Part X, line 16)	16284	18/	1934242.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	72	89.	1218.
Z J	22	Net assets or fund balances. Subtract line 21 from line 20	16211	29.	1933024.
Par		Signature Block		_	

Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check Paid self-employed P00033241 CHARLES C BLACK CHARLES C B **Preparer** Firm's EIN ► 83-1677890 CHARLES BLACK LAW LLC **Use Only**

Firm's address ▶ 231 MAXHAM RD STE 10 AUSTELL GA 30168 Phone no. 770-944-3032 May the IRS discuss this return with the preparer shown above? See instructions . X Yes

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

Signature of officer

CHARLES C BLACK

No

Sign

Here

Form 9	90 (2021)		58-1992771	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		
1	Briofly de	escribe the organization's mission:		
1	•			
2		organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
	If "Yes,"	describe these new services on Schedule O.		
3	Did the o	organization cease conducting, or make significant changes in how it conducts, any program		
		?	Yes	X No
	If "Yes "	describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services	as measured h	٥V
4		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all		
			Judions to other	13,
	the total	expenses, and revenue, if any, for each program service reported.		
4a) (Expenses \$ 172153. including grants of \$ 405100.) (Revenue	>)
		NCY FINANCIAL ASSISTANCE FOR FAMILIES OR INDIVIDUALS INCLUDING P		
		UTILITIES AND MEDICAL EXPENSES. ASSISTANCE INCLUDES PROVIDING		
	OF FOO	DD DONATIONS TO INDIVIDUALS AND FAMILIES. THE ORGANIZATION ASSISTE		
	FAMILY	MEMBERS AND DISTRIBUTED APPROXIMATELY 2,292,000 POUNDS OF FOOD.		
		A ANY		
		······································		
		ATT		
	•••••			

4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	SEE SC	HEDULE O		
	(0.		0	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	🎤)
	•••••			
4d		ogram services (Describe on Schedule O.)	92	16
	(Expense			
4e	Total prog	gram service expenses > 172153.		

Fair	Checklist of Required Schedules		v 1	
	1	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	-
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		_
J	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)	Ť		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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,			ŭ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	اما		17
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	30000	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		鐵鐵	
_	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	DATE:	MARKET !	
a	Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	21	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X,
D	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	146		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		9	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	21	l , l	
	TO DESCRIPTION OF THE PROPERTY			

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			,,
	employees? If "Yes," complete Schedule J	23	-	_ <u>x</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	امدا		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	242		
	to defease any tax-exempt bonds?	24c 24d	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	_	
25a	Section 501(c)(3), 501(d)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	11	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
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,	Jie C		Taken
20	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	and services	tu Sa	THE REAL PROPERTY.
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	9	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, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	امما		١.,.
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
	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	20		
В-	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par			i	
	Check if Schedule O contains a response or note to any line in this Part V	*		<u> </u>
		di Est	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	200		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Х	THE REAL PROPERTY.
_	reportable gaming (gambling) winnings to prize winners?	_	_	(2021)
		1 01111	220	12021)

Par	t 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	1 230	en (é	-0.7
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 11			Elly
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	MAN N	AS I	SKING
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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 over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).		500	3210
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		Х
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			n.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).	Militar	LIM!	411
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100	20	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	E Par		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	战地		dit.
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	50		1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			files.
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			100
11	Section 501(c)(12) organizations. Enter:		See a	
а	Gross income from members or shareholders	LES.		
b	Gross income from other sources (Do not net amounts due or paid to other sources		THE ST	46
	against amounts due or received from them.)	13/6-19	1000	200
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	抗阻		強慢
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		***	100
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O		7520	層景
b	Enter the amount of reserves the organization is required to maintain by the states in which	HE WAR		開始
	the organization is licensed to issue qualified health plans	CE		
C	Enter the amount of reserves on hand	400	less [6]	1945
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
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		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13	3972	150
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	Х
	If "Yes," complete Form 4720, Schedule O.		1000	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	- more	CECHEN	-
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		Х
	If "Yes." complete Form 6069.	SA.	ALC:	Up Si

Form (990 (2021) SWEETWATER MISSION INC 58-199	1277	D	age 6
No. of Concession, Name of Street, or other Designation, Name of Street, Original Property and Name of Stree				aye o
Pal	describe to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee ins	tructi	one
	Check if Schedule O contains a response or note to any line in this Part VI			x
	the control of the co			
Sect	tion A. Governing Body and Management	T	Yes	No
15	Enter the number of voting members of the governing body at the end of the tax year	1300	1882	WOXEE
Ia	If there are material differences in voting rights among members of the governing body, or			120111
	if the governing body delegated broad authority to an executive committee or similar	Part		Mary.
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	300		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Shirt Co.		30.5000
	any other officer, director, trustee, or key employee?	2		Х
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or 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	5/10/00	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ASE.
	the year by the following:			STATE OF THE
a	The governing body?.	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	ا ا		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode)		- 1
0000	BIT B. I Offices (The decitor B requests information about policide het required by the internal revenue of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		-	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	200		15/16
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
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	(H00009)
15	Did the process for determining compensation of the following persons include a review and approval by	147.83		AND LEAST
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	X	STEEN.
a	The organization's CEO, Executive Director, or top management official.	15a 15b	X	
b	Other officers or key employees of the organization	130	A	ELE
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	22	14	
100	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		130円	

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Down website Down request Other (explain on Schedule O)
19	Describe on Schedule Q 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
	DAM CODEN 770_819_0662

PAT SODEN
6289 VETERNS ME AUSTELL GA 30106-

Form 990 (2021)	SWEETWATER MISSION INC	3-1332111 Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	i
	Check if Schedule O contains a response or note to any line in this Part VII	<u>L</u>

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor an	ny related organ	izatio	n c	omp	ens	ated	any	current officer,	director, or trus	tee.
(A) Name and title	(B) Average hours pet week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos neck ss pe	rson	n is or employee	n an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) PAT MYRES CHAIRMAN	2	Х	L	×)			0	0	0
(2) CHARLES BLACK TREASURER	1	-×		×				0	0	0
(3) CURTIS POOLE DIRECTOR	2	=0		х				Q -	0	0
(4) BRENDA LEAZENB SECRETARY	3	X		х		A		0	0	0
(5) TRACY CARTER DIRECTOR	4	Х				W.	-		0	0
(6)										
(7)										
(8)									TT	
(9)										
(10)									AUS	
(11)										
(12)										
<u>(13)</u>										
(14)										

Р	art VII Section A. Officers, Directors, 7	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinued)
	(A) Name and title	(B) Average hours	(do r	not cl	Pos neck ss pe	c) ition more rson	than is both	one 1 an	(D)	(E) Reportable compensation	(F) Eslimated amount of olher
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2: 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(15)	4										=
(16)											
(17)							11				
		<u></u>									41
(19)		A									
(20)		thry									
(21)		······································					¢				
(22)				¥.							
(23)		······/	1	W	T						
(24)			A	h					41		
(25)			_///	- '	M.						
1b c d	Subtotal . Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	Section A	*: 9		*		-di		4		
2	Total number of individuals (including but not reportable compensation from the organization	limited to those						eiv	ed more than \$	100,000 of	
3	Did the organization list any former officer, of employee on line 1a? <i>If</i> "Yes," complete Sch										Yes No
4	For any individual listed on line 1a, is the sun the organization and related organizations grindividual	eater than \$150,	000?								4 X
5	Did any person listed on line 1a receive or action for services rendered to the organization? If	crue compensat	ion fr							dividual	5 X
Sec	tion B. Independent Contractors								_	ARTS.	
1	Complete this table for your five highest com compensation from the organization. Report	pensated indepe	nden	t co	ntra	ctor	s tha	t re	ceived more tha	n \$100,000 of the organization	n's tax year.
	(A) Name and business ad								(B) Description of se		(C) Compensation
	<u> </u>			_							
==				_							
			-	_							
2	Total number of independent contractors (incomore than \$100,000 of compensation from the			to th	nose	e list	ted al	bov	e) who received		

Par	t VIII	Check if Schedule O conta	ins a response o	or note to any line	in this Part VIII.			🖂
		Shook ii Gonogalo G coma			(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					70.0707070	function revenue	business revenue	from tax under sections 512-514
s ts	1a	Federated campaigns						
, Grants mounts	b	Membership dues						
	c	Fundraising events			12 14 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	AND THE RESERVE OF THE PARTY OF	THE RESERVE AND ADDRESS OF THE PARTY OF THE	对于"有关"
ifis	d	Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributi						
	f	All other contributions, gifts, g					TO A STATE OF THE	
		similar amounts not included a		763223.				BOSTON STREET
ള	g	Noncash contributions include	manufacture and the second sec			A BANKS THE	加克斯斯拉	
Cor	١.	lines 1a–1f	/ <u> 1g</u>	\$	00000			
	h	Total. Add lines 1a-1f	· · · · · ·	Business Code	989628.			
a	2.		A THE PARTY OF THE	Dusiliess Code		HAM TO BE SHOWN THE THE TENT	THE PERSON NAMED IN	Manufacturing Scott
Ş.	2a b							
gram Serv Revenue	ן ה	***************************************						
Z A	٦ ا		M					
Program Service Revenue	e		//					
Ď.	f	All other program service reve	enue					
<u>n.</u>	q	Total. Add lines 2a-2f		b	-		向新足工间的4 条件	White at the
	3	Investment income (including		est, and	7			
		other similar amounts).	40 x 30 x 40 x 0	Wexes P	5153.	5153.		
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties	v je a no v ne s					
				(ii) Personal				
	6a	Gross rents 6				Exist of the second	STREET, STREET	
	I	Less: rental expenses . 6						
	C.	Rental income or (loss) 6	c					A CHARLES AND A COLOR
	d	Net rental income or (loss). Gross amount from	(i) Securities	(ii) Other				
	'a	sales of assets	(i) Codanilos	, in our		E STEEL STATE OF		
		other than inventory 7	a					
<u>e</u>	Ь	Less: cost or other basis					非一个一个一个	
Revenue	~	and sales expenses 7	ь	,				
ě	c		С			100		
er R		Net gain or (loss) .,						
		Gross income from fundraisin					1255	
₹		events (not including \$						
		of contributions reported on lin						
	١.	See Part IV, line 18					September 2	
		Less: direct expenses Net income or (loss) from fund						STREET, STREET
		Gross income from gaming ac					100 Maria 1970 C	AUTOMOBILE OF STREET
	Ja	See Part IV, line 19						
	b	Less: direct expenses						DESCRIPTION OF STREET
		Net income or (loss) from gan						
		Gross sales of inventory, less	_					A RELIGIOUS
		returns and allowances		1			STATE OF THE STATE OF	
_	b	Less: cost of goods sold				Deposit a land	Printed to all the	
	С	Net income or (loss) from sale	s of inventory.					THE STATE OF THE PARTY.
Sn		1		Business Code	CHIEF IE MAS		SECTION FOR STREET	TOUR BUILD
Miscellaneous Revenue	11a							
llar	b							
scellaneo Revenue	, C	All other revenue						
Mis	a	Total. Add lines 11a–11d.						
	40	Total revenue See instruction			994781	5153		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizati	to the contract of the contract of the contract of	All other avacairations much	commiste column (A)
Section 5011(c)(3) and 5011(c)(4) organizati	ons musi combiete all collimas.	All other organizations must	COMDICIO COIDINI (A).

	Check if Schedule O contains a response or note	to any line in this F	Part IX	2 2 2 2 2 3 2 3 3	
	not include amounts reported on lines 6b, 7b, 9b, 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			CONTRACTOR OF	网络数据 现实证据的
	domestic governments. See Part IV, line 21	15574.	15574.	区企画现法数12%	
2	Grants and other assistance to domestic				动能是是多种的
_	individuals. See Part IV, line 22	388242.	388242.	THE REPORT OF THE PARTY OF THE	
3	Grants and other assistance to foreign		-		SYLL AT THE ST
•	organizations, foreign governments, and foreign				的自然的影響
	individuals. See Part IV, lines 15 and 16			AVEL EXPENSE	
4	Benefits paid to or for members			NO DESCRIPTION OF THE PERSON O	
5	Compensation of current officers, directors,				
•	trustees, and key employees .		_		
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions).		,		
9	Other employee benefits				
10	Payroll taxes	17110.	17110.		
11	Fees for services (nonemployees):	/	2,2201		
	Management	172153.	172153.		
b	Legal	- Thereside			
c	Accounting	4 43255.	43255.		
ď	Lobbying				
Α.	Professional fundraising services. See Part IV, line 17.	1000		7. 美国 1. 美国 1.	
f	Investment management fees			THE RESERVE TO SERVE THE PARTY OF THE PARTY	
g	Other. (If line 11g amount exceeds 10% of line 25, column	M-st			
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	8613.		8613.	
13	Office expenses	178277.		178277.	
14	Information technology		and the same of		
15	Royalties		All V		
16	Occupancy	73654.		73654.	
17	Travel				
18	Payments of travel or entertainment expenses			h.	
	for any federal, state, or local public officials		AT A	1	
19	Conferences, conventions, and meetings			/	
20	Interest				
21	Payments to affiliates		1		
22	Depreciation, depletion, and amortization			/	
23	Insurance		_600		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If		A DESCRIPTION OF THE PERSON OF		
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				国际外国的公司
а	EQUIPMENT EXPENSE	1354.		1354.	
b	FUNDRAISERS	96530.		96530.	
С	HOTEL RENTAL ASSIST PAYME	5090.			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	999852.	636334.	358428.	
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)				

Part X Balance Sheet

	II C X	Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	282407.	1	720435.
	2	Savings and temporary cash investments	79437.	2	139363.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	5284.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		Side.	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	52753
25	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges	1.1	9	
	10a	Land, buildings, and equipment: cost or		1000	
		other basis. Complete Part VI of Schedule D 10a 1811118.		E C	
	b	Less: accumulated depreciation 10b 794711.	977407.	10c	1016407.
	11	Investments—publicly traded securities		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	289167.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1628418.	16	1934242.
	17	Accounts payable and accrued expenses	7289.	17	
	18	Grants payable ¹		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	1218.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		K Ba	FIGHT E TOTAL CO.
abi		controlled entity or family member of any of these persons		22	
Ξ	23	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	
	26	Total liabilities. Add lines 17 through 25	289.	26	1218
S		Organizations that follow FASB ASC 958, check her▶ X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.		Cathor (St.	
<u>a</u>	27	Net assets without donor restrictions	1621129.	27	1933024.
8	28	Net assets with donor restrictions	- M	28	-
Ĕ		Organizations that do not follow FASB ASC 958, check here▶ ☐			
Ť		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	/	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	-46	30	
155	31	Retained earnings, endowment, accumulated income, or other funds	1621129.	31	1933024.
žt ⊿	32	Total net assets or fund balances	1621129.	32	1933024.
ž	33	Total liabilities and net assets/fund balances	1628418.	33	1934242.
			Y		Form 990 (2021)

Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	52 71 29
Total expenses (must equal Part IX, column (A), line 25)	52 71 29 58
Total expenses (must equal Part IX, column (A), line 25)	71 29 58
Revenue less expenses. Subtract line 2 from line 1	58
5 Net unrealized gains (losses) on investments	58
5 Net unrealized gains (losses) on investments]
7 Investment expenses]
8 Prior period adjustments]
9 Other changes in net assets or fund balances (explain on Schedule O)]
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b 3]
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b 3]
Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b 2]
Check if Schedule O contains a response or note to any line in this Part XII . Yes N	No.
Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	No
Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	No
Were the organization's financial statements compiled or reviewed by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	X
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?	High
b vvoid the diganization of interior electronic decision of the in	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	X
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	
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 string of th	Χ
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	_

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

58-1992771 SWEETWATER MISSION INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its 10 support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Fart V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (V) Amount of monetary (vI) Amount of support (see listed in your governing other support (see (described on lines 1-10 document? instructions) instructions) above (see instructions)) Yes (A) (B) (C) (D) (E)

Total

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.)

	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	64.085.0	500466	F F 4 0 0 0	1750000	1772021	
	include any "unusual grants/").	613759.	703466.	554803.	1750893.	1773031.	5395952.
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	70"				1	
	organization without charge	613759.	703466.	554803.	1750893.	1773031.	5395952.
4	Total. Add lines 1 through 3	013/39.	703400.	334003.	1730033.	1773031,	333332.
5	The portion of total contributions by each person (other than a				STEEL SHOW SHE	10 TO 12 AV 15 FM	
	governmental unit or publicly						
	supported organization) included on		月金里記 共動				
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				A STATE OF THE OWNER, THE		
6	Public support. Subtract line 5 from line 4			TOTAL STATISTICS	15-201-00-00-00-00	14.000 78.000	5395952.
	ction B. Total Support			AND ADDRESS OF THE PARTY OF		Harrison and Allert an	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	613759.	703466.	554803.	1750893.	1773031.	5395952.
8	Gross income from interest, dividends,	aud.	AL MY				
	payments received on securities loans,		All-d				
	rents, royalties, and income from		<i>M</i> 7				
	similar sources				E1		
9	Net income from unrelated business			100			
	activities, whether or not the business is		M	W.			
	regularly carried on		_ARL				
10	Other income. Do not include gain or						
	loss from the sale of capital assets				aread .		
	(Explain in Part VI.)			M	Y		
11	Total support. Add lines 7 through 10		STATE TO SEASO		用资源的图		5395952.
12	Gross receipts from related activities, etc. (se				12000	12	
13	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						
	organization, check this box and stop here.					20000000000	
Sec	tion C. Computation of Public Sup	port Percent	age				
	Public support percentage for 2021 (line 6, co					14	100.00%
	Public support percentage from 2020 Schedu						100.00%
16a	33 1/3% support test—2021. If the organization					ck this box-	
	and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this						
	box and stop here. The organization qualifie	s as a publicly sup	ported organizatio	n	******	<u></u>	
17a	10%-facts-and-circumstances test-2021.						8
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts- organization						
t-	_						
Ø	10%-facts-and-circumstances test—2020. 15 is 10% or more, and if the organization r						
	in Part VI how the organization meets the fac						
	organization		_				a 76 €2 ►
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b.	17a, or 17b. check	this box and see		
	instructions						> []

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SWEETWATER MISSION INC

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

58-1992771

Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II. and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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).

Name of organization SWEETWATER MISSION INC

Employer identification number 58-1992771

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) - Type of contribution
1	COBB CTY BRD OF COMMISSIONERS 100 CHEROKEE STREET MARIETTA GA 30090- Foreign State or Province: Foreign Country:	\$ 405,100.	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
2	COBB COUNTY CDBG 100 CHEROKEE STREET MARIETTA GA 30090- Foreign State or Province: Foreign Country:	\$ 64,530.	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
	Foreign State or Province: Foreign Country:	\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
×1755115	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name	of the organization	A	Employer identification number				
SWE	EETWATER MISSION INC	1	8-1992771				
Part							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
	Complete I die organization anovers	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and don	or advisors in writing that the assets held	in donor advised				
•	funds are the organization's property, subject	to the organization's exclusive legal contr	ol?				
6	Did the organization inform all grantees, donor						
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose						
	conferring impermissible private benefit?						
Parl	II Conservation Easements.						
	Complete if the organization answere	d "Yes" on Form 990. Part IV. line 7.					
1	Purpose(s) of conservation easements held by	the organization (check all that apply).					
	Preservation of land for public use (for example		on of a historically important land area				
		Milliannes toward	on of a certified historic structure				
	Protection of natural habitat	Freservand	on of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contributi					
	easement on the last day of the tax year.		Held at the End of the Tax Year				
a	Total number of conservation easements						
b	Total acreage restricted by conservation ease						
C							
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during						
3	the tax year	dansierred, released, extinguished, or to	Thinated by the organization damig				
4	Number of states where property subject to co	onservation easement is located					
5	Does the organization have a written policy re-		n handling of				
3							
6	violations, and enforcement of the conservation easements it holds?						
•	b	posting, narraining of violations, and americing o	Soliton value and soliton and				
7	Amount of expenses incurred in monitoring, inspecti	ing handling of violations and enforcing cons	ervation easements during the year				
•	► \$	ing, rialitating of violations, and only of					
8	Does each conservation easement reported of	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)				
	·		Yes No				
9	In Part XIII, describe how the organization rep		ue and expense statement and				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
	organization's accounting for conservation eas	sements.					
Part	Organizations Maintaining Collecti	ons of Art, Historical Treasures, or	Other Similar Assets.				
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under	FASB ASC 958, not to report in its rever	nue statement and balance sheet				
	works of art, historical treasures, or other simil	lar assets held for public exhibition, educa	ation, or research in furtherance of				
	public service, provide in Part XIII the text of the						
b	If the organization elected, as permitted under						
	works of art, historical treasures, or other simil						
	public service, provide the following amounts in	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, I (ii) Assets included in Form 990, Part X	ine 1	▶ \$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of a	rt, historical treasures, or other similar as	sets for financial gain, provide the				
	following amounts required to be reported und	ler FASB ASC 958 relating to these items	3:				
а	Revenue included on Form 990, Part VIII, line						
b	Assets included in Form 990, Part X		▶ \$				

Par	III Organizations Maintaining	Collections of A	rt. Histo	rical Tre	asures, or Oth	ner Similar Asset	s (continued)	
3	Using the organization's acquisition,	accession, and other	er record	s, check a	ny of the followin	g that make signific	ant use of its	
•	collection items (check all that apply)			,		0	g 31	
а	Public exhibition		аΓ	Loan or	exchange progr	am		
			e	-				
b	Scholarly research		e _	7 Orugi		************		
С	Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part							
4	The state of the s	ion's collections an	ıd explair	how they	further the organ	nization's exempt pu	urpose in Part	
	XIII.							
5	During the year, did the organization	solicit or receive do	onations (of art, histo	orical treasures, o	or other similar		
	assets to be sold to raise funds rathe	r than to be mainta	ined as p	art of the	organization's co	llection?	Yes No	
Par	IV Escrow and Custodial Arra				77			
	Complete if the organization :	answered "Yes" o	n Form	990, Parl	t IV, line 9, or re	eported an amoun	it on Form	
	990, Part X, line 21.	part of the same o						
1a	Is the organization an agent, trustee,							
	included on Form 990, Part X7.						Yes X No	
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the fo	llowing tat	ole:			
							Amount	
C	Beginning balance		40 0k 40 0	40 W 40 S		1c		
d	Additions during the year	La reception of		(a) (a) (a) (a)	36. 8 26. 8 · · · ·	1d		
е	Distributions during the year	/ 10	கு கொ			1e		
f	Ending balance	face of the same	****			1f		
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for es	crow or custodia	I account liability?	X Yes No	
b	If "Yes," explain the arrangement in F	art XIII. Check her	e if the e	planation	has been provid	led on Part XIII		
Part V Endowment Funds.								
	Complete if the organization	enswered "Yes" o	n Form	990. Pari	IV. line 10.			
	Complete ii are organization	(a) Current year		rior year	(c) Two years bac	k (d) Three years bac	k (e) Four years back	
1a	Beginning of year balance			THE WA				
b	Contributions			M M				
С	Net investment earnings, gains,			WW	A		<u> </u>	
	and losses		A	h Alf				
d	Grants or scholarships			-				
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses				AN T			
g	End of year balance				(A)			
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g,	column (a)) held	as:		
а	Board designated or quasi-endowme		%		All	100		
b	Permanent endowment	0.00%				AU .		
С	Term endowment ► 0.00	%_						
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	possession of the	organiza	ition that a	re held and adm	inistered for the		
	organization by:							
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related	200 0000					3b .	
4	Describe in Part XIII the intended use		on's endo	wment fur	nds.			
Part				000 5	=0 LN/ 10 44 - 0	Far- 000 F	d V line 40	
	Complete if the organization a							
	Description of property	(a) Cost or o		1 '	or other basis (other)	(c) Accumulated depreciation	(d) Book value	
10	Land		noncy		Journal /	ness to the second		
1a h	Buildings							
b	Leasehold improvements			_				
c d	Equipment							
u e	Other							
	. Add lines 1a through 1e. (Column (d		990 Par	X colum	n (B) line 10c)	× 000 × 000 × •		

SCHEDULEI (Form 990)

SWEETWATER MISSION INC Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

2021	Open to Public

OMB No. 1545-0047

Inspection Employer identification number

58-1992771

Part I General Information on Grants and Assistance	n on Grants	and Assistance					
1 Does the organization maintain records to substantiate the	ain records to s	ubstantiate the amo	unt of the grants or as	ssistance, the grantee:	ne amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ts or assistance, and]
the selection criteria used to award the grants or assistance? Describe in Part IV the organizations procedures for monitoring the use of grant funds in the United States.	award the gran	its or assistance?.	the use of grant fund	s in the United States.			X Yes No
Part II Grants and Other Assistance to Domestic	Assistance to	Domestic Organ	izations and Dom	estic Government	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ganization answere	d "Yes" on Form
990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	, for any recip	ient that received	more than \$5,000. I	Part II can be duplic	ated if additional spa	ce is needed.	
1 (a) Name and address of organization or government	(b) EiN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COBB COUNTY CHEROK 30090 GA MA		C					RENT
(2)		Ž.					
(3)							
(4)		-			Þ		
(5)						-	
(9)		>			C,		
(2)							- 4
(8)						1 1	,
(6)		2					
(10)						4	
(11)							
(12)		Ż					
 Enter total number of section 501(c)(3) and government organizal Enter total number of other organizations listed in the line 1 table 	οτις (c)(3) and συσαστίστης σ	government organizated in the line 1 table	organizations listed in the line 1 table.	e 1 table		A	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\rm BCA}$

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part 1, Jine 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection Employer identification number

SWEETWATER MISSION INC	58-1992771
THE ORGANIZATON INSTITUTED AN OUTSIDE	
EXPRESS LINE WHEREBY CLIENTS ARE SERVED MONT	HLY BY DRIVING
AND FOOD IS PLACED IN THEIR VEHICLES,	
MEALS ON A MISSION, WHERE FOOD IS DELIVERED	
ON A WEEKLY BASIS TO CLIENTS WHO DON'T HAVE	THE ABILITY
TO TRAVEL TO SWEETWATER	
MISSION.	
RENT ASSISTANCE	
COBB COUNTY RESIDENTS CURRENTLY BEHIND ON RE	NT PAYMENTS
QUALIFY FOR UP TO \$4,800 OF ASSISTANCE.	
	('
	A VI
	<i>Y</i>

······································	
	0.10