	~				f Oreconi-		. Frans I				OMB No.	1545-0047
Form	99	<i>J</i> U		Return d	of Organiza	ation Exemp	ot From I	ncor	ne rax		2	0.04
			Under se	ction 501(c),	527, or 4947(a)(1)) of the Internal Rev	venue Code (ex	cept pr	ivate found	dations	₅₎ ∠	021
Depart		the Treesury				, y numbers on this f	•				-	o Public
		the Treasury ue Service				n990 for instructior	-		-		Inspe	ection
A F	or the	2021 calend	ar year, or ta	ax year begin			, 2021, a				, 20	
вс	heck if a	applicable:	C Name	of organizationSt	reet Sense,	Inc.				D Em	ployer identificatio	on number
A	ddress o	change	Doing I	business as							20-1297	050
Пи	ame cha	ange	Numbe	er and street (or P.	O. box if mail is not deli	vered to street address)		Room/s	uite	E Tele	ephone number	
	itial retu	ırn	1317	G Street	NW	,					(202)34	7-2006
Fi	nal retu	rn/terminated			vince, country, and ZIP	or foreign postal code				G Gro	oss receipts	
А	mended	I return	Washi	ngton, DC	20005					\$		891,132
	oplicatio	on pending			ncipal officer: Brian	1 Carome			H(a) Is this a	group retu	rn for subordinates?	Yes X No
			Same	as C abov	re						ates included?	Yes No
I Ta	ax-exem	npt status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527		If "No,"	attach a	list. See instruction	is is
JW	ebsite:			ense.org					H(c) Group	exemptic	on number	
K F	orm of o	organization: X	Corporation	Trust Ass	ociation Other	•	L Year of format	ion: 20	03 м	State of I	egal domicile: D	DC
Par	tl	Summar									-	
	1	Briefly descr	- ibe the organ	nization's miss	ion or most signific	cant activities: To	raise pub	olic a	awarenes	s on	the issue	es of
		-	-		-	te economic o						
ce		homeless		•								,
Governance												
ver	2	Check this be	ox ► 🗌 if th	e organizatior	n discontinued its c	perations or dispose	ed of more than	25% of	its net asse	ets.		
ŝ	3			-	erning body (Part \					1		15
త	4		•	•	• • •	body (Part VI, line 1						15
ties	5		•	0	0 0	21 (Part V, line 2a)	,					16
Activities &	6			rs (estimate if		· · · · · · · · · · · · · ·						15
Ac				· ·	3,	(C), line 12						0
						, Part I, line 11						0
						, r arci, ino r r		· · · ·	Prior Year			nt Year
	8	Contributions	and grants ((Part VIII_line	1h)					1,930		855,232
e	9		-							8,886		35,684
Revenue	10	•		•	•	7d)				5,000	,	 0
e Ke	11					0c, and 11e)				79	2	216
œ	12			. ,		III, column (A), line 1			0.2	,895		891,132
	13					es 1-3)	,		05	5,09.	,	091,152
	14				K, column (A), line			•				0
	15					, column (A), lines 5-		•	16	4,624	1	566,575
ŝ		-	•			le)	,		10	1,027	-	0
Expenses			0	•	().	▶						0
ă	17					24e)		-	20	4,968	2	178,696
ш	18	•		().	-	umn (A), line 25)				9,592		745,271
	19				•	· · · · · · · · · · · · ·				1,303		145,861
	1.5	1.0101100100	- orbonaca.			•••••	• • • • • • • •		inning of Curi			
sor	20	Total assets	(Part X line	16)				-	-	5,782		402,696
Sset	20		•	,				-		1,849		
Net Assets or Fund Balances	22		•	,		0				3,933		12,902 389,794
Par			re Block			0	•••••	•	41	5,955		309,794
				examined this retu	rn. including accompany	ying schedules and stateme	ents, and to the best	of my kno	wledge and be	lief. it is		
						rmation of which preparer h				- ,		
		Brain										
Sigr	۱ I		n Carome							 	Date	
Here		, v		Encore -	TTO Dimostor					-		
nere	-		n Carome print name and ti	-	ve Director							
		Print/Type pre			Preparer's signature		Date		-		f PTIN	
Dair									Check		1	0.50
Paic			rcrombie		Tim Abercro		07-21-20			nployed	P01254	858
	Darer		►		bie and Ass				Firm's EIN 🕨			
USe	Only	Firm's addres	s 🕨		ond Avenue				Phone no.			
				Silver S	pring MD 20	910				301	-585-5050	

-	Silver Spring MD 20910	
May the IRS	discuss this return with the preparer shown above? See instructions	

No

. X Yes

Form	990 (2021) Street Sense, Inc.	20-1297050	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	To raise public awareness on the issues of homelessness and poverty and to	create econo	mic
	opportunities for people experiencing homelessness.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		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	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$653,572 including grants of \$) (Revenu	e \$)
	See SERVICES page for a description of this program service.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	e \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	,	
		_	

	1990 (2021) Street Sense, Inc.	20-12970	50	F	Page 3
Pa	rt IV Checklist of Required Schedules				1
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
_	complete Schedule A		1	x	
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				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4		х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,		-		
•			5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
-	"Yes," complete Schedule D, Part I		6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
•	complete Schedule D, Part III		8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		v
10			9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		10		x
	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,"				
a	complete Schedule D, Part VI		11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		114		
N N	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		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				A
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		x
۵	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 2	x	11f		x
12a					
	Schedule D, Parts XI and XII		12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .		12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on				
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19		x
20 a			20a		x
b			20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<u></u>	21		x
			_	/-	

Form	990 (2021) Street Sense, Inc. 20-1297	50	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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?	0.51		
~~	If "Yes," complete Schedule L, Part I	25b		x
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 or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, 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	07		
20	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 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	00-		
	"Yes," complete Schedule L, Part IV.	28a		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	000		
20	"Yes," complete Schedule L, Part IV.	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		x
32		32		v
33	complete Schedule N, Part II	32		x
55	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,	- 33		
54	or IV, and Part V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	3 5a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		x
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	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	51		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par		50	_ A	L
ı al	Check if Schedule O contains a response or note to any line in this Part V		_	
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	x	

	990 (2021) Street Sense, Inc. 20-129	/050	F	Page
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			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 1	6		
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.			
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).			
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?			х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	. 7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	. 10		-
Ũ	required to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	. 70		
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?			x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			x
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			x
8	Sponsoring organization received a contribution of cars, boars, and anes, of other venices, du the organization me a roun rose of			^
0	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the	. 8		
9	Sponsoring organizations maintaining donor advised funds.	. 0		-
	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			-
b 10	Section 501(c)(7) organizations. Enter:	. 30		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a h		-		
44		-		
11	Section 501(c)(12) organizations. Enter:			
a ⊾	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
120	against amounts due or received from them.)	120		
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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
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.			
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	_		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	. 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.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		-
	If "Yes," complete Form 6069.			

Forr	n 990 (2021) Street Sense, Inc. 20-12970	50	P	age 6
Pa	ITT 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 in Schedule O. See instruction	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	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	-		
Ū	supervision of officers, directors, or 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 become aware during the year of a significant diversion of the organizations assets:	6		x
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			~
7a		70		
L	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,	71.		
~	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 by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
l0a	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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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 in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
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			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed	-		
8	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 X Another's website X Upon request Other (explain on Schedule O)			
9	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			
-	Brian Carome (202)347-2006, 1317 G Street NW, Washington, DC 20005			

Form 990 (202	21) Street Sense, Inc.	20-1297050	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated Employee	es, 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 wit	thin 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, 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 instructions for the order in which to list the persons above.

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

	ioi any related organizat		npens	sale	eu a	ny cun	ent	officer, director, or	liusiee.	
				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	· ·	not chec unless			nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or o	Inst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	lirect	itutic	cer	' emp	bloye	mer	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	è com				
	below	Istee	ruste		ĕ	pens				
	dotted line)		9e			Highest compensated employee				
(1) Brian Carome	40.00									
Executive director				x				100,674	0	0
(2) Stenley Keeve	2.00									
Member		x						0	0	0
(3) Clare Krupin	2.00							_	_	_
Member		x						0	0	0
(4) Michael Phillips	2.00									
Member		х						0	0	0
(5) Jonquilyn Hill	2.00									
Member		х						0	0	0
(6) Greg_Jaffe	2.00									
Member		х		_				0	0	0
(7) Matt Parra	2.00									
Member		х						0	0	0
(8) Corrine Yu	2.00									
Member		х						0	0	0
(9) Mary Coller Alpert	<u>2.0</u> 0									
Member		х						0	0	0
(10)Daniel Schwartz	<u>2.0</u> 0									
Member		х						0	0	0
(11)Jeremy Bratt	<u>2.0</u> 0									
Member		х						0	0	0
(12)Aaron Stetter	2.00									
Member		x						0	0	0
(13)Daniel Webber	2.00									
Secretary		x		x				0	0	0
(14)Blake Androff	2.00									
Treasurer		x		x				0	0	0
EEA										Form 990 (2021)

Form 990 (2	, , , , , , , , , , , , , , , , , , ,								20-129	7050	F	age 8
Part VII	Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, and	_		omp	ensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	o not check more than one ox, unless person is both an fficer and a director/trustee) compensation compe from the from r		(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	co	(F) nated arr of other mpensat from the anization ad organi:	ion and			
(15)Shari Presiden		2.00	x		x			0	0			0
(16)Ashley Vice-Pre	y McMaster	2.00	x		x			0	0			0
(17)					<u> </u>				0			0
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
c Tota	total	ion A .	•••	•••	••		· •	100,674	0			0
2 Tota	al number of individuals (including but not limit prtable compensation from the organization	ed to those li							-			
· ·	· · · ·										Yes	No
emp 4 For a	the organization list any former officer, direct ployee on line 1a? <i>If "Yes," complete Schedul</i> any individual listed on line 1a, is the sum of re anization and related organizations greater th	<i>le J for such</i> eportable cor	<i>indivio</i> npens	dual ation a	 and o	ther con	 npen	isation from the		3		x
indiv 5 Did	vidual	 compensatio	· · ·		unrela	 ated org	 aniz	ation or individual		4		x x
Section E	3. Independent Contractors	•										
	nplete this table for your five highest compensa pensation from the organization. Report comp											
	(A) Name and business addres							(B) Description of servic		(C) Compens		
										1		
2 Tota	l number of independent contractors (includin			41	linte))					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 99	90 (20	(21) Stree	t S	ense, Ir	nc.				20-12970	50 Page 9
Part	VIII	Statement of Rev	enu	e						
		Check if Schedule O co	ontain	s a respons	e or n	ote to any line in thi	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b	Membership dues			1b					
ants ints	c				1c					
nou Dou	d				1d					
ifts, r Aı	e	Government grants (contr	ibutio	ons)	1e					
s, G nila	f	· · · · · · · · · · · · · · · · · · ·								
Sir		and similar amounts not ir	-		1f	855,232				
ibut	g	Noncash contributions inc	lude	d in						
d O		lines 1a-1f			1g	\$				
ရှိ ပိ	h						855,232			
						Business Code				
	2a	Paper sales and r	ela	ted		511110	35,684	35,684		
ice	b	-								
erv ne	c									
n S ven	d									
Re	e									
, roc		All other program service	reven	ue						
		Total. Add lines 2a-2f .					35,684			
						-	55,001			
	3	Investment income (includi other similar amounts) .								
	4	Income from investment of								
	5	Royalties		•	•					
	ľ			(i) Real		(ii) Personal				
	62	Gross rents	6a	(I) Kea		(ii) Fersonai				
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss)				· · · · · · ▶				
	7a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets	70							
	h	other than inventory	7a							
	d	Less: cost or other basis	71-							
nue		and sales expenses	7b							
eve		Gain or (loss)				L				
r R		Net gain or (loss)			•••	· · · · · · •				
the	8a	Gross income from fundrai	•							
0		events (not including \$			-					
		of contributions reported o								
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from f		aising event	s .	••••				
	ya ya	Gross income from gaming	-							
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
	C C	Net income or (loss) from g	gami	ng activities	•••	· · · · · · •				
	10a	Gross sales of inventory, le								
		returns and allowances .			10a					
		Less: cost of goods sold			10b					
	C	Net income or (loss) from s	sales	of inventory	/					
		_				Business Code				
ŝ						900099	216			216
anc	b									
eve	C									
Misc Ro		All other revenue								
<u> </u>		Total. Add lines 11a-11d					216			
	12	Total revenue. See instru	ction	s	<u></u> .	<u></u>	891,132	35,684	0	216

Bb, 9b, and 10b of Par VIII.	(D) Fundraising	(C) lanagement and		(A) Total expenses	ot include amounts reported on lines 6b, 7b,	8b, 9b, 1 G 2 G 3 G 4 B 5 C 6 C 7 8 9 10 11 a b L q 0 11 a b C 11 T 12 A 13 C 14 In 15 R 16 T 17 T 18 P 19 C 11 T 12 A 13 In 14 In 15 R 16 C 17 P 22 D 16 C 17 P 22 D 16 C 17 P 21 P 22 D
and comestic governments. See Part IV. line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organization, foreign governments, and foreign individuals. See Part IV. line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, fluctuals trustes, and key employees 6 Compensation of included above, to disqualified persors (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 9 Other employee benefits 9 Other employee benefits 9 Other employee benefits 10 Lobbying 9 Other (II ine 11g amount exceeds 10% of Ine 25, column (A) amount ist line 11g expenses on Schedule O.) 11 fore expenses 9 Other (II ine 11g amount exceeds 10% of Ine 25, column (A) amount ist line 11g expenses on Schedule O.)	expenses	eneral expenses	expenses		· · · · · · · · · · · · · · · · · · ·	
2 Grants and other assistance to domestic individuals. See Part IV, line 22					5	
individuals. See Part IV, line 22						2
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						2
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						2
treign individuals. See Part IV, lines 15 and 16 Image: See Part IV, lines 15 and 16 4 Benefits paid to of ror members 100,673 50,337 25,168 5 Compensation not included above, to disqualified persons (as defined under section 4958((1)1) and persons described in section 4958((3)(8)) 100,673 50,337 25,168 6 Compensation not included above, to disqualified persons (as defined under section 4958((3)(8)) Image: Section 405((3)(8)) Image					5	3
4 Bendits paid to of to members						
5 Compensation of current officers, directors, trustees, and key employees 100,673 50,337 25,168 Compensation on thickled above, to disqualified persons (as defined under section 4958(P(1)) and persons described in section 4958(P(3)(8) 446,798 431,745 12,931 Persons described in section 4958(P(3)(8) 446,798 431,745 12,931 Persons described in section 4958(P(3)(8) 446,798 431,745 12,931 Persons described in section 4958(P(1)) and persons described in section 4018(b) and 403(b) employer contributions) 19,104 18,966 10,870 Other employee benefits 19,104 18,966 10,870 10,870 Payroll taxes 19,104 18,966 10,870 10,870 Concensation and numeration services. See Part IV, line 17 10,0870 5,132 10,870 5,132 Intormation technology 16,861 10,870 5,132 10,373 37 Office expenses 25,440 11,544 444 444 16,754 14,753 835 Royalties 30,132 26,533 1,502 10,312 21 10,312 1,31502 10,312 1,340 1,180 67 11,						1
trustes, and key employees 100,673 50,337 25,168 Compensation not included above, to disqualified persons (accind 4958(c)(3)(B) 446,798 431,745 12,931 Other salaries and wages 446,798 431,745 12,931 Other employee benefits 19,104 18,966 10 Payroll taxes 10 10 10 10 I cobying 10 10 10 10 10 I cobying 10 10 10 10 12,931 10 I cobying 10 10 10 10 10 10 10 I cobying 10 10 10,841 10 10 10 10 10 10 10 10 10 10 10 10 10 10						
6 Compensation not included above, to disqualified persons (as defined under section 4958(0)(1)) and persons described in section 4958(0)(3)(8)	25,16	25 168	50 337	100 673	•	Ŭ
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 446,798 431,745 12,931 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employee contributions () 446,798 431,745 12,931 9 Other employees benefits	25,10	25,100	50,557	100,075		6
persons described in section 495B(c)(3)(B) 446,798 431,745 12,931 7 Other salaries and wages 446,798 431,745 12,931 8 Pension plan accruits and contributions) 9 19,104 18,966 10 9 Other employee benefits 19,104 18,966 10 10 9 Other employee benefits 19,104 18,966 10 10 9 Other employee benefits 19,104 18,966 10 10 1 Fees for services (nonemployees): 10 10 10 10 1 Legal 10 10 10 10 10 10 1 Porfossional fundraising services. See Part IV, line 17 10 10 10 10 10 10 10 10 10 18 10,870 5,132 13 14 10,754 14,753 835 14 14 16,754 14,753 835 14 16 14 14 16,754 14,1753						•
7 Other salaries and wages 446,798 431,745 12,931 8 Pension plan accruates and contributions (include section 401(k) and 403(k) employer contributions) 9 19,104 18,966 0 9 Other employee benefits 19,104 18,966 0 0 9 Other envices (nonemployees): 19,104 18,966 0 1 Fees for services (nonemployees): 10,104 10,104 0 1 Lobbying 10,104 10,104 10,104 0 1 Lobbying 10,104 10,						
8 Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions) 9 Other employee benefits	2,12	12,931	431.745	446.798		7
section 401(k) and 403(b) employer contributions) 19,104 18,966 0 Payroll taxes	2/12	12,551	451,745	110,750	-	
9 Other employee benefits 19,104 18,966 0 Payroll taxes						•
0 Payroll taxes	13		18,966	19,104		9
1 Fees for services (nonemployees): a	10		10,900	197101		
a Management						
b Legal						
c Accounting					-	
d Lobbying					-	
e Professional fundraising services. See Part IV, line 17 .					-	
f Investment management fees Image: Constraint of the set of						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 16, 861 10, 870 5, 132 2 Advertising and promotion 37 37 37 3 Office expenses 25,440 11,544 444 4 Information technology 16,754 14,753 835 5 Royalties 30,132 26,533 1,502 7 Travel 410 361 21 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,340 1,180 67 9 Conferences, conventions, and meetings 1,340 1,180 67 10 Interest 234 206 12 11 Payments to affiliates 234 206 12 12 Depreciation, depletion, and amortization 234 206 12 13 Insurace 37,753 3,305 187 14 Other expenses on Schedule O.) 39,659 39,659 144,076 16						
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2 Advertising and promotion 37 37 37 3 Office expenses 25,440 11,544 444 4 Information technology 16,754 14,753 835 5 Royalties 30,132 26,533 1,502 6 Occupancy 30,132 26,533 1,502 7 Travel 361 21 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 410 361 21 9 Conferences, conventions, and meetings 1,340 1,180 67 1 Interest 234 206 12 2 Depreciation, depletion, and amortization 234 206 12 2 Insurance 3,753 3,305 187 24 Other expenses. Itemize expenses on Covered above (List miscellaneous expenses on Schedule O.) 39,659 39,659 9 9 Prointing 39,659 39,659 44,076 44,076 44,076 4 Interest 410 10 10 10 10 8	85	5,132	10.870	16.861		3
3 Office expenses 25,440 11,544 444 14 Information technology 16,754 14,753 835 5 Royalties 30,132 26,533 1,502 6 Occupancy 30,132 26,533 1,502 7 Travel 410 361 21 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 1,340 1,180 67 9 Conferences, conventions, and meetings 1 340 1,180 67 10 Interest 13,400 1,180 67 14 10 Interest 234 206 12 11 Insurance 3,753 3,305 187 20 Other expenses. Itemize expenses on Schedule O.) 39,659 39,659 14,076 4 Other expenses 16,754 44,076 44,076 44,076 44,076 44,076 44,076 14,076 6 All other expenses 745,271 653,572 46,299						2
14 Information technology 16,754 14,753 835 5 Royalties 30,132 26,533 1,502 6 Occupancy 30,132 26,533 1,502 7 Travel 410 361 21 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,340 1,180 67 9 Conferences, conventions, and meetings 1,340 1,180 67 10 Interest 234 206 12 11 Payments to affiliates 3,753 3,305 187 12 Depreciation, depletion, and amortization 234 206 12 11 Insurance 3,753 3,305 187 12 Other expenses. Itemize expenses on Schedule O.) 39,659 39,659 9 144,076 44,076 44,076 44,076 1 13 Printing 39,659 9 1 144,076 44,076 44,076 1 1 14 Other expenses 1 1 1 1	13,45	444				
5 Royalties	1,16		-			
6 Occupancy	•					
7Travel410361218Payments of travel or entertainment expenses for any federal, state, or local public officials1,3401,180679Conferences, conventions, and meetings1,3401,1806720Interest2342061221Payments to affiliates2342061222Depreciation, depletion, and amortization2342061223Insurance3,7533,30518724Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule O.)39,65939,659aPrinting39,65939,6591bProgram costs44,07644,0761c1d </td <td>2,09</td> <td>1,502</td> <td>26,533</td> <td>30,132</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td>	2,09	1,502	26,533	30,132	· · · · · · · · · · · · · · · · · · ·	
8 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,340 1,180 67 9 Conferences, conventions, and meetings 1,340 1,180 67 20 Interest 234 206 12 21 Payments to affiliates 3,753 3,305 187 22 Depreciation, depletion, and amortization 234 206 12 23 Insurance 3,753 3,305 187 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.) 39,659 39,659 9 a Printing 39,659 39,659 2 b Program costs 44,076 44,076 2 c	2	-		-		7
for any federal, state, or local public officialsImage: constant of the state, or local public officials9Conferences, conventions, and meetings1,3401,1806790Interest1,3401,1806790Interest1,3401,1806791Payments to affiliates1192Depreciation, depletion, and amortization2342061293Insurance3,7533,30518794Other 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.)39,65939,6599Program costs44,07644,07619All other expenses1119All other expenses1119Total functional expenses. Add lines 1 through 24e.745,271653,57246,299				-		8
9Conferences, conventions, and meetings1,3401,1806710Interest11<						
Interest Interest Payments to affiliates 234 206 Depreciation, depletion, and amortization 234 206 12 Insurance 3,753 3,305 187 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.) 39,659 39,659 a Printing 39,659 39,659 12 b Program costs 44,076 1 1 c 1 1 d 1 e All other expenses Add lines 1 through 24e. 745,271 653,572 46,299	9	67	1,180	1,340		9
Payments to affiliates 1 1 1 22 Depreciation, depletion, and amortization 234 206 12 23 Insurance 3,753 3,305 187 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.) 39,659 39,659 1 a Printing 39,659 444,076 1 1 b Program costs 444,076 444,076 1 1 c	_	-				20
22Depreciation, depletion, and amortization2342061223Insurance3,7533,30518724Other 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.)39,65939,659aPrinting39,65939,659bProgram costs44,07644,076c						21
33Insurance3,7533,30518724Other 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.)39,65939,659187aPrinting39,65939,6591bProgram costs444,07644,0761c	1	12	206	234	Depreciation, depletion, and amortization	22
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.) 39,659 39,659 a Printing 39,659 44,076 b Program costs 44,076 44,076 c	26					23
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line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)39,65939,659aPrinting39,65939,659bProgram costs44,07644,076cd </td <td></td> <td></td> <td></td> <td></td> <td>above (List miscellaneous expenses on line 24e. If</td> <td></td>					above (List miscellaneous expenses on line 24e. If	
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b Program costs 44,076 44,076 c					(A) amount, list line 24e expenses on Schedule O.)	
b Program costs 44,076 44,076 c			39,659	39,659	Printing	а
c						b
eAll other expenses25Total functional expenses. Add lines 1 through 24e.745,271653,57246,299			• • •	•		с
25 Total functional expenses. Add lines 1 through 24e. 745,271 653,572 46,299						d
Total functional expenses. Add lines 1 through 24e. 745,271 653,572 46,299					All other expenses	е
	45,40	46,299	653,572	745,271	· · · · · · · · · · · · · · · · · · ·	_
	-,					
organization reported in column (B) joint costs from a combined educational campaign and					organization reported in column (B) joint costs	

	990 (20	,	20	0-1297	2050 Page 11
Par	t X	Balance Sheet			
		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	180,599	1	202,980
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	138,541
	4	Accounts receivable, net	73,467	4	57,049
	5	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	
	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	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	674	9	1,124
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 74,609			
	b	Less: accumulated depreciation	1,042	10c	808
	11	Investments - publicly traded securities		11	2,194
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	255,782	16	402,696
	17	Accounts payable and accrued expenses	11,849	17	12,902
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	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	11,849	26	12,902
		Organizations that follow FASB ASC 958, check here			
s		and complete lines 27, 28, 32, and 33.			
Ce	27	Net assets without donor restrictions	232,183	27	203,056
alaı	28	Net assets with donor restrictions	11,750	28	186,738
ар		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	243,933	32	389,794
	33	Total liabilities and net assets/fund balances	255,782	33	402,696

EEA

Form **990** (2021)

Form	990 (2021) Street Sense, Inc. 20)-129705	0	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	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		891,	,132
2	Total expenses (must equal Part IX, column (A), line 25)	2		745,	,271
3	Revenue less expenses. Subtract line 2 from line 1	3		145,	,861
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		243,	,933
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		389,	,794
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 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?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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				
	Single Audit Act and OMB Circular A-133?		3a		х
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	<u></u> .	3b		
EEA			Form	990 (2021)

SCHEDULE	Α
(Form 990)	

(E)

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.

Department of the Treasury Internal Revenue Service

►	Attach	to Form	990 or	Form	990-EZ.
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OMB No. 1545-0047
2021
Open to Public

· · ·				
o to <i>www.irs.ao</i>	v/Form990 for i	nstructions and	I the latest i	nformation

► Got				to www.irs.gov/Fo	orm990 for instructions	and the I	atest info	rmation.	Inspection
Name of the organization						Employer identification	n number		
Stre	et	Sense, Ir	nc.					20-129705	0
Part	t I	Reason	for Public Cha	rity Status. (Al	II organizations mus	t comple	ete this p	oart.) See instruction	ons.
The o	rgar	nization is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check c	only one bo	ox.)		
1		A church, con	vention of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)		
2		A school desc	ribed in section 170)(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990)).)			
3		A hospital or a	a cooperative hospita	al service organizat	ion described in section	170(b)(1)	(A)(iii).		
4		A medical res	earch organization c	perated in conjunc	tion with a hospital descr	ibed in se	ction 170((b)(1)(A)(iii). Enter the	
		hospital's nam	e, city, and state:						
5		An organizatio	on operated for the be	enefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (Comple	ete Part II.)					
6		A federal, stat	e, or local governme	ent or governmenta	I unit described in section	on 170(b)(1)(A)(v).		
7	х	An organizatio	on that normally rece	ives a substantial pa	art of its support from a g	overnmen	tal unit or f	rom the general public	
		described in s	ection 170(b)(1)(A)	(vi). (Complete Par	rt II.)				
8		A community	trust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)				
9		An agricultura	l research organizat	ion described in se	ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant col	ege
		or university o	r a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	city, and st	tate of the college or	
		university:							
10		receipts from a support from a acquired by th	activities related to it pross investment inco ae organization after	s exempt functions, ome and unrelated I June 30, 1975. Se	33 1/3% of its support from subject to certain exception business taxable income e section 509(a)(2). (Co	tions; and (less secti mplete Pa	(2) no mor ion 511 tax ırt III.)	e than 33 1/3% of its) from businesses	s
11	_	-		-	to test for public safety. S				
12		-			or the benefit of, to perform				
				-	ed in section 509(a)(1)				8). Check
		—	-		e of supporting organiza			-	
а					ervised, or controlled by i		-		ving
					rly appoint or elect a maj	-	e directors	or trustees of the	
				-	rt IV, Sections A and B				
b				•	controlled in connection		••		•
			-		ation vested in the same p	persons that	at control o	r manage the supporte	d
			on(s). You must co	-					
С					rganization operated in c				with,
			0 () (,	ou must complete Part				
d			-		ing organization operate				
				•	n generally must satisfy a		•	ent and an attentivenes	S
				-	ete Part IV, Sections A				
е					en determination from the			I, Type II, Type III	
				-	integrated supporting or	rganizatior	1.		
f			er of supported organ		• • • • • • • • • • • •		• • • • •		•••
g			wing information abo			1			
	(i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions)						other support (see		
						Yes	No		
(A)									
(B)									
(C)									
(D)									

Schedu	ile A (Form 990) 2021 Street Sens	se, Inc.				20-129705	0 Page 2
Part			ibed in Sect	ions 170(b)(*	1)(A)(iv) and	170(b)(1)(A)	
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	organizatior	failed to qua	lify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	-
Secti	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	374,459	336,819	437,077	807,005	855,232	2,810,592
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	374,459	336,819	437,077	807,005	855,232	2,810,592
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)						387,044
6	Public support. Subtract line 5 from line 4.						2,423,548
Secti	ion B. Total Support				,	1	
Caler	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	374,459	336,819	437,077	807,005	855,232	2,810,592
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						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	4					4
11	Total support. Add lines 7 through 10						2,810,596
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the or	•				a section 501(c)(3)
	organization, check this box and stop her	e					· · · · ► 🗌
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	, column (f), d	ivided by line 1	1, column (f))		14	86.23 %
15	Public support percentage from 2020 Sch	edule A, Part I	I, line 14			15	82.54 %
16a	33 1/3% support test - 2021. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qual	ifies as a publi	icly supported	organization.			► X
b	33 1/3% support test - 2020. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a p	publicly suppor	rted organizatio	on		
17a	10%-facts-and-circumstances test - 202	21. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	ne 14 is
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization			-	-		_
b	0						
~	 b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain 						
	in Part VI how the organization meets the						
	organization						_
18	Private foundation. If the organization die						_
	instructions						_
FFA							••••••••••••••••••••••••••••••••••••••

Schedu	e A (Form 990) 2021 Street Sens	se, Inc.				20-12970	50 Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I	or if the orgar	nization failed	to qualify u	nder Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(u) 2017	(6) 2010	(0) 2010	(4) 2020	(0) 2021	(i) rotar
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
h	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fil	fth tax year as	a section 501	(c)(3)
	organization, check this box and stop her	е					► 🗌
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2021 (line 8	, column (f), d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2020 Sch	<u>edule A,</u> Part I	II, line 15 .	<u></u>	<u></u>	16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020					18	%
19a	33 1/3% support tests - 2021. If the orga					-	
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2020. If the organizati	-	-	-			
~	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization di	-	-			-	

Page 4

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 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). 7 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). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a 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.) 10b

Part	V Supporting Organizations (continued)			
			Yes	N
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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ectio	on B. Type I Supporting Organizations		Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	11
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	· ·		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ectio	on C. Type II Supporting Organizations			
			Yes	Ν
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		
ectio	on D. All Type III Supporting Organizations			
			Yes	N
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	4		
<u>^</u>	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
octiv	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	o inst	ructio	ns
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	s mot	lactic	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instru</i>	ctions)	
2	Activities Test. Answer lines 2a and 2b below.	0110110)	Yes	Ν
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's position that its supported organization(s) would	2b		
		20		
3	Parent of Supported ()rganizations Answer lines 3a and 3h below			
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	32		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
3 a b	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		

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20-1297050

 Schedule A (Form 990) 2021
 Street Sense, Inc.

 Part IV
 Supporting Organizations (continued)

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	nani	20-129 zations	97050 Page
1 [Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI). See
-	instructions. All other Type III non-functionally integrated supporting organ			-
Secti	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

Schedul	e A (Form 990) 2021 Street Sense, Inc. V Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organi	20-12 izations (continued)	
	on D - Distributions	,		Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			
EEA				Schedule A (Form 990) 2021

	Frage Page Page Page Page Page Page Page P
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	ines 2, 3, and 6. Also complete this part for any additional mormation. (See instructions.)
-	
-	

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2021
Name of the organization		Employer identification number
Street Sense, Inc		20-1297050
Organization type (check	cone):	
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	

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).

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

Name of organization		
Street Sense, Inc.		
	,	

EEA

Schedule B (Form 990) (2021) 20-1297050 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Total contributions Name, address, and ZIP + 4 Type of contribution Person 1 Payroll \$ 50,000 Noncash (Complete Part II for noncash contributions.) (a) (d) (b) (c) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 Person 2 Payroll Noncash \$ 47,300 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3 Person Payroll Noncash \$ 50,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 4 Pavroll Noncash \$ 32,610

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>25,200</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Employer identification number

x

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х

х

х

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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.

OMB	No.	1545-	0047
2	Λ	21	

Open to Public				

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

	Open to Fublic
	Inspection
ific	ation number

ame of t	ne organization			Empi	over identification number
Street	Sense, Inc.				20-1297050
Part	I Organizations Maintaining Donor Advised	Funds or Other	Similar Funds o	or Accoun	ts.
	Complete if the organization answered "Yes" of	on Form 990, Par	rt IV, line 6.		
	· · · ·	(a) Done	or advised funds		(b) Funds and other accounts
1 7	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advisors in	writing that the asse	ets held in donor a	dvised	
	unds are the organization's property, subject to the organization	-			Yes 🗌 No
	Did the organization inform all grantees, donors, and donor a	•			
	only for charitable purposes and not for the benefit of the do	-	-		
	conferring impermissible private benefit?				Yes 🗌 No
Part		<u></u>	•••••		
i arti	Complete if the organization answered "Yes" of	on Form 990 Par	t IV/ line 7		
1 6	Purpose(s) of conservation easements held by the organization				
и г Г	Preservation of land for public use (for example, recreation			n of a histori	ically important land area
L	Protection of natural habitat		=		ed historic structure
L					
2 L	Preservation of open space	fied concernation of	antribution in the fo	m of a cons	on votion
	Complete lines 2a through 2d if the organization held a quali	ned conservation co		m of a cons	
	easement on the last day of the tax year.				Held at the End of the Tax Ye
	Fotal number of conservation easements				2a
	Fotal acreage restricted by conservation easements				2b
	Number of conservation easements on a certified historic st		•	••••	2c
	Number of conservation easements included in (c) acquired				
	historic structure listed in the National Register				2d
	Number of conservation easements modified, transferred, re	eleased, extinguishe	ed, or terminated by	/ the organiz	zation during the
	ax year ▶				
	Number of states where property subject to conservation ea		• <u> </u>	- (
	Does the organization have a written policy regarding the pe	•			
	violations, and enforcement of the conservation easements i				
6 3	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violation	ns, and enforcing co	onservation	easements during the year
- '					
	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, ai	nd enforcing conse	rvation ease	ements during the year
	► \$				
	Does each conservation easement reported on line 2(d) abo	, ,		()()(
	and section 170(h)(4)(B)(ii)?				
	n Part XIII, describe how the organization reports conserva				
	palance sheet, and include, if applicable, the text of the footn	ote to the organizat	tion's financial state	ements that o	describes the
	organization's accounting for conservation easements.		· <u> </u>		
Part				or Other	r Similar Assets.
	Complete if the organization answered "Yes" of				
1a	f the organization elected, as permitted under FASB ASC 9	58, not to report in i	its revenue stateme	ent and bala	nce sheet works
C	of art, historical treasures, or other similar assets held for pu	blic exhibition, educ	ation, or research	in furtherand	ce of public
5	service, provide in Part XIII the text of the footnote to its fina	ancial statements that	at describes these	tems.	
b l	f the organization elected, as permitted under FASB ASC 9	58, to report in its re	evenue statement a	and balance	sheet works of
á	art, historical treasures, or other similar assets held for public	c exhibition, educati	ion, or research in t	furtherance	of public service,
F	provide the following amounts relating to these items:				
(i) Revenue included on Form 990, Part VIII, line 1				► \$
(ii) Assets included in Form 990, Part X				▶\$
2	f the organization received or held works of art, historical tre	easures, or other sin	nilar assets for fina	ncial gain, p	provide the
f	ollowing amounts required to be reported under FASB ASC	0 958 relating to the	se items:		
a F	Revenue included on Form 990, Part VIII, line 1				▶\$
	Assets included in Form 990, Part X				

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

	D (Form 990) 2021 Street Sense, I						20-129		Page 2
Part	t III Organizations Maintaining	Collections of	Art, His	storical T	reasures	, or Ot	her Similar A	\ssets (c	continued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the fo	llowing that r	nake się	gnificant use of its	\$	
	collection items (check all that apply):								
а	Public exhibition		d	Loan or	[.] exchange p	rogram	5		
b	Scholarly research		е	Other					
с	Preservation for future generations			_					
4	Provide a description of the organization's co	ollections and expla	in how the	v further the	organizatio	n's exen	not purpose in Pa	rt	
	XIII.			,					
5	During the year, did the organization solicit o	r receive donations	of art hist	orical treas	ures or othe	rsimilar			
•	assets to be sold to raise funds rather than t							🗌 Ye	s 🗌 No
Part			parter ale	organizati					
	Complete if the organization		" on For	m 990 P	art IV line	9 or	reported an ai	mount or	Form
	990, Part X, line 21.				urt i v, iirio	0, 0.			
1a	Is the organization an agent, trustee, custodia	an or other intermed	hiary for co	ntributions	or other asse	ts not			
. u	included on Form 990, Part X?		-					🗆 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII							· · 📋 ie	
5			onowing te				Δ	mount	
•	Beginning balance					. 10		mount	
с Ь	Additions during the year								
d									
e r	Distributions during the year								
f	Did the organization include an amount on Fe							🗌 Ye	es 🗌 No
2a	If "Yes," explain the arrangement in Part XIII						-		
b Part			explanatio	Thas been			• • • • • • • •	••••	• 🗆
I al	Complete if the organization	answered "Ves	" on For	m 000 P	ort IV/ line	10			
								(a) East	
10	Destinging of year balance	(a) Current year	(D) P	ior year	(c) Two years	S DACK	(d) Three years bac	K (e) FOL	ur years back
1a ⊾	Beginning of year balance								
b									
С	Net investment earnings, gains, and								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr			, column (a)) held as:				
а	Board designated or quasi-endowment	▶	_%						
b	Permanent endowment	%							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiz	zation that	are held an	d administer	ed for th	e		
	organization by:								Yes No
	(i) Unrelated organizations	••••••						3a(i)	
	(ii) Related organizations	•••••						3a(ii))
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	uired on S	chedule R?				3b	
	Describe in Part XIII the intended uses of the		dowment f	unds.					
Part								_	
	Complete if the organization	answered "Yes	" on For	m 990, P	art IV, line	11a. S	See Form 990), Part X,	line 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost or	r other basis	(c)	Accumulated	(d) Bo	ok value
		(investm	ient)	(0	other)	d	epreciation		
1a	Land								
b	Buildings	•							
С	Leasehold improvements	•							
d	Equipment				72,109		71,301		808
e	Other				2,500		2,500		
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pa	rt X, colur	nn (B), line	10c.)		<u> </u>		808

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Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ► Part VIII

Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2 ⊅u ∈	e to Homelessly in Love	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	olumn (b) must equal Form 990, Part X, col. (B) line 25.) . ►	

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

EEA

Schedule	D (Form 990) 2021 Street Sense, Inc.	20-1297050	Page 4			
Part		per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	897 , 857			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments 2a					
b	Donated services and use of facilities 2b 6,	725				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	6,725			
3	Subtract line 2e from line 1	3	891,132			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		891,132			
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1	751,996			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities 2a 6,	725				
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	6,725			
3	Subtract line 2e from line 1	3	745,271			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	745,271			
Part	XIII Supplemental Information.					

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

SCHEDULE G (Form 990) Department of the Treasury	al Information Regarding Fundraising or Gaming Activities the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. So to www.irs.gov/Form990 for instructions and the latest information.					OMB No. 1545-0047 2021 Open to Public Inspection		
Internal Revenue Service Name of the organization	F(50 to www.irs.gov/i	-orm990 for Ir	istructions ar	id the latest informat	ion.	Employer identific	
Street Sense, In	c						20-129	
	sing Activities.	Complete if the	e organiza	tion answ	ered "Yes" on F	orm		
	EZ filers are not r	•	-			•	,	
	the organization rais				ies. Check all that a	apply.		
a Mail solicitatio	•	5	е Г		of non-government			
b Internet and e	mail solicitations		f		of government grar	-		
c 🗌 Phone solicita	ations		g	-	draising events			
d 🗌 In-person soli	citations				-			
2a Did the organiza	tion have a written o	r oral agreement w	ith any indivi	dual (includir	g officers, directors	, truste	es,	
or key employee	s listed in Form 990,	Part VII) or entity	in connectior	n with profess	sional fundraising se	ervices	?	🗌 Yes 🗌 No
	0 highest paid individ least \$5,000 by the c		undraisers) p	ursuant to ag	reements under wh	ich the	fundraiser is to	be
(i) Name and addres or entity (fur		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(c	Amount paid to or retained by) draiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
	which the organization			blicit contribu	tions or has been no	otified	it is exempt from	

Schedule G	Eorm	000)	2021	
Schedule G	FOILI	990)	2021	

Part II

Revenue

1

2

3

4

5

6

7

8

9

10

11

1

2

3

4

5

6

Part III

Revenue

Direct Expenses

Direct Expenses

Gross receipts

Less: Contributions

Cash prizes

Rent/facility costs

Food and beverages

Entertainment

Other direct expenses

Direct expense summary. Add lines

Net income summary. Subtract line

Gross revenue

Cash prizes

Rent/facility costs

Noncash prizes

Volunteer labor

Other direct expenses

Gross income (line 1 minus line 2)

Noncash prizes

undraising Events. Com	plete if the organization	answered "Yes" on For	m 990, Part IV, line 18.	or reported more
an \$15,000 of fundraising				
oss receipts greater than		9	,	
	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
	(event type)	(event type)	(total number)	col. (c))
ss receipts				
s: Contributions				
ss income (line 1 minus				
2)				
prizes				
cash prizes				
/facility costs				
and beverages				
rtainment				
er direct expenses				
ct expense summary. Add lin	ies 4 through 9 in column (d)		
ncome summary. Subtract li				
ming. Complete if the or 5,000 on Form 990-EZ, li		Yes" on Form 990, Part	IV, line 19, or reported n	nore than
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
s revenue				
prizes				
cash prizes				
/facility costs				
	1			
er direct expenses				

-

b If "No," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a b If "Yes," explain:

Yes

Yes No

No

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20-1297050

Street Sense, Inc.

01. Form 990 governing body review (Part VI, line 11)

The draft 990 is reviewed by the executive director and treasurer before filing. The 990

is presented to the board along with the audit report annually.

02. Conflict of interest policy compliance (Part VI, line 12c)

The conflict of interest policy is distributed and signed by board members at the annual

meeting.

03. CEO, executive director, top management comp (Part VI, line 15a)

Compensation is determined by the board using a market study at the time of hire to

determine rates at similar size organizations.

04. Other officer or key employee compensation (Part VI, line 15b

Compensation is determined by the board using a market study at the time of hire to

determine rates at similar size organizations.

05. Governing documents, etc, available to public (Part VI, line 19)

Street Sense makes its governing documents, conflict of interest policy and financial

statements available to the public upon request.

06. List of other fees for services expenses (Part IX, line 11g)

Consulting - Professional Fees - \$11,900

Consulting - Staff Recruitment - \$ 800

Statement of Program Service Accomplishments

2021 PG01

Name(s) as shown on return

Your Social Security Number

20-1297050

Statement #4

Street Sense, Inc.

Form 990-Part III(a)

Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$653572
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

Explanation

Street Sense provided economic opportunities to 153 homeless men and women including 44 new, first-time vendors in 2021. Vendors earn an average of \$990/month, with the highest performing vendors reporting single day earnings up to \$400. In 2021, Street Sense continued to offer multiple platforms for self-expression and the production of content aimed at public engagement, however this work remained significantly impacted by the pandemic. In 2021, we produced content in print, illustration, and audio. These workshops are led by "artists in residence," practicing professionals who donate their time to the organization. These workshops provide homeless men and women a forum to express their views while raising their self-esteem. Street Sense encourages public debate about homelessness and poverty through their newspaper published weekly with a per issue print run of 2,600, consisting of 16 pages of local news features, poetry and editorials. Street Sense also has an active presence on social media, promoting their print content as well as material from other independent sources on the issue of homelessness and extreme poverty. Street Sense also operates a case management program to help its program participant navigate towards housing, health and mental health care and other public benefits as well as an emergency assistance fund to help vendors with rent and utility arrearages as well as to purchase food and medicine.