000	Deturn of Organization Evenut From In			OMB No. 1545-0047							
orm 990	Return of Organization Exempt From In			2021							
Und	er section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce		lations)								
epartment of the Treasury	Do not enter social security numbers on this form as it may be	-		Open to Public							
ternal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest			Inspection							
For the 2021 calendar year		d ending		, 20							
n	Name of organization REINTEGRATION SUPPORT NETWORK , INC.		D Employ	yer identification number							
	Doing business as			46-2369263							
Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number							
Initial return 11	7 W MAIN ST			(919)260-7835							
Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	receipts							
	ARRBORO, NC 27510		\$	213,47							
	Name and address of principal officer: TERENCE JOHNSON	H(a) Is this a	group return fo	r subordinates? Yes X N							
	ME AS C ABOVE		subordinates								
Tax-exempt status: X 501(c)(3				See instructions							
Website: WWW.RSN		H(c) Group									
Form of organization: X Corporat	ion Trust Association Other ► L Year of formation	n: 2015 M	State of lega	I domicile: NC							
art I Summary											
1 Briefly describe the	organization's mission or most significant activities: THE REINTEGRA	TION SUPPOR	T NETW	ORK PROVIDES							
	SENSE OF BELONGING AND THE SKILLS AND CAPACITIE	S FOR SELF-	ADVOCA	CY, HEALTHY							
RELATIONSHIPS	, AND POSITIVE ENGAGEMENT IN THE COMMUNITY. RSN	SERVES YOU	TH 14	TO 18+ WHO ARE							
RECOVERY FROM	SUBSTANCE USE DISORDER AND/OR ARE RECEI										
RELATIONSHIPS RECOVERY FROM 2 Check this box ▶ 3 Number of voting m 4 Number of independ 5 Total number of indi 6 Total number of voting	if the organization discontinued its operations or disposed of more than 2	5% of its net asse	ets.								
3 Number of voting m	embers of the governing body (Part VI, line 1a)		. 3	10							
4 Number of independ	dependent voting members of the governing body (Part VI, line 1b) 4 10										
5 Total number of indi	er of individuals employed in calendar year 2021 (Part V, line 2a)										
6 Total number of volu	Inteers (estimate if necessary)		. 6								
7a Total unrelated busi	ness revenue from Part VIII, column (C), line 12		. 7a	0							
b Net unrelated busin	ess taxable income from Form 990-T, Part I, line 11		. 7b	0							
		Prior Year		Current Year							
8 Contributions and gr	ants (Part VIII, line 1h)	193	3,644	213,47							
9 Program service rev	renue (Part VIII, line 2g)										
 9 Program service rev 10 Investment income (11 Other revenue (Part 	Part VIII, column (A), lines 3, 4, and 7d)										
11 Other revenue (Part	VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										
12 Total revenue - add	lines 8 through 11 (must equal Part VIII, column (A), line 12)	193	3,644	213,47							
13 Grants and similar a	mounts paid (Part IX, column (A), lines 1-3)										
14 Benefits paid to or f	or members (Part IX, column (A), line 4)										
	bensation, employee benefits (Part IX, column (A), lines 5-10)	151	L,112	150,21							
16a Professional fundra	sing fees (Part IX, column (A), line 11e)										
	penses (Part IX, column (D), line 25) 1,750										
17 Other expenses (Pa	rt IX, column (A), lines 11a-11d, 11f-24e)	24	4,931	30,67							
18 Total expenses. Ad	d lines 13-17 (must equal Part IX, column (A), line 25)		5,043	180,88							
	ises. Subtract line 18 from line 12		7,601	32,58							
		Beginning of Curr		End of Year							
58 20 Total assets (Part X 20 Total iasbilities (Part X 21 Total liabilities (Part X 22 Net assets or fund b	, line 16)		2,335	74,92							
21 Total liabilities (Part											
22 Net assets or fund b	palances. Subtract line 21 from line 20	4:	2,335	74,92							
art II Signature Blo			,	,,,							
	have examined this return, including accompanying schedules and statements, and to the best of	f my knowledge and be	lief, it is								
	f preparer (other than officer) is based on all information of which preparer has any knowledge.										
gn Signature of office			Date	•							
-			Date								
	QUISTON, TREASURER										
Type or print name	arne Preparer's signature (A C Date	Check	if I	PTIN							

	Print/Type preparer's name		Preparer's signature	San Q Que	Date		Check if	PTIN		
Paid	Lori A Aveni			Rovi A. Chemi	05-12-2022	-	self-employed	P01721281		
Preparer	Firm's name Firm's EIN Firm's EIN									
Use Only	Firm's address	115 Sale	m Towne Ct			Phone	e no.			
		Apex NC	27502				919-	308-2470		
May the IRS discuss this return with the preparer shown above? See instructions										

Form	990 (2021) REINTEGRATION SUPPORT NETWORK, INC.	46-2369263	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE REINTEGRATION SUPPORT NETWORK PROVIDES YOUTH WITH A SENSE OF BELONGING A		
	CAPACITIES FOR SELF-ADVOCACY, HEALTHY RELATIONSHIPS, AND POSITIVE ENGAGEMENT		
	RSN SERVES YOUTH 14 TO 18+ WHO ARE IN RECOVERY FROM SUBSTANCE USE DISORDER A	AND/OR ARE REC	EI
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	Yes <u>x</u>	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		1.
	services?	Yes <u>x</u>	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	red 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 \$ 174,447 including grants of \$) (Revenue	\$ 210,	511)
	REINTEGRATION SUPPORT NETWORK (RSN) - THROUGH ITS MENTOR PROGRAM, YOUTH PEER	R SUPPORT GROU	IPS,
	COMMUNITY-BASED PARTNERSHIPS AND RESOURCE NETWORK, RSN HELPS YOUTH DEVELOP H	POSITIVE RELAT	IONSHIP
	WITH THEIR FAMILIES, PEERS, TEACHERS AND OTHERS WITHIN THEIR COMMUNITY. RSN	STAFF AND PEE	R
	SUPPORT MENTORS ENGAGE IN PROMOTING TRUST AND SELF-ACCEPTANCE WITH YOUTH PAR	RTICIPANTS BY	
	ADVOCATING FOR YOUTH, COORDINATING WITH EXISTING SERVICE PROVIDERS, AND LINE		
	COMMUNITY RESOURCES, THEREBY INCREASING THE CHANCES OF A PARTICIPANT'S SUCCH		
	RSN RECEIVES REFERRALS FROM SCHOOLS, TREATMENT PROGRAMS, COMMUNITY PARTNERS,	, FAMILY MEMBE	RS AND
	THE JUSTICE SYSTEM.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		·	/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		•	/
	Other program convision (Describe on Schodule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 174,447)	
EEA		Form	990 (2021)
-			· · · · · · · · · · · · · · · · · · ·

	990 (2021) REINTEGRATION SUPPORT NETWORK, INC. 46-2369	263	P	Page 3
Pa	rt IV Checklist of Required Schedules			
		[Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A		X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	x	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		~
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	· ·		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
h	complete Schedule D, Part VI	11a		x
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		v
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			х
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			х
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	4.46		
46	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		x
10	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	10		
	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				x
b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	• • • • •	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	• • • • •	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• • • • •	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
~~	If "Yes," complete Schedule L, Part I	• • • • •	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
07	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	• • • • •	26		х
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		27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
а	"Yes," complete Schedule L, Part IV		200		77
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28a 28b		x
b		• • • • •	200		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes." <i>complete Schedule L. Part IV</i>		28c		77
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	• • • • •	200		x
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		29		х
50	conservation contributions? If "Yes," complete Schedule M.		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>		- 51		~
02	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	• • • • •	02		л
00	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,				4
•••	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				\square
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
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) REINTEGRATION SUPPORT NETWORK, INC. 46-230	9263		P	age
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2	b	х	
	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?	. 3	a		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	. 3	b		
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)?	. 4	a		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?	. 5	a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.		ic		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-		
u	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6	a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	•	-u		-
D.	gifts were not tax deductible?	6	b		
-	-	🗖			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_			
	and services provided to the payor?	-	a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· 7	'b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7	'C		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7	'e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7	Ϋ́		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7	g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7	'n		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9	a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_			
1	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources	_			
b					
0 -		_	2-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 14	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		_		
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13	3a		
	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				
С	Enter the amount of reserves on hand				
4a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14	la		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14	b		
5	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?	. 1	5		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 1	6		x
-	If "Yes," complete Form 4720, Schedule O.		-		
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	ester estron any angune and and and any angune person, or mine operator ongage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	1	7	1	

Forr	n 990 (2021) REINTEGRATION SUPPORT NETWORK, INC. 46-2369	263	Р	age 6
Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	ra "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
See	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	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
~	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
4	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?			X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		x
10	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,	74		~
D.	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.0		
Ū	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
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	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done.	12c	x	
13	Did the organization have a written whistleblower policy?	-	x	
14 45	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
~	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-	v	
a h	The organization's CEO, Executive Director, or top management official	15a 15b	x	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	x	
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		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tea		
	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			
17	List the states with which a copy of this Form 990 is required to be filed North Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THOMAS MCQUISTON (919)260-7835, 117 W MAIN ST, CARRBORO, NC 27510			

Form 990 (20	21) REINTEGRATION SUPPORT NETWORK, INC.	46-2369263	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	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 c	or within the								
organization's	organization's tax year.									
• 1 to (- 0)										

• 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.

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

<u> </u>				((C)	,				
(A)	(B)	, · ·			sition			(D)	(E)	(F)
Name and title	Average					an one both ar	h	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 d	Inst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	irect	tutio	er	emp	loye	ner	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ë com				
	below	stee	ruste		ö	pens				
	dotted line)		ë			Highest compensated employee				
(1) DOREL CLAYTON	1.00									
BOARD MEMBER	+ ± • • • •	x						0	0	0
	1.00							0	0	0
(2) PEGGY NICHOLSON	<u>1.0</u> 0							•		•
BOARD MEMBER	1 00	х	_					0	0	0
(3) HEATHER SMITH	1.00									
BOARD MEMBER		х						0	0	0
(4) JEN TAYLOR	1.00									
BOARD MEMBER		х						0	0	0
(5) PABLO ROBLES	1.00									
BOARD MEMBER		х						0	0	0
(6) SHANKAR NATHAN	1.00									
BOARD MEMBER		х						0	0	0
(7) BETHLEHEM FEREDE	1.00									
BOARD MEMBER		х						0	0	0
(8) THOMAS MCQUISTON	15.00									
TREASURER		х		х				0	0	0
(9) TERENCE JOHNSON	15.00									
CHAIR		х		x				0	0	0
(10)BARBAR FEDDERS	1.00									
SECRETARY		x		x				0	0	0
(11)JANET JACOBS	30.00									
EXECUTIVE DIRECTOR					x			0	0	0
(12)										
<u>(13)</u>										
(14)										

	990 (2021) REINTEGRATION SUP										2369263		Page 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ai		_	est Co	mp	ensated Employe	es (continue)	<i>1)</i>		
	(A) Name and title	(B) Average hours per week	box,	, unle	Po leck m ss pe	rson i	han one s both ar r/trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	n	(F) stimated a of oth compens from th	er ation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	' (organizatio lated orgar	n and
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal	ion A .		••	•••			· • •	0		0		0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those I						d mo	ore than \$100,000	of			(
3	Did the organization list any former officer, direc	tor, trustee,	-		-		-					Yes	
4	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable cor an \$150,000	mpensa	ation	n and	l oth	er com	npen	sation from the		3	5	x
5	individual Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensatio		-			-			 	· · · · 2 		x
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report comp										vear.		
	(A) Name and business addres								(B) Description of servic			(C) Densation	
		~~~~							2000112101201201201			Jugarda	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro					ted a	above)	wh	0				

Form 9	90 (20	21) REINT	EGR.	ATION SU	UPPOI	RT NETWORK, I	INC.		46-23692	63 Page 9
Part	VIII	Statement of Rev	<b>enu</b>	e						
		Check if Schedule O co	ontain	s a respons	se or n	ote to any line in thi	s Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>w</i>	b	Membership dues	•••		1b					
unts	С	Fundraising events	•••		1c					
Ū.G	d	Related organizations .	••		1d					
Gifts ar A	е	<b>J</b>			1e	131,082				
ns, c	f		-							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not in			1f	82,390				
	g				4	<b>^</b>				
and	L .				1g		010 480			
	h	Total. Add lines 1a-1f	••		• • •		213,472			
	2a					Business Code				
e	b									
Program Service Revenue	C C	-								
n Sí /en	d									
Rev	e									
Pro,	-	All other program service	rever	ue						
-		Total. Add lines 2a-2f .								
	3	Investment income (includi								
		other similar amounts)								
	4	Income from investment of	tax-e	exempt bond	d proce	eeds 🕨				
	5	Royalties	<u></u>			<b>&gt;</b>				
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)				<u></u> ►				
	7a	Gross amount from		(i) Securiti	ies	(ii) Other				
		sales of assets								
	L .	other than inventory	7a							
	d	Less: cost or other basis and sales expenses	76							
mu		Gain or (loss)								
eve		Net gain or (loss)				•				
Other Revenue		Gross income from fundra								
öţ			•							
-		of contributions reported o			-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .	••		8b					
		Net income or (loss) from		aising even	ts	<b>.</b>				
	9a	Gross income from gaming	-							
		activities, See Part IV, line								
		Less: direct expenses .			9b					
	c	Net income or (loss) from	gamii	ng activities	; <u></u>	<u></u> ▶				
	10a	Gross sales of inventory, I								
		returns and allowances .								
		Less: cost of goods sold								
	C	Net income or (loss) from	sales	or inventor	у					
	14-					Business Code				
Miscellanous Revenue	11a									
enu	а 2									
Rev		All other revenue					<u> </u>	<u> </u>		
Ϊ		Total. Add lines 11a-11d				<b>•</b>				
		Total revenue. See instru					213,472	0	0	0

### 021) REINTEGRATION SUPPORT NETWORK, INC. Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co		nizations must complet	te column (A).	
	Check if Schedule O contains a response or note to a	,			
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	138,572	138,572		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,641	11,641		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	949		949	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	16,617	14,867		1,750
12	Advertising and promotion	1,750	1,750		
13	Office expenses	1,108		1,108	
14	Information technology				
15	Royalties				
16	Occupancy	2,990	2,990		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,662	1,033	2,629	
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.)				
а	DUES AND SUBSCRIPTIONS	2,273	2,273		
b	TRAINING	998	998		
С	BACKGROUND CHECKS	252	252		
d	RECOVERY ADVANCEMENT FUND	71	71		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	180,883	174,447	4,686	1,750
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here $\blacktriangleright$ if				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	D21) REINTEGRATION SUPPORT NETWORK, INC.	46	5-2369	263 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	42,335	1	74,924
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	42,335	16	74,924
	17	Accounts payable and accrued expenses		17	
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iab		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	0	26	0
		Organizations that follow FASB ASC 958, check here			
ŝŝ		and complete lines 27, 28, 32, and 33.			
n c	27	Net assets without donor restrictions	34,997	27	67,586
3ala	28	Net assets with donor restrictions	7,338	28	7,338
Ъ		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
D.	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	42,335	32	74,924
	33	Total liabilities and net assets/fund balances	42,335	33	74,924

EEA

Form 990 (2021)

Form	990 (2021) REINTEGRATION SUPPORT NETWORK, INC.	46-236926	3	Pa	age <b>12</b>
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		213,	,472
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		180,	,883
3	Revenue less expenses. Subtract line 2 from line 1	. 3		32,	,589
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		42,	,335
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		74,	,924
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: X Cash Cacrual 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:				
	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		
	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		3b		
EEA			Form	<b>990</b> (2	2021)

SCHEDULE	Α
(Form 990)	

# **Public Charity Status and Public Support**

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ	►	Attach	to Form	990 or	Form	990-EZ
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te if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexemp	2021	
Attach to Form 990 or Form 990-EZ.		Open to Public
► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
	Employer identificati	on number

OMB No. 1545-0047

Name	of the	organization

<ul> <li>Atta</li> </ul>	ch to	Form	990	or	Form	990-EZ.
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REIN	TE	GRATION SUPPORT NETWORN					46-236926		
Par	t I	Reason for Public Cha	rity Status. (A	I organizations mus	st comple	ete this p	art.) See instruction	ons.	
The o	rgar	ization is not a private foundation b	ecause it is: (For lir	nes 1 through 12, check o	only one bo	x.)			
1		A church, convention of churches,	or association of c	hurches described in <b>se</b>	ction 170(	b)(1)(A)(i)			
2		A school described in section 170	<b>)(b)(1)(A)(ii).</b> (Attac	h Schedule E (Form 990	D).)				
3		A hospital or a cooperative hospital	al service organizat	ion described in section	170(b)(1)	(A)(iii).			
4		A medical research organization of	perated in conjunc	tion with a hospital desci	ribed in <b>se</b>	ction 170(	b)(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5	$\square$	An organization 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	0	, ,	,	0			
6		A federal, state, or local governme	,	l unit described in <b>sectio</b>	on 170(b)( ⁻	1)(A)(v).			
7	x	An organization that normally rece	U		• • •		rom the general public		
•		described in section 170(b)(1)(A)							
8		A community trust described in se		,					
9	Н	An agricultural research organizat			poratod in	conjunctio	n with a land grant coll		
9								eye	
		or university or a non-land-grant co	nege of agriculture	(See Instructions). Enter	the name,	city, and Si	ate of the conege of		
40		university:		00 4/00/ of its summart for			where his face and ever		
10		An organization that normally receipts from activities related to it						iS	
		support from gross investment inco	ome and unrelated I	ousiness taxable income	(less secti	on 511 tax			
		acquired by the organization after			•	,			
11		An organization organized and op	-						
12		An organization organized and ope							
		one or more publicly supported or						i). Check	
		the box in lines 12a through 12d th	,,			•			
а		<b>Type I.</b> A supporting organiza			••	0		ving	
		the supported organization(s)	the power to regula	rly appoint or elect a ma	jority of the	e directors	or trustees of the		
		supporting organization. You	must complete Pa	rt IV, Sections A and B	<b>.</b>				
b		<b>Type II.</b> A supporting organization	ation supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g	
		control or management of the	supporting organiza	tion vested in the same	persons that	at control o	r manage the supporte	d	
		organization(s). You must co	mplete Part IV, Se	ctions A and C.					
С		Type III functionally integrat	ed. A supporting o	rganization operated in c	connection	with, and	functionally integrated	with,	
		its supported organization(s) (	see instructions). Y	ou must complete Par	t IV, Section	ons A, D,	and E.		
d		Type III non-functionally inte	egrated. A support	ing organization operate	d in conne	ction with i	ts supported organizat	ion(s)	
		that is not functionally integrate	ed. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivenes	S	
		requirement (see instructions)	. You must compl	ete Part IV, Sections A	and D, an	d Part V.			
е		Check this box if the organization	ion received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III		
		functionally integrated, or Type	e III non-functionally	integrated supporting of	rganizatior	) <b>.</b>			
f	E	nter the number of supported organ	nizations						
g	Р	rovide the following information abo	out the supported or	ganization(s).					
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10		r governing	support (see	other support (see	
				above (see instructions))	nstructions)) document? instructions) instructions)				
					Yes	No			
(A)									
(B)									
(C)								1	

(D)

(E) Total

	II Support Schedule for Organiza				)(A)(iv) and	46-2369263	
	(Complete only if you checked th						
	Part III. If the organization fails to						
Secti	on A. Public Support			, р.			
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	(4) 2017	(6) 2010	(0) 2010	(4) 2020	(0) 2021	
•	membership fees received. (Do not						
	include any "unusual grants.")	65,266	73,483	131,898	193,644	213,472	677,76
2	Tax revenues levied for the	05,200	/3,403	131,898	193,044	213,472	077,70
2	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	65,266	72 402	121 000	102 644	010 470	C77 7C
4 5	The portion of total contributions by	05,200	73,483	131,898	193,644	213,472	677 <b>,</b> 76
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
c	shown on line 11, column (f)						529,61
<u>6</u> Saati	Public support. Subtract line 5 from line 4.						148,14
	on B. Total Support	(a) 2017	<b>(b)</b> 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	65,266	73,483	131,898	193,644	213,472	677,76
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.)						
11	Total support. Add lines 7 through 10						677 <b>,</b> 76
12	Gross receipts from related activities, etc.	•				12	
13	First 5 years. If the Form 990 is for the or	0	• •			· ·	,,,,
	organization, check this box and stop her						· · · · ►
	on C. Computation of Public Suppor					1	
14	Public support percentage for 2021 (line 6		-			14	21.86 %
15	Public support percentage from 2020 Sch	edule A, Part I	I, line 14			15	38.14 %
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	lifies as a publ	icly supported	organization .			· · · · ► [
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 m	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppor	rted organizatio	on		🕨 🛽
17a	10%-facts-and-circumstances test - 202	21. If the orgar	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	his box and <b>st</b>	<b>op here.</b> Expla	in in
	Part VI how the organization meets the fa	cts-and-circum	stances test. 7	The organizatic	n qualifies as	a publicly supp	orted
	organization			-	-		_
	5						
b	10%-facts-and-circumstances test - 202						
b	<b>10%-facts-and-circumstances test - 202</b> 15 is 10% or more, and if the organization	-	ts-and-circums	stances test. ch	neck this hox a	nd stop here	Explain
b	15 is 10% or more, and if the organization	meets the fac				-	
b	15 is 10% or more, and if the organization in Part VI how the organization meets the	meets the fac facts-and-circ	umstances test	t. The organiza	tion qualifies a	as a publicly su	pported
b 18	15 is 10% or more, and if the organization	meets the fac facts-and-circ	umstances tes	t. The organiza	tion qualifies a	as a publicly su	pported · · · · ▶ [

	e A (Form 990) 2021 REINTEGRATI					46-23692	63 Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	to qualify u	nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part II	l.)	
Secti	on A. Public Support						
	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	(1)					
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	•						
	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>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2017	(6) 2010	(0) 2013	(d) 2020	(6) 2021	
J0a	Gross income from interest, dividends,						
IVa							
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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	anization's fi	rst. second. thi	rd. fourth. or fif	th tax vear as	a section 501	(c)(3)
	organization, check this box and stop her	•					
Secti	on C. Computation of Public Suppor						····
15	Public support percentage for 2021 (line 8	-		13 column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
					• • • • • • • • •		70
-	on D. Computation of Investment Inc		-	viline 12	mn(f)	17	0/
17 10	Investment income percentage for <b>2021</b> (I			•		17	%
18	Investment income percentage from <b>2020</b>					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 die	d not check a	box on line 14.	19a, or 19b, c	heck this box a	and see instru	ictions 🕨 📗

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

#### REINTEGRATION SUPPORT NETWORK, INC. Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 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. 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. 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. 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. 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. 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. 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 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. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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. 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.

- 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.
- 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.
  - 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.)

11 ⊦	/ Supporting Organizations (continued)			
<b>11</b> ⊦			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
a A	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
1	11c below, the governing body of a supported organization?	11a		
b A	A family member of a person described in line 11a above?	11b		
c A	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
ŗ	provide detail in <b>Part VI.</b>	11c		
ection	n B. Type I Supporting Organizations			
			Yes	No
<b>1</b> D	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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 <b>Part</b>			
	<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		
	n C. Type II Supporting Organizations	2		
conor			Yes	No
1 V	Nere a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		
	the supported organization(s).	1		
ection	n D. All Type III Supporting Organizations		N	
			Yes	No
	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			
-	rear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Nere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
<b>3</b> E	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			
	ncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
ir s	supported organizations played in this regard.	3		
ir s		3		
ir s ectior	supported organizations played in this regard.		ructio	ons).

INC

**b** The organization is the parent of each of its supported organizations. *Complete line 3 below.* 

REINTEGRATION SUPPORT NETWORK,

- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

2b

3a

3b

Yes

No

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 Add lines 1 through 3. 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection 6 of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): **a** Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c **d** Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 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

REINTEGRATION SUPPORT NETWORK, INC.

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

Schedule A (Form 990) 2021

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	e A (Form 990) 2021 REINTEGRATION SUPPORT NET				9263 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continue	ed)	
Secti	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 organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
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) Underdistributio Pre-2021	ns	(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				
C	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)				
i	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				
С	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, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
 a	Evene from 2017				
a b	Evene from 2010				
C	Evenes from 2010				
 d	Evenes from 2020				
	Evene from 2024				
<u>e</u>	Excess from 2021				Sebedule A (Ferm 000) 202

EEA

Schedule A (Form 990) 2021

	Form 990) 2021 Page 8
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.)
-	
-	

## 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

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

#### Name of the organization

#### REINTEGRATION SUPPORT NETWORK, INC.

Employer identification number 46-2369263

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

A COPY OF FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO

FILING.

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

OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST DURING

THE RECRUITMENT PROCESS PRIOR TO ANY VOTE ON ACCEPTANCE OF MEMBERSHIP.

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

THE BOARD OF DIRECTORS COMPARED RELEVANT DATA WHEN ESTABLISHING COMPENSATION FOR TOP

MANAGEMENT

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

THE BOARD OF DIRECTORS COMPARED RELEVANT DATA WHEN ESTABLISHING COMPENSATION FOR ALL

EMPLOYEES

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

FINANCIAL STATEMENTS, TAX RETURNS, AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC

UPON REQUEST.