			** PUBLIC DISCLOSURE COPY *	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2021
			Do not enter social security numbers on this form as it may	y be made public.	Open to Public
Depa Inter	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
Α	For th	e 2021 calend		JUN 30, 2022	
B	Check if applicab	le: C Name of	organization	D Employer identificat	ion number
	Addre		HYST HOUSE, INC.		
	Name	<u></u>	usiness as	35-1499772	1
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su		·
	Final returr	P O	BOX 11	812-336-35	70
	termi ated	2	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,705,841.
	Amer returr		MINGTON, IN 47402	H(a) Is this a group retur	
	Appli tion		nd address of principal officer: MARK DELONG	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates includ	led? Yes No
1	Tax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a list	. See instructions
			AMETHYSTHOUSE.ORG	H(c) Group exemption n	umber 🕨
			X Corporation	ear of formation: 1980 M S	tate of legal domicile: \mathtt{IN}
Pa	art I				
d)	1		e the organization's mission or most significant activities: AMETHYST		
ŭ		FOUNDAT	ION FOR SOBER LIVING BY PARTNERING WIT	H INDIVIDUALS,	FAMILIES
srna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of m	ore than 25% of its net assets	
0 Vē	3		ing members of the governing body (Part VI, line 1a)		10
ۍ م	4		ependent voting members of the governing body (Part VI, line 1b)		10
Activities & Governance	5		of individuals employed in calendar year 2021 (Part V, line 2a)		43
iviti	6		of volunteers (estimate if necessary)		13
Act	7 a		d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		-
		o		Prior Year 925 , 272 •	<u>Current Year</u> 1,064,279.
ne	8		and grants (Part VIII, line 1h)	515,923.	545,692.
Revenue	9		ce revenue (Part VIII, line 2g)	9,589.	-3,346.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-279.	25,513.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,450,505.	1,632,138.
	13			0.	0.
	14		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	0.	0.
	40		compensation, employee benefits (Part IX, column (A), lines 5-10)	919,122.	959,331.
ses	16a			0.	0.
Expenses	b		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 60 , 965 .		
ы	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	455,394.	490,109.
	18	•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,374,516.	1,449,440.
	19		expenses. Subtract line 18 from line 12	75,989.	182,698.
or	<u>g</u>		•	Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)	1,233,431.	1,201,088.
ASS	21		(Part X, line 26)	265,322.	92,942.
INet	22		fund balances. Subtract line 21 from line 20	968,109.	1,108,146.
Pa	art II	Signature	e Block		
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kn	owledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.	

	Signature of officer			Date					
Sign	Signature of officer			Dale					
Here	MARK DELONG, EXECUTIVE	DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	BEN LYON	BEN LYON 0)5/11,	/23 self-employed P01262298					
Preparer	Firm's name 🕒 KSM BUSINESS SER	VICES, INC		Firm's EIN 🕨 35-2123203					
Use Only	Firm's address PO BOX 40857								
	INDIANAPOLIS, IN	46240		Phone no. (317) 580-2000					
May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								
a	CHE COMEDINE O HOD ODGINIZIETON MICCION CENTENENE COMEDNIATION								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) AMETHYST HOUSE, INC.	35-1499772	Page 2
Par	t 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: AMETHYST HOUSE PROVIDES A FOUNDATION FOR RECOVERY BY PAR'	TNERING WITH	
	INDIVIDUALS, FAMILIES, AND COMMUNITIES IMPACTED BY SUBST.		
	DISORDERS, OFFERING HIGH-QUALITY RESIDENTIAL AND OUTPATI		г
	SERVICES AND GUIDANCE FOR HEALTHY LIVING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	nd
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 477,558. including grants of \$) (Reven	243	532.)
Ha	(Code:) (Expenses \$477,558. including grants of \$) (Revenues SERVICES TO RECOVERING ADDICTED INDIVIDUALS INCLUDING A)
	TREATMENT FACILITY - MEN'S HOUSE		
4b	(Code:) (Expenses \$327,215. including grants of \$) (Reven	ue\$ 166.	864.)
	SERVICES TO RECOVERING ADDICTED INDIVIDUALS INCLUDING A		,
	TREATMENT FACILITY - WOMEN'S HOUSE		
4c	(Code:) (Expenses \$265,310. including grants of \$) (Reven	ue\$ 135,	296.)
	OUTPATIENT SERVICES IN BLOOMINGTON AND EVANSVILLE		,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,070,083.		
		Form 9	90 (2021)
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Form	990	(2021)

 Form 990 (2021)
 AMETHYST HOUSE, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	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			v
_	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,			v
-	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			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			<u></u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
132003	12-09-21	Form	990	(2021)

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 AMETHYST HOUSE, INC.
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 Part IV
 Checklist of Required Schedules (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ĺ	
	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		I	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ſ	
	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		I	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ſ	
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		ſ	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		ſ	
	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		I	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ľ	
	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		I	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		I	
	controlled entity or family member of 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,		I	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		I	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		I	
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		ſ	
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ſ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		I	
	Part V, line 1	34		X
		1		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
		35a 35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			x
b 16	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
b 16	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
b 6 7	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b 36		
ь 6 7 8	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b 36	x	
ь 6 7 8	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b 36 37	x	
ь 6 7 8	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b 36 37	x	
ь 36 37 38	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b 36 37	X	x
b 36 37 38 Pai	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b 36 37 38		
b 36 37 88 Pai	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b 36 37 38		x
b 36 37 38 Pai 1a 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b 36 37 38		X
b 36 37 38 Par 1a 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b 36 37 38		x

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Pai	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,		10			
	filed for the calendar year ending with or within the year covered by this return	2a	43		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions					v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
h	If "Yes," enter the name of the foreign country	ccount		4 a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, (i b) (i i).	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pro	ovided to the payor?	7a		Х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?	·····		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	>	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I I		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
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?			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	13b		•		
-	Enter the amount of reserves on hand	13c		44-		x
4a ⊾				14a		
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x
	excess parachute payment(s) during the year?			15		л
6	If "Yes," see the instructions and file Form 4720, Schedule N.	incom	-2	16		х
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. incom	ə:	16		Δ
	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	2014				
7	Section So notice it organizations. Did the trust, any disqualified person, or mine operator endade in	any				
7				47		
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		

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 AMETHYST HOUSE, INC.
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Cahadula O contains a response or note to any line in this Dart V'	1
Check if Schedule O contains a response or note to any line in this Part V	

X

Sec	tion A. Governing Body and Management					
		1.	10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10	-		
	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	b Enter the number of voting members included on line 1a, above, who are independent 1b 10					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		- 23
3				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the organization have members or stockholders?			6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	-		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
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 read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "	, -		100	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			12c 13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approva			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by int				
а	The organization's CEO, Executive Director, or top management official			15a		x
b	Other officers or key employees of the organization			15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	'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 $\blacktriangleright IN$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy, and	d finan	cial	
•	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 boo CTNA TOVETT $= 812 - 336 - 3570$	oks and	a records 🕨			
	<u>GINA LOVELL - 812-336-3570</u> P.O. BOX 11, BLOOMINGTON, IN 47402					
10000				Form	990	(2021)
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2021.05080 AMETHYST HOUSE, INC.

10457.01

Form 990 (2	AMETHYST HOUSE, INC.	35-1499772	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated					
	Employees, and Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending w	th or within the organization's	s tax year.				

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)				<u>)</u>			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per				compensation	compensation	amount of			
	week (list any	tor					,	from the	from related organizations	other compensation
	hours for	· direc				-p		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK DELONG	40.00			0	×	Ξω	4			
EXECUTIVE DIRECTOR		1		х				75,215.	0.	0.
(2) GINA LOVELL	40.00									
ADMINISTRATIVE DIRECTOR		1		Х				66,920.	0.	Ο.
(3) NANCY NERAD (07/01/21 - 04/30/2	40.00									
CLINICAL DIRECTOR				Х				62,961.	0.	0.
(4) SCOTT BISCHOFF (05/01/22 - 06/3	40.00									
CLINICAL DIRECTOR				Х				0.	0.	0.
(5) PAT SCHREMS	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) MIKE GAVIN	2.00									_
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) CHRIS FREDERICKSON	2.00									-
TREASURER		Х		Х				0.	0.	0.
(8) SANDY WASHBURN	2.00									•
SECRETARY	1 00	Х		Х				0.	0.	0.
(9) BRIAN GARVEY	1.00							•	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) JOSEPH C. NOWLIN	1.00								0	0
BOARD MEMBER (11) DANIEL MILLER	1 00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(12) DAVID ELLIES	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) JOHN WHIKEHART	1.00									
BOARD MEMBER		x						0.	0.	0.
(14) MIKE LONG	1.00	1								
BOARD MEMBER		Х						0.	Ο.	Ο.
		1								
100007 10 00 01										Earm 990 (2021)

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Form 990 (2021)

	990 (2021) AMETHYST	HOUSE,	IN	C.						35-14	1997	72	Pa	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box offic	Position (do not check more than on box, unless person is both a officer and a director/truster		check more than one ess person is both an		n an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr orga and	pensa om the anizati d relate nizatio	e ion ed
1b	Subtotal	I							205,096.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.205,096.		0.			0.
2	Total number of individuals (including but n							o re		000 of reportable				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	-			•	-		Ŭ				0		x
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su										···	3		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
- Soc	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors											5		Х
1	Complete this table for your five highest co	mpensated ind	ере	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensati	on fro	m	
	the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	n the organization's tax y (B)	ear.		(0	;)	
								Co		nsatio	า			
								-						
	Total number of index and ent contractions "			oit - 1	J # - 1					are then				
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	JL IIN	nteo	1 (0 1			ιeα	above) who received mo					
											F	orm 9	9 90 (2	2021)

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	990 (2 t VII			YST HO	USE,]	INC.			35-1499	772	Page
ar											
		Check if Schedule O	contai	ins a respor	nse or note	to any lin	e in this Part VIII (A)	(B)	(C)	(D)	
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue ex from tax sections 51	xclud unde
	4 -	E devete de come cione		4-	27	,726.				360110113 3 1	12 - 0
and Other Similar Amounts		Federated campaigns			47	, 720.					
lou					2.2	,895.					
A		Fundraising events			54	,095.					
ilar		Related organizations			070	1 5 4					
<u>Sin</u>		Government grants (contr			9/8	,154.					
Ъ	f	All other contributions, gifts,	-		<u>م</u> ۲	F 0 4					
Ę		similar amounts not included				,504.					
p	g	Noncash contributions included in					1 0 6 4 0 7 0				
ar	h	Total. Add lines 1a-1f					1,064,279.				
		~				ess Code	504 605	504 605			
	_	CLIENT FEES				4100	504,685.	504,685.			
Revenue	b	TREATMENT FEE	S		_ 62	4100	41,007.	41,007.			
en	С				_						
š	d										
	е										
		All other program service									
		Total. Add lines 2a-2f					545,692.				
	3	Investment income (includ	•		-		F 0.2 F				~ ~
		other similar amounts) Income from investment of tax-exempt bond proce					5,237.			5,2	23
	4			•	•	s 🕨					
	5	Royalties	·····			>					
				(i) Real	(II) P	ersonal					
		Gross rents	6a								
		Less: rental expenses \dots	6b								
	С	Rental income or (loss)	6c								
		Net rental income or (loss)								
	7 a	Gross amount from sales of		(i) Securiti		Other					
		assets other than inventory	7a	60,52	6.						
	b	Less: cost or other basis				0.5.0					
		and sales expenses	7b	56,15							
	С	Gain or (loss)	7c	4,37	512	,958.					
		Net gain or (loss)			·····	🕨	-8,583.			-8,5	58
	8 a	Gross income from fundraisi									
5		including \$ 32									
		contributions reported on		-		0.0.0					
		Part IV, line 18				<u>,075.</u>					
		Less: direct expenses				<u>,594.</u>	2 510			2 1	- 1
		Net income or (loss) from			ts	🕨	-3,519.			-3,5	51
	9 a	Gross income from gamin	-								
		Part IV, line 19			9a						
		Less: direct expenses			9b						
		Net income or (loss) from			·····	🕨					
	10 a	Gross sales of inventory,									
		and allowances			10a						
		Less: cost of goods sold			10b						
+	С	Net income or (loss) from	sales	of inventor		····· >					
			T 3 4			ess Code					0.0
e		INSURANCE CLA		- DI7		4298	25,000.			25,0	
enu	b	ENDOWMENT DIS	TRI	BUTIO	<u>N 52</u>	3000	4,032.			4,0	03
Sev	С				_						
Revenue	d	All other revenue									
	е	Total. Add lines 11a-11d			<u></u>		29,032.		-		
		Total revenue. See instruction				•	1,632,138.	545,692.	0.	22,1	16'

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2021.05080 AMETHYST HOUSE, INC.

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Form 990 (2021)

AMETHYST HOUSE, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	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)	208,874.	60,790.	119,148.	28 936					
7	Other salaries and wages	641,273.	557,631.	71,118.	<u>28,936.</u> 12,524.					
8	Pension plan accruals and contributions (include	011/2/01		, 1, 1100						
5	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	45,895.	23,991.	17,556.	4,348.					
10	Payroll taxes	63,289.	50,104.	10,314.	<u>4,348.</u> 2,871.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal									
с	• ···	24,060.		24,060.						
d	Lobbying									
е	, , , , , , , , , , , , , , , , , , ,									
f	Investment management fees	4,245.		4,245.						
g	Other. (If line 11g amount exceeds 10% of line 25,	C 100		C 100						
	column (A), amount, list line 11g expenses on Sch 0.)	6,400. 9,565.	2,754.	6,400. 6,752.	E0					
12	Advertising and promotion	20,169.	14,734.	4,076.	59. 1,359.					
13 14	Office expenses Information technology	20,105.		<u> </u>	1,333.					
15	Royalties									
16	Occupancy	81,557.	54,554.	20,252.	6,751.					
17	Travel	3,569.	2,767.	802.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	3,073.	2,383.	690.						
20	Interest	186.	186.							
21	Payments to affiliates		11.000							
22	Depreciation, depletion, and amortization	23,803.	14,282.	8,340.	1,181.					
23		41,634.	35,533.	6,101.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а		103,195.	96,227.	6,952.	16.					
b	SUBCONTRACT	74,901.	73,725.	1,176.						
с	REPAIRS AND MAINTENANCE	43,282.	41,178.	2,104.						
d	DUES AND SUBSCRIPTIONS	21,748.	16,930.	2,418.	2,400.					
е	All other expenses	28,722.	22,314.	5,888.	520.					
25	Total functional expenses. Add lines 1 through 24e	1,449,440.	1,070,083.	318,392.	60,965.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				Gauss 990 (0001)					

132010 12-09-21

11 2021.05080 AMETHYST HOUSE, INC.

10457.01

AMETHYST HOUSE, INC. Part X Balance Sheet

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

		Check if Schedule O contains a response or note	e to any i				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			116,736.	1	45,255.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			93,050.	3	114,696.
	4	Accounts receivable, net			141,433.	4	168,567.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	918,694.			
	b	Less: accumulated depreciation		427,194.	472,543.	10c	491,500.
	11				409,669.	11	381,070.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15					15	
	16	Total assets. Add lines 1 through 15 (must equa			1,233,431.	16	1,201,088.
	17	Accounts payable and accrued expenses			70,895.	17	84,672.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
Se	22	Loans and other payables to any current or form	er officer	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
iabi		controlled entity or family member of any of thes	e person	ıs		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties	194,427.	23	8,270.
	24	Unsecured notes and loans payable to unrelated	l third pa	rties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D				25	00.040
	26	Total liabilities. Add lines 17 through 25			265,322.	26	92,942.
s		Organizations that follow FASB ASC 958, che	ck here				
lce		and complete lines 27, 28, 32, and 33.			0.00 1.00		1 100 140
alar	27		······	968,109.	27	1,108,146.	
ЧB	28					28	
un		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🛄			
Ϋ́		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSG	30	Paid-in or capital surplus, or land, building, or eq	-			30	
st A	31	Retained earnings, endowment, accumulated inc		E C	060 100	31	1 100 116
ž	32	Total net assets or fund balances			<u>968,109.</u> 1,233,431.	32	1,108,146.
	33	Total liabilities and net assets/fund balances	<u></u>		1,400,401.	33	1,201,088.

Form 990 (2021)

10457.01

Form 990 (2021)

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Form	AMETHYST HOUSE, INC.	35-14	99772	Page 1	2			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI]			
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1	1,632	,440.	•			
3	Revenue less expenses. Subtract line 2 from line 1	3		,698				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,109				
5	Net unrealized gains (losses) on investments	5	-43	,500	•			
6	Donated services and use of facilities	6			-			
7	Investment expenses	7			_			
8	Prior period adjustments	8		839				
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	1,108	,146	•			
Pa	rt XII Financial Statements and Reporting			[-			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			_			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule			Yes No				
2a	Pa Za Xa If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis							
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>^</u>	_			
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	gle Audit	. 3a	x				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X				
			_ (DON (DOD)				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nar	ne of t	he organization		TNO					r identification number	
D	art I		HYST HOUSE						5-1499772	
		Reason for Public (ee instruction	S.		
The	organ	ization is not a private found								
1		A church, convention of ch	,			n 170(b)(1	I)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv).	Complete Part II.)							
6		A federal, state, or local gov	-							
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general j	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem		•				••	v	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Con								
11		An organization organized a								
12		An organization organized a								
		more publicly supported or							Check the box on	
		lines 12a through 12d that	• •					-		
a		Type I. A supporting orga	-	-	• • •	-				
		the supported organization			majority o	of the direc	tors or trustee	es of the su	apporting	
		organization. You must o	-					- (-)		
k		Type II. A supporting org	-				-		-	
		control or management o organization(s). You mus			ame perso	ns that co	ntroi or manag	je me supp	Jonea	
c		Type III functionally inte	•		in connect	ion with a	and functional	ly intograte	od with	
, c	•	its supported organization	• • •					iy integrate	ia with,	
c	4	Type III non-functionally		-				ted organia	zation(s)	
	•	that is not functionally int								
		requirement (see instructi	0	c				anatonin		
e	•	Check this box if the orga	,	•				I. Type III		
		functionally integrated, or					51 5 51	, ,,		
f	Ente	er the number of supported o	ranizationa	, , , , , , , , , , , , , , , , , , , ,	0 0					
ç	Prov	vide the following informatior								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Tot	al									

AMETHYST HOUSE, INC.

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	894,232.	765,030.	781,688.	925,272.	1064279.	4430501.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	894,232.	765,030.	781,688.	925,272.	1064279.	4430501.		
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)								
	Public support. Subtract line 5 from line 4.						4430501.		
Sec	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	894,232.	765,030.	781,688.	925,272.	1064279.	4430501.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots		44.	5,746.	9,434.	5,237.	20,461.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on	342.	4,060.	0.	0.	0.	4,402.		
10	Other income. Do not include gain								
	or loss from the sale of capital		4 956						
	assets (Explain in Part VI.)	2,459.	1,956.	3,321.	2,424.	29,032.	39,192.		
	Total support. Add lines 7 through 10						4494556.		
	Gross receipts from related activities,		,				,165,551.		
13	First 5 years. If the Form 990 is for the	-		•			. —		
<u> </u>	organization, check this box and stor ction C. Computation of Publi	o here					▶∟_		
	•			. (7)			98.57 %		
	Public support percentage for 2021 (I		•	())		14	0.0.07		
	Public support percentage from 2020					15	,-		
108	I6a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
N	and stop here. The organization gual			1					
17~						nd line 1/1 is 10% (
178	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 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 te			-		-			
Ь	10% -facts-and-circumstances test	•	•		•	7a and line 15 is 1			
N.	more, and if the organization meets th	•				-	070 01		
	organization meets the facts-and-circu								
18	Private foundation. If the organizatio				• •				
				., ,			(Form 990) 2021		

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Schedule A (Form 9	90) 202
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AMETHYST HOUSE, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	l (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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	1	1		
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	l (f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, 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						
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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2021 (column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves		•			<u> </u>	
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the						line 17 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins		·····
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AMETHYST HOUSE, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes No

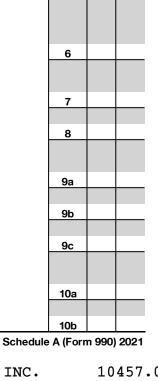
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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2021.05080 AMETHYST HOUSE, INC.

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chedule A	(Form 990) 2021	AMETHYST	HOUSE,	INC.
Part IV	Supporting Organ	izations (continue	ed)	

Part IV

1

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			

	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.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

	supervised, or controlled the supporting organization.	2		
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			

or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s).

Section D	All Type I	II Supporting	Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	ee instructions).
--	-------------------

The organization satisfied the Activities Test. Complete line 2 below. а

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

c 🗌] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

Schedule A (Form 990) 2021

Yes No

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2021.05080 AMETHYST HOUSE, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

AMETHYST HOUSE, 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

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Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 AMETHYST HOUSE, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

	······································			<i>ieu)</i>	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
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				
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, 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				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

10457.01

Part IV, Section A, lines 1, line 1; Part IV, Section D, l	, 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV,	e explanations required by , 6, 9a, 9b, 9c, 11a, 11b, ar Section E, lines 1c, 2a, 2b	Part II, line 10; Part II, line 1 nd 11c; Part IV, Section B, lin , 3a, and 3b; Part V, line 1; F complete this part for any ac	nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II,	, LINE 10, 1	EXPLANATION FO	OR OTHER INCOM	5:
ENDOWMENT DISTRIBUTI	ION			
2017 AMOUNT: \$ 2,4	159.			
2018 AMOUNT: \$ 1,9	956.			
2019 AMOUNT: \$ 3,3	321.			
2020 AMOUNT: \$ 2,4	124.			
2021 AMOUNT: \$ 4,0)32.			
INSURANCE CLAIM				
2021 AMOUNT: \$ 25,	,000.			
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

35-1499772

	AMETHYST	HOUSE
Organization type (che	eck one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

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 totaling \$5,000 or more during the year \dots b \$

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).

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

Schedule B (Form 990) (2021)

Schedule	В	(Form	990)	(2021)
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Name of organization

Page **2** Employer identification number

AMET

AMETH	YST HOUSE, INC.	35-1499772							
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.									
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution						
1		\$27,72	26. Person X Payroll Image: Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution						
2		\$170,53	38. Person X Payroll Image: Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for						

		\$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11-21		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

0) (2 (Fo 21)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)

Name of organization

AMETHYST HOUSE, INC.

Employer identification number

35-1499772

123453 11-11-21

from

Part I

10070511 757887 10457.000

Description of noncash property given

24 2021.05080 AMETHYST HOUSE, INC.

\$

Schedule B (Form 990) (2021)

Date received

10457.01

(See instructions.)

lame of org	ganization			Employer identification number		
METHY	ST HOUSE, INC.			35-1499772		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	v. For organizations	hat total more than \$1,000 for the yea		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
.						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of tra	insferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
.						
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee		
3454 11-11-2	21	25		Schedule B (Form 990) (20)		

2021.05080 AMETHYST HOUSE, INC. 10457.01

60		Supplement	al Financial	Statement	9		OMB No. 1545-0047
SCHEDULE D (Form 990)		Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,			2021		
	1 330)	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				LUL Open to Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions an	d the latest inform	nation.		Inspection
Nam	e of the organizati					Emplo	over identification number
_		AMETHYST HOUSE, IN		<u></u>		<u> </u>	35-1499772
Par		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Ac	counts	Complete if the
	organizatio	franswered fes off-offit 990, Partiv, in	(a) Donor adv	ised funds		h) Funds	and other accounts
4	Total number at or	ad of year			,, ,,		
1 2		nd of year f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in			ed fund	s	
	-	on's property, subject to the organization's	-				Yes No
6		on inform all grantees, donors, and donor a					
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for	any other purpose	conferriı	ng	
_		ate benefit?					Yes No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "	Yes" on Form 990,	Part IV,	line 7.	
1		servation easements held by the organization	· · · · ·	· · · · · · · · · · · · · · · · · · ·			
		n of land for public use (for example, recrea	tion or education)			•	portant land area
		f natural habitat	L	Preservation o	f a certif	ied histo	ric structure
•		of open space		ile stiene in the efferme			
2	day of the tax year	through 2d if the organization held a qualit r	ned conservation conti	ribution in the form	of a con		eld at the End of the Tax Year
а		onservation easements				2a	
b						2b	
c	•	vation easements on a certified historic structure				2c	
d		vation easements included in (c) acquired a					
		nal Register				2d	
3		vation easements modified, transferred, rel				ation du	iring the tax
	year 🕨						
4	Number of states	where property subject to conservation eas	sement is located 🕨				
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, insp	ection, handling of			
	,	orcement of the conservation easements it					
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations,	and enforcing cons	servatior	n easeme	ents during the year
-			line of inlations and		.		el unica el tele concern
7	► \$	ses incurred in monitoring, inspecting, hanc	and violations, and	enforcing conserva	lion eas	ements	during the year
8		vation easement reported on line 2(d) abov	e satisfy the requireme	ents of section 170	'h)(4)(R)(i	i)	
•)(4)(B)(ii)?				-	Yes No
9		be how the organization reports conservation					
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization	n's financial statem	ents tha	t describ	bes the
		ounting for conservation easements.					-
Par		ations Maintaining Collections of		reasures, or Ot	ther Si	milar A	Assets.
	Complete it	f the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1 a	•	elected, as permitted under FASB ASC 95	· ·				
		easures, or other similar assets held for put				ce of pul	DIIC
L.	· •	Part XIII the text of the footnote to its finar				choot	orke of
a	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public ing amounts relating to these items:	CARIDITION, EQUCATION	or research in full	ici al ICE		
	•	ded on Form 990, Part VIII, line 1				▶ \$	
						► \$.	
2	.,	received or held works of art, historical tre				-	
_		unts required to be reported under FASB A			5, P		
а	-	on Form 990, Part VIII, line 1	-			▶ \$	
		i Form 990, Part X					
			/ E 000				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

26

2021.05080 AMETHYST HOUSE, INC.

Sche		T HOUSE, II						35-14	99772	2 Ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Trea	isures, or	Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the fo	llowing that	make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	l 🗌 Loa	an or exch	ange progra	m					
b	Scholarly research	e	e 🗌 Oth	ner							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how they f	further the	organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, histor	ical treasu	ires, or othei	r similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the org	ganization	answered ""	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for cont	tributions	or other ass	ets not in	cluded		_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:							
									Amoun	t	
	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	•						1 f				
	Did the organization include an amount on Fo						y?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	•						aara baak		vooro	haal
		(a) Current year	(b) Prior	year	(c) Two years	S DACK (a) mee y	ears back	(e) Four	years	Jack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance				la a l al a a a						
2	Provide the estimated percentage of the curr			olumn (a))	held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		%									
2-	The percentages on lines 2a, 2b, and 2c show		tion that ar		ladminiatore	d for the	orgoniza	tion			
Ja	Are there endowment funds not in the posse	ssion of the organiza	allon that an				organiza]	Yes	No
	by: (i) Unrelated organizations								3a(i)		
									3a(ii)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	od on Scho	dulo P2					3b		
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm	<u>u</u>		13.							
	Complete if the organization answered). Part IV. lin	ne 11a. Se	e Form 990.	Part X. li	ne 10.				
	Description of property	(a) Cost or c		(b) Cost o	i		cumulate	Ы	(d) Boo	k value	
	Description of property	basis (investr		basis (c		• •	reciation		(u) 000	n value	7
19	Land		,		,000.				1	0,00	0.
	LandBuildings				2,116.	3	88,24	17.		3,80	
	Leasehold improvements			002	,,				± / ·	- ,	
	Equipment			46	5,578.		38,94	17.		7,63	31.
	Other			10	, _ , _ , _ ,					. ,	· - •
	. Add lines 1a through 1e. (Column (d) must e		X column /	R) line 10	2)				49	1,50	0.
IUID	i Alia inico ra triougir re. (Column (a) must e	quai romi 990, Part	<u>, column (l</u>	ווווי, ווווי, נט	<i></i>					_ , 50	

Schedule D (Form 990) 2021

132052 10-28-21

Schedule [) (Form 990) 2021	AMETHYST	HOUSE,	INC

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)			1	
(8) (9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		escription		(b) Book value
(1)				. ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Colu Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)	▶	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Fec	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
i otal. (Colu	<u>ımn (b) must equal Form 990, Part X, col. (B) line :</u>	<u>25.)</u>	>	

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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 AMETHYST HOUSE, INC.			35-3	1499772	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With I	Revenue per Re	turn.		0
	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	1,588,	987.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-43,500.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		4,594.			
е	Add lines 2a through 2d			2e	-38,	906.
3	Subtract line 2e from line 1			3	1,627,	893.
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	4,245.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		245.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,632,1	<u>138.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,449,	789.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	4,594.			
е	Add lines 2a through 2d			2e	4,	594.
3	Subtract line 2e from line 1			3	1,445,	195.
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	4,245.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		245.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,449,4	440.
Pa	t 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.

PART X, LINE 2:

THE ORGA	NIZATION IS E	XEMPT FROM T	AXES UNDER	THE PROVISIO	NS OF SECTION	
<u>501(C)(3</u>) OF THE INTE	RNAL REVENUE	CODE. TH	EREFORE, NO PI	ROVISION OR	
LIABILIT	Y FOR INCOME	TAXES HAS BE	EN INCLUDE	D IN THE FINA	NCIAL STATEMEN	NTS.
IN ADDIT	ION, THE ORGA	NIZATION HAS	BEEN DETE	RMINED BY THE	INTERNAL REVE	INUE
SERVICE	NOT TO BE A P	RIVATE FOUND	ATION WITH	IN THE MEANIN	G OF SECTION	
509(A) O	F THE INTERNA	L REVENUE CO	DE. THERE	WAS NO UNREL	ATED BUSINESS	
INCOME T	AX FOR THE YE	ARS ENDED JU	NE 30, 202	2 AND 2021.		
THE ORGA	NIZATION FILE	S U.S. FEDER	AL AND STA	TE OF INDIANA	INFORMATION 7	ſAX
RETURNS.	GENERALLY,	THE ORGANIZA	TION IS NO	LONGER SUBJE	CT TO U.S. FEI	DERAL
AND STAT	E INCOME TAX	EXAMINATIONS	BY TAX AU	THORITIES FOR	FISCAL YEARS	
BEFORE 2	019. MANAGEM	ENT BELIEVES	THAT THE	ORGANIZATION'	S INCOME TAX	
132054 10-28-21			29		Schedule D (For	r m 990) 2021
10070511 75	7887 10457.00	0		0 AMETHYST HC	USE, INC.	10457.01

Schedule D (Form 990) 2021 AMETHYST HOUSE, INC.	35-1499	772	Page 5
Part XIII Supplemental Information (continued)			
FILING POSITIONS WILL BE SUSTAINED ON AUDIT AND DOES NOT	ANTICIPATE	ANY	
ADJUSTMENTS THAT WILL RESULT IN A MATERIAL CHANGE.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EVENT EXPENSES		4,3	94.
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EVENT EXPENSES		4,5	94.
	Schedule D	(Form 9	90) 2021

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" on organization entered more than \$1	or if the	2021				
Department of the Treasury		Attach to Form 990	•		-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization	AMETHYS	T HOUSE, INC.					35-1499	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa		tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
compensated at le				agreei	nents under which ti			6
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
		n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is e	exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			<u> </u>	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL			(add col. (a) through
			CONCERT		3	col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	13,875.		20,095.	33,970.
	2	Less: Contributions	12,800.		20,095.	32,895.
	3	Gross income (line 1 minus line 2)	1,075.			1,075.
	4	Cash prizes				· · · · · · · · · · · · · · · · · · ·
ő	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,790.		1,804.	4,594.
	10		n 9 in column (d)		►	4,594.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			-3,519.
Pa	nrt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I		1	
an			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				2		
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	Νο	Νο	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net coming income commune. Ordetect line 7			•	
	ð	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u> </u>
9	Fn	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re		-	• • • • • • • • • • • • • • • • • • • •	Yes No
b	lf "	Yes," explain:				
13208	32 10	D-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	AMETHYST	HOUSE,	INC.	35-1499772 Page 3
		aming activities with	nonmembers	s? member of a partnership or other entity formed	
	to administer charitable gaming?			member of a partnership of other entity formed	Yes No
	Indicate the percentage of gamin				13 a %
				nization's gaming/special events books and rec	
	Name 🕨				
	Address 🕨				
15a	Does the organization have a cor	ntract with a third pa	irty from whoi	m the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gam of gaming revenue retained by th			inization \blacktriangleright \$ and the a	mount
с	If "Yes," enter name and address				
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation				
		_			
	Description of services provided	►			
	Director/officer	Employee		Independent contractor	
17	Mandatory distributions:				
а	Is the organization required unde retain the state gaming license?			tributions from the gaming proceeds to	Yes No
b				stributed to other exempt organizations or sper	
	organization's own exempt activi				
Ра				ons required by Part I, line 2b, columns (iii) and ditional information. See instructions.	(v); and Part III, lines 9, 9b, 10b,
13208	33 10-21-21			33	Schedule G (Form 990) 2021

10070511 757887 10457.000

2021.05080 AMETHYST HOUSE, INC. 10457.01

10070511 757887 10457.000

4 11 19 01	Schedule G (Form 990
4 11-18-21	34

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



AMETHYST HOUSE, INC.

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

AND COMMUNITIES IMPACTED BY ADDICTIONS AND SUBSTANCE-ABUSE ISSUES,

OFFERING QUALITY RECOVERY SERVICES AND GUIDANCE FOR CLEAN, SOBER AND

HEALTHY LIVING.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE EXECUTIVE

DIRECTOR BEFORE FILING. A COPY OF THE RETURN WILL BE EMAILED TO THE BOARD.

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

NEW MEMBERS ARE REQUIRED TO SIGN AT THEIR ORIENTATION SESSION. AT THE

ANNUAL BOARD RETREAT EACH JANUARY ALL BOARD MEMBERS COMPLETE AND SIGN A

CONFLICT OF INTEREST STATEMENT. THE GOVERNANCE COMMITTEE REVIEWS ANY

REPORTED CONFLICT.

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

THE COMPENSATION COMMITTEE DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

PART XII LINE 2C

NO CHANGES FROM PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

AMETHYST HOUSE, INC. 35-1499772 File by the due date for filing your return. See instructions. P.O. BOX 11 City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMINGTON, IN 47402 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Application Return Application Return Is For Code Is For C Form 990 or Form 990-EZ 01 Form 1041-A 0 Form 4720 (individual) 03 Form 4720 (other than individual) 0 Form 990-PF 04 Form 5227 0 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 6069	Type or	Name of exempt organization or other filer, see instru-	Taxpayer identification number (TIN)								
File by the data for the data data for the data data for the data data data data data data data dat	print	AMETHYST HOUSE, INC.			35-1499772						
City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMINGTON, IN 47402 Enter the Return Code for the return that this application is for (file a separate application for each return) Ø Application Return Application Return Ste For Code Is For C Form 990 or Form 990 EZ 01 Form 1041:A (i) Form 4720 (individual) 03 Form 4720 (other than individual) (i) Form 990 F (sec. 401(a) or 408(a) trust) 05 Form 8207 (i) Form 990 T (sec. 401(a) or 408(a) trust) 05 Form 8870 (i) Form 990 T (sec. 401(a) or 408(a) trust) 07 (GINA LOVELL (GINA LOVELL Telephone No. ▶ 812-336-3570 Fax No. ▶ (I) (I) the organization does not have an office or place of business in the United States, check this box (I) (I) the organization does not have an office or place of business in the United States, check this box (I) (I) the organization amed above. The extension is for dig Group Exemption Number (GEN) (I) this is for a Group Return, enter the organization's rour digit Group Exemption Number (GEN) (I) the exempt organization return for the organization amed above. The extension is for the organization's return for: I request an automatic 6-month extension is for the org	due date for filing your	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.							
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