

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24

58-2121860

Union County Community Shelter

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>5,146,171</u>
<b>Revenue</b>		
Contributions	<u>1,848,128</u>	
Program service revenue	<u>                    </u>	
Investment income	<u>61,856</u>	
Capital gain / loss	<u>                    </u>	
Fundraising / Gaming:		
Gross revenue	<u>40,621</u>	
Direct expenses	<u>                    </u>	
Net income	<u>40,621</u>	
Other income	<u>1,066</u>	
<b>Total revenue</b>		<u>1,951,671</u>
<b>Expenses</b>		
Program services	<u>1,965,422</u>	
Management and general	<u>234,116</u>	
Fundraising	<u>141,898</u>	
<b>Total expenses</b>		<u>2,341,436</u>
<b>Excess / (deficit)</b>		<u>-389,765</u>
Changes		<u>-2,053</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>4,754,353</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,951,145</u>
Less:	
Unrealized gains	<u>-527</u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>1</u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u>1,951,671</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,342,963</u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>5,427</u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>3,900</u>
<b>Total expenses per return</b>	<u>2,341,436</u>

Balance Sheet			Differences	
Beginning	Ending			
Assets	<u>5,785,763</u>	<u>5,382,412</u>		
Liabilities	<u>639,592</u>	<u>628,059</u>		
Net assets	<u>5,146,171</u>	<u>4,754,353</u>	<u>-391,818</u>	

### Miscellaneous Information

Amended return  
Return / extended due date 11/15/24  
Failure to file penalty

Form **8879-TE**

### IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 2024

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

Union County Community Shelter

EIN or SSN

58-2121860

Name and title of officer or person subject to tax Melissa McKeown  
Executive Director

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>1,951,671</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b>	

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Moyer, DeVoe & Iocco, PLLC to enter my PIN 69089 as my signature  
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date 09/25/24

#### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56510052525

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date 09/25/24

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2023**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Union County Community Shelter		<b>D</b> Employer identification number 58-2121860
	Doing business as Community Shelter of Union County		<b>E</b> Telephone number 704-289-5300
	Number and street (or P.O. box if mail is not delivered to street address) 160 Meadow Street		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Monroe NC 28110		<b>G</b> Gross receipts\$ 1,951,671
	<b>F</b> Name and address of principal officer: Melissa McKeown 160 Meadow Street Monroe NC 28110		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <a href="http://www.unionshelter.org">www.unionshelter.org</a>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1993
<b>M</b> State of legal domicile: NC			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: provide food, shelter & instruction to those individuals and families in need within our community. We promote a pathway to self-sufficiency which includes income stabilization & permanent housing.					
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22			
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22			
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	58			
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0			
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0			
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0			
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	2,184,966	Current Year	1,848,128
		<b>9</b> Program service revenue (Part VIII, line 2g)				0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)			16,157		61,856	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			45,872		41,687	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,246,995		1,951,671	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		987,528		1,084,311	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				0	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)				141,898	
<b>Net Assets or Fund Balances</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,026,980		1,257,125	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,014,508		2,341,436	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		232,487		-389,765	
	<b>20</b> Total assets (Part X, line 16)		5,785,763		5,382,412	
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)		639,592		628,059	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		5,146,171		4,754,353	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer Melissa McKeown		Date		
	Type or print name and title Executive Director				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name THOMAS M. MOYER, III	Preparer's signature	Date 09/27/24	Check <input type="checkbox"/> if self-employed	PTIN P00052525
	Firm's name Moyer, DeVoe & Iocco, PLLC	Firm's EIN 87-3925494			
	Firm's address 2213 Commerce Drive, Suite A Monroe, NC 28110	Phone no. 704-283-7748			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: provide food, shelter & instruction to those individuals and families in need within our community. We promote a pathway to self-sufficiency which includes income stabilization & permanent housing.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 540,852 including grants of \$ ) (Revenue \$ )

Emergency Shelter Program
(1) Homeless adults, children, & families will have safe, temporary shelter, food, and case management.

4b (Code: ) (Expenses \$ 874,965 including grants of \$ ) (Revenue \$ )

Rehousing Services Program
(1) Homeless adults, children, & families will receive housing search and relocation services including financial assistance for move in costs.
(2) Clients will receive ongoing case management services after permanently housed.

4c (Code: ) (Expenses \$ 549,605 including grants of \$ ) (Revenue \$ )

Food Assistance Program
Anyone experiencing a food hardship will have access to prepared meals or food boxes.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,965,422

**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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	58		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 Melissa McKeown 160 Meadow Street  
 Monroe NC 28110 704-289-5300



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Terri Barbee ..... Director	0.00 0.00	X						0	0	0
(2) Brian Bednar ..... Director	0.00 0.00	X						0	0	0
(3) Anne Deas ..... Chair	0.00 0.00	X		X				0	0	0
(4) Carley Englander ..... Director	0.00 0.00	X						0	0	0
(5) Terry Estes ..... Director	0.00 0.00	X						0	0	0
(6) Shane Fraser ..... Director	0.00 0.00	X						0	0	0
(7) Jackson Hargett ..... Director	0.00 0.00	X						0	0	0
(8) Penny Hefner ..... Director	0.00 0.00	X						0	0	0
(9) Lisa Kerner ..... Director	0.00 0.00	X						0	0	0
(10) Candy Lapan ..... Director	0.00 0.00	X						0	0	0
(11) Jesse Milliken ..... Director	0.00 0.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Kiana Blake Missick Director	0.00 0.00	X						0	0	0
(13) Melita Pope Mitchell Director	0.00 0.00	X						0	0	0
(14) Laura Montemurro Director	0.00 0.00	X						0	0	0
(15) Robert Newman Treasurer	0.00 0.00	X		X				0	0	0
(16) Donna Norwood Director	0.00 0.00	X						0	0	0
(17) Tanha Patel Secretary	0.00 0.00	X		X				0	0	0
(18) John Schooley Director	0.00 0.00	X						0	0	0
(19) Laverne White Vice Chair	0.00 0.00	X		X				0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	406,027			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	663,114			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	778,987			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 358,755			
	<b>h Total.</b> Add lines 1a-1f		1,848,128			
	<b>Program Service Revenue</b>	<b>2a</b> .....	Business Code			
		<b>b</b> .....				
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		61,856		61,856	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal		
		<b>b</b> Less: rental expenses	<b>6b</b>			
		<b>c</b> Rental inc. or (loss)	<b>6c</b>			
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other		
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>			
		<b>c</b> Gain or (loss)	<b>7c</b>			
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ 406,027 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		40,621		
		<b>b</b> Less: direct expenses	<b>8b</b>			
		<b>c</b> Net income or (loss) from fundraising events		40,621		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
<b>b</b> Less: direct expenses		<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11a</b> Miscellaneous	Business Code	1,066		1,066	
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		1,066			
	<b>12 Total revenue.</b> See instructions		1,951,671	0	0	62,922

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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)				
7 Other salaries and wages	935,986	790,465	100,746	44,775
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	71,705	60,949	7,013	3,743
10 Payroll taxes	76,620	65,127	7,832	3,661
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	34,500	7,439	27,061	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	35,605	7,737	27,868	
12 Advertising and promotion	14,000	9,379	4,621	
13 Office expenses	30,385	22,780	7,605	
14 Information technology				
15 Royalties				
16 Occupancy	55,732	50,159	5,573	
17 Travel	6,338	5,697	641	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,278	8,115	1,163	
20 Interest	5,363	4,827	536	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	195,784	176,209	19,575	
23 Insurance	30,130	26,552	3,578	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a In Kind Food Used	232,546	232,546		
b Rapid Rehousing- COC	144,303	144,303		
c Shelter Supplies	119,119	112,175	6,944	
d Rapid Rehousing-ESG	82,995	82,995		
e All other expenses	261,047	157,968	13,360	89,719
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>2,341,436</b>	<b>1,965,422</b>	<b>234,116</b>	<b>141,898</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	614,208	<b>1</b>	406,165
	<b>2</b> Savings and temporary cash investments	7,416	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	18,882	<b>3</b>	12,573
	<b>4</b> Accounts receivable, net	200,712	<b>4</b>	149,005
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	4,618	<b>7</b>	5,120
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	60,075	<b>9</b>	42,361
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,329,664		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 904,012	3,596,669	<b>10c</b> 3,425,652
	<b>11</b> Investments—publicly traded securities	1,276,683	<b>11</b>	1,338,728
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	6,500	<b>15</b>	2,808
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,785,763	<b>16</b>	5,382,412	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	4,829	<b>17</b>	2,808
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	11,665	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	623,098	<b>25</b>	625,251
	<b>26 Total liabilities.</b> Add lines 17 through 25	639,592	<b>26</b>	628,059
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	4,787,020	<b>27</b>	4,511,999
	<b>28</b> Net assets with donor restrictions	359,151	<b>28</b>	242,354
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	5,146,171	<b>32</b>	4,754,353
<b>33 Total liabilities and net assets/fund balances</b>	5,785,763	<b>33</b>	5,382,412	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,951,671
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,341,436
3	Revenue less expenses. Subtract line 2 from line 1	3	-389,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,146,171
5	Net unrealized gains (losses) on investments	5	-527
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,526
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,754,353

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Tiffany Wilson										
(12) Director	0.00 0.00	X					0	0	0	
(21) Jody Winfield										
(13) Director	0.00 0.00	X					0	0	0	
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

## Federal Statements

### Statement 1 - Form 4562. Line 26 - Property Used More Than 50% in a Qualified Business

Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
2018 Dodge Caravan	8/20/19	100.00	\$ 18,874	\$ 18,874	5.0	S/L-	\$ 3,775	\$
2019 Ford Box F350	5/06/20	100.00	25,500	25,500	5.0	S/L-	5,100	
2019 Dodge Caravan	9/22/20	100.00	18,178	18,178	5.0	S/L-	3,636	
2020 Ford F250 Crew	9/24/20	100.00	40,663	40,663	5.0	S/L-	5,760	
Total			<u>\$ 103,215</u>	<u>\$ 103,215</u>			<u>\$ 18,271</u>	<u>\$</u>



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

Union County Community Shelter

Employer identification number

58-2121860

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,851,346	3,551,217	2,811,044	2,184,966	1,848,128	12,246,701
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,851,346	3,551,217	2,811,044	2,184,966	1,848,128	12,246,701
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						12,246,701

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,851,346	3,551,217	2,811,044	2,184,966	1,848,128	12,246,701
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				16,157	61,856	78,013
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	439	182,749	2,646	67	1,066	186,967
11 <b>Total support.</b> Add lines 7 through 10						12,511,681

12 Gross receipts from related activities, etc. (see instructions) **12** 216,735

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) **14** 97.88%

15 Public support percentage from 2022 Schedule A, Part II, line 14 **15** 98.32%

16a **33 1/3% support test — 2023.** 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

b **33 1/3% support test — 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test — 2023.** 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 test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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? <i>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.</i>			
<b>b</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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section 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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

**Part VI**

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

Part II, Line 10 - Other Income Detail

Other income \$ 185,901



**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization <u>Union County Community Shelter</u>	Employer identification number <u>58-2121860</u>
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>Union County Community Shelter</b>	Employer identification number <b>58-2121860</b>
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**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 contributions	(d) Type of contribution
1	NC Department of Health 918 Tate Drive Raleigh NC 27699	\$ 271,989	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US Department of Housing and Urban 1500 Pinecroft Road Suite 401, Asheville Building Greensboro NC 27407-3838	\$ 173,923	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	The Merancas Foundation 615 South College Street 9th Floor Charlotte NC 28202	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	The Braswell Trust James R. & Bronnie L. Braswell Trust 300 East Wade Street Wadesboro NC 28170	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	United Way of the Carolinas PO Box 890685 Charlotte NC 28289-0685	\$ 59,932	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	City of Monroe, NC P. O. Box 69 Monroe NC 28111-0070	\$ 55,680	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Union County Community Shelter</b>	Employer identification number <b>58-2121860</b>
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**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 contributions	(d) Type of contribution
7	Union County, NC 500 N. Main St. Monroe NC 28110	\$ 54,685	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	The Leon Levine Foundation 6000 Fairview Road, Suite 1525 Charlotte NC 28210	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Town of Indian Trail PO Box 2430 Indian Trail NC 28079	\$ 74,917	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Union County Community Shelter</b>	Employer identification number <b>58-2121860</b>
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**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
9	Shelter Supplies..... ..... .....	\$ 69,439	.....
9	Bed Bug Oven, Fridge, Cabinet..... ..... .....	\$ 5,478	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

Union County Community Shelter

58-2121860

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included on line 2a, 2d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ..... %
  - b Permanent endowment ..... %
  - c Term endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations? .....   | 3a(i)  |    |
| (ii) Related organizations? .....  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....		3,818,666	501,096	3,317,570
c Leasehold improvements .....				
d Equipment .....		407,783	321,663	86,120
e Other .....		103,215	81,253	21,962
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				3,425,652

**Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) .....		

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NC Finance Capital Loan	700,000
(3) Accrued Salaries & Wages	41,109
(4) Accrued Vacation	27,837
(5) BB&T Credit Card	12,116
(6) Current Poriton Operating Lease Liab	2,573
(7) Discount on NC HFA Loan	-158,384
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....	625,251

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,951,145
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-527
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-526
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,951,671
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,951,671

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,342,963
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	5,427
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,427
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,337,536
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,900
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,900
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,341,436

**Part XIII Supplemental Information**

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Rounding \$ 1

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Operating Lease Expense \$ 3,699

Bad Debt \$ 1,725

Rounding \$ 3

Part XII, Line 4b - Expense Amounts Included on Return - Other

Equipment Rental \$ 3,900





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

Union County Community Shelter

Employer identification number

58-2121860

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

.....

**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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Boots &amp; Bowties</u> (event type)	<u>Pass the Plate</u> (event type)	<u>5</u> (total number)	(add col. (a) through col. (c))
1	Gross receipts .....	196,261	74,043	171,624	441,928
2	Less: Contributions .....	188,483	74,043	138,781	401,307
3	Gross income (line 1 minus line 2) .....	7,778		32,843	40,621
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				40,621

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: .....  Yes  No  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: .....  
 .....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: .....  
 .....



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open To Public  
Inspection**

Union County Community Shelter

Employer identification number

58-2121860

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )	X	4	358,755	
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Union County Community Shelter

Employer identification number

58-2121860

Doing Business As - Additional Names

Community Shelter

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990 is review by the Director and the Board treasurer. Form 990 is available for review by all other Board members at their request.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

yes

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director's salary is reviewed by the Board of Directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers

yes

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents are available for review upon written request to the Board of Directors.

Form 990, Part IX, Line 24e - Other Expenses

Description

Tot/Prog Service	Mgt & General	Fundraising
Boots & Bowties		
\$ 0	\$ 0	\$ 36,096

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

Union County Community Shelter

58-2121860

Repair & Maintenance	\$ 35,649	\$ 0	\$ 0
Clay Shoot Expenditures	\$ 0	\$ 0	\$ 33,332
NON-ESG Cardinal Health	\$ 29,315	\$ 0	\$ 0
Golf Tournament Expense	\$ 0	\$ 0	\$ 12,910
Rapid Rehousing-NON ESG	\$ 11,936	\$ 0	\$ 0
Home Again	\$ 10,597	\$ 0	\$ 0
Food Shelter	\$ 9,523	\$ 0	\$ 0
Bank Service Charges	\$ 0	\$ 8,963	\$ 0
Trash Removal	\$ 7,806	\$ 0	\$ 0
ESG Street Outreach	\$ 7,500	\$ 0	\$ 0
Copier Lease and Overages	\$ 6,259	\$ 696	\$ 0
PTP FR Expense	\$ 0	\$ 0	\$ 6,876
Internet - TV Spectrum	\$ 6,230	\$ 389	\$ 0
Fire Monitoring and Maint			



Name of the organization	Employer identification number
Union County Community Shelter	58-2121860

	\$ 6,595	\$ 0	\$ 0
Client Services	\$ 6,475	\$ 0	\$ 0
Telephone/Internet/Utilit	\$ 5,990	\$ 374	\$ 0
SFRF Funds	\$ 4,210	\$ 0	\$ 0
Telephone Cell	\$ 2,883	\$ 180	\$ 0
Pest Control	\$ 2,737	\$ 0	\$ 0
Postage	\$ 2,317	\$ 258	\$ 0
Dues & Subscriptions	\$ 1,156	\$ 1,156	\$ 0
Public Storage	\$ 0	\$ 1,306	\$ 0
Outside Printing/Publicit	\$ 306	\$ 34	\$ 0
Souper Bowl of Caring	\$ 0	\$ 0	\$ 326
Econ Mobility/Pathways	\$ 278	\$ 0	\$ 0
Super Stars	\$ 0	\$ 0	\$ 179
Pathway Prosperity Incent	\$ 88	\$ 0	\$ 0

Name of the organization	Employer identification number
Union County Community Shelter	58-2121860

Client Medical	\$ 83	\$ 0	\$ 0
Pathway Prosperity Pilot	\$ 25	\$ 0	\$ 0
Client Transportation	\$ 10	\$ 0	\$ 0
Miscellaneous/Rounding	\$ 0	\$ 4	\$ 0
<b>Total</b>	<b>\$ 157,968</b>	<b>\$ 13,360</b>	<b>\$ 89,719</b>

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation		
ASC 842 Lease Adjustment		\$ 201
Bad Debt		\$ -1,725
Rounding		\$ -2
<b>Total</b>		<b>\$ -1,526</b>

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2023**

Attachment Sequence No. **179**

Union County Community Shelter

Identifying number  
58-2121860

Business or activity to which this form relates

Indirect Depreciation

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	177,513

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	18,271
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	195,784
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

DAA

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use: See Statement 1 % 103,215 103,215 18,271
27 Property used 50% or less in a qualified business use: % S/L- S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 18,271
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):
43 Amortization of costs that began before your 2023 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

58-2121860

## Federal Asset Report

FYE: 6/30/2024

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>										
79	Commercial Refrigerators 49cf	7/28/14	2,292			2,292	7	MO S/L	2,292	0
82	Refrigerator	8/14/14	2,285			2,285	7	MO S/L	2,285	0
85	20 Folding Dining Tables	8/06/14	2,060			2,060	7	MO S/L	2,060	0
88	Commercial Freezer 75cf	7/28/14	2,532			2,532	7	MO S/L	2,532	0
93	Trailer Purchased from TRT	7/18/15	3,665			3,665	7	MO S/L	3,665	0
95	Bed Bug Oven	8/08/17	4,750			4,750	5	MO S/L	4,750	0
96	Shelter Building	6/18/19	3,556,681			3,556,681	40	MO S/L	355,668	88,917
97	Signs	6/18/19	10,912			10,912	7	MO S/L	6,235	1,559
98	Artwork	6/18/19	6,750			6,750	7	MO S/L	3,857	964
99	Playground	6/18/19	32,536			32,536	10	MO S/L	13,014	3,254
100	Fan/Hood	6/18/19	1,530			1,530	10	MO S/L	612	153
101	Plaques	6/18/19	14,304			14,304	7	MO S/L	8,174	2,043
102	Equipment	6/18/19	123,564			123,564	5	MO S/L	98,851	24,713
103	Office Furniture	6/18/19	2,675			2,675	7	MO S/L	1,529	382
104	Equipment	6/18/19	8,064			8,064	5	MO S/L	6,451	1,613
105	Kitchen Equipment	6/18/19	5,690			5,690	5	MO S/L	4,552	1,138
106	TV's	6/18/19	2,842			2,842	7	MO S/L	1,624	406
107	Office Furniture	6/18/19	24,970			24,970	7	MO S/L	14,269	3,567
108	Computer Chairs - Client	6/18/19	420			420	7	MO S/L	240	60
109	Client Furniture - Drawers & Wardrobes	6/18/19	5,452			5,452	5	MO S/L	4,362	1,090
110	Bed Bug Oven	6/18/19	5,050			5,050	5	MO S/L	4,040	1,010
111	Dinning Hall Chairs	6/18/19	7,668			7,668	7	MO S/L	4,381	1,096
112	Bunks & Mattresses	6/18/19	38,960			38,960	7	MO S/L	22,263	5,566
113	Rolling Racks	6/18/19	2,375			2,375	5	MO S/L	1,900	475
114	Scale	6/18/19	600			600	5	MO S/L	480	120
115	Stainless Carts	6/18/19	1,200			1,200	5	MO S/L	960	240
116	Bunk Bedding	6/18/19	2,129			2,129	7	MO S/L	1,217	304
117	Conference Room Chairs/Tables	6/18/19	9,183			9,183	7	MO S/L	5,247	1,312
118	Washers & Dryers	6/18/19	32,046			32,046	5	MO S/L	25,637	6,409
119	Grill	6/18/19	4,130			4,130	5	MO S/L	3,304	826
120	Client Computers	6/18/19	2,130			2,130	5	MO S/L	1,704	426
124	Additional Equipment	7/17/19	689			689	5	MO S/L	540	138
125	Trench Electric for Grill	8/01/19	860			860	20	MO S/L	168	43
126	Cameras, TV's, Upgraded Router	8/05/19	10,027			10,027	5	MO S/L	7,855	2,005
127	Hard drives for NVR's	8/16/19	700			700	5	MO S/L	537	140
128	Supportive Housing Energy Efficiency Progra	10/17/19	9,650			9,650	40	MO S/L	885	241
129	Awning	8/05/19	1,701			1,701	20	MO S/L	333	85
130	Playground Benches	9/08/19	2,942			2,942	10	MO S/L	1,128	294
131	Lawn Mower	8/01/19	2,000			2,000	5	MO S/L	1,567	400
134	HVAC LED Halo - Warehouse	7/08/22	13,600			13,600	40	MO S/L	340	340
135	Home Again Warehouse	7/08/22	207,806			207,806	10	MO S/L	20,781	20,780
136	Electrostatic Sprayer	10/08/21	5,000			5,000	7	MO S/L	1,250	714
137	Fencing	6/05/23	2,076			2,076	15	MO S/L	12	138
138	New Wiring and Data Lines	7/20/22	4,527			4,527	40	MO S/L	104	113
139	Camera/NVR and Nano	7/20/22	3,979			3,979	7	MO S/L	521	568
140	Watchguard T80	7/20/22	2,658			2,658	5	MO S/L	487	532
141	2 NVR and 5 Cameras - Admin Bldg.	2/22/23	2,195			2,195	7	MO S/L	105	313
142	Forklift - Yale	2/28/23	6,085			6,085	5	MO S/L	406	1,217
143	Laptop/Docking - Victoria & George	5/17/23	3,667			3,667	5	MO S/L	61	734
144	Fencing	6/05/23	2,076			2,076	15	MO S/L	12	138
145	NVR Replacements	9/25/23	2,199			2,199	5	MO S/L	0	330
146	New Cameras	9/25/23	2,020			2,020	5	MO S/L	0	303
147	Bottle Filling Station	9/28/23	1,511			1,511	10	MO S/L	0	113
148	Bed Beg Oven - ARPA (InKind)	5/20/24	2,549			2,549	5	MO S/L	0	42
149	Fire Proof Cabient - ARPA Inkind	5/20/24	1,430			1,430	10	MO S/L	0	12
150	Reach in Fridge - APA Inkind	5/20/24	1,499			1,499	5	MO S/L	0	25
151	Website Setup	6/30/24	2,564			2,564	0	-- Memo	0	0
152	Website Design and Layout	6/30/24	5,000			5,000	0	-- Memo	0	0
153	Sprinkler Heads	10/09/23	5,997			5,997	40	MO S/L	0	112
<b>Total Other Depreciation</b>			<u>4,226,452</u>			<u>4,226,452</u>			<u>645,247</u>	<u>177,513</u>
<b>Total ACRS and Other Depreciation</b>			<u>4,226,452</u>			<u>4,226,452</u>			<u>645,247</u>	<u>177,513</u>
<b>Listed Property:</b>										
121	2018 Dodge Caravan	8/20/19	18,874			18,874	5	MO S/L	14,470	3,775
122	2019 Ford Box F350	5/06/20	25,500			25,500	5	MO S/L	16,150	5,100

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
132	2019 Dodge Caravan	9/22/20	18,178			18,178	5 MO S/L	9,998	3,636
133	2020 Ford F250 Crew	9/24/20	40,663			40,663	5 MO S/L	22,364	5,760
			<u>103,215</u>			<u>103,215</u>		<u>62,982</u>	<u>18,271</u>
<b>Grand Totals</b>			4,329,667			4,329,667		708,229	195,784
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>4,329,667</u>			<u>4,329,667</u>		<u>708,229</u>	<u>195,784</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Other Depreciation:</b>					
79	Commercial Refrigerators 49cf	7/28/14	2,292	0	0
82	Refrigerator	8/14/14	2,285	0	0
85	20 Folding Dining Tables	8/06/14	2,060	0	0
88	Commercial Freezer 75cf	7/28/14	2,532	0	0
93	Trailer Purchased from TRT	7/18/15	3,665	0	0
95	Bed Bug Oven	8/08/17	4,750	0	0
96	Shelter Building	6/18/19	3,556,681	88,917	0
97	Signs	6/18/19	10,912	1,559	0
98	Artwork	6/18/19	6,750	965	0
99	Playground	6/18/19	32,536	3,254	0
100	Fan/Hood	6/18/19	1,530	153	0
101	Plaques	6/18/19	14,304	2,044	0
102	Equipment	6/18/19	123,564	0	0
103	Office Furniture	6/18/19	2,675	382	0
104	Equipment	6/18/19	8,064	0	0
105	Kitchen Equipment	6/18/19	5,690	0	0
106	TV's	6/18/19	2,842	406	0
107	Office Furniture	6/18/19	24,970	3,567	0
108	Computer Chairs - Client	6/18/19	420	60	0
109	Client Furniture - Drawers & Wardrobes	6/18/19	5,452	0	0
110	Bed Bug Oven	6/18/19	5,050	0	0
111	Dinning Hall Chairs	6/18/19	7,668	1,095	0
112	Bunks & Mattresses	6/18/19	38,960	5,565	0
113	Rolling Racks	6/18/19	2,375	0	0
114	Scale	6/18/19	600	0	0
115	Stainless Carts	6/18/19	1,200	0	0
116	Bunk Bedding	6/18/19	2,129	304	0
117	Conference Room Chairs/Tables	6/18/19	9,183	1,312	0
118	Washers & Dryers	6/18/19	32,046	0	0
119	Grill	6/18/19	4,130	0	0
120	Client Computers	6/18/19	2,130	0	0
124	Additional Equipment	7/17/19	689	11	0
125	Trench Electric for Grill	8/01/19	860	43	0
126	Cameras, TV's, Upgraded Router	8/05/19	10,027	167	0
127	Hard drives for NVR's	8/16/19	700	23	0
128	Supportive Housing Energy Efficiency Program	10/17/19	9,650	241	0
129	Awning	8/05/19	1,701	85	0
130	Playground Benches	9/08/19	2,942	294	0
131	Lawn Mower	8/01/19	2,000	33	0
134	HVAC LED Halo - Warehouse	7/08/22	13,600	340	0
135	Home Again Warehouse	7/08/22	207,806	20,781	0
136	Electrostatic Sprayer	10/08/21	5,000	715	0
137	Fencing	6/05/23	2,076	138	0
138	New Wiring and Data Lines	7/20/22	4,527	113	0
139	Camera/NVR and Nano	7/20/22	3,979	569	0
140	Watchguard T80	7/20/22	2,658	531	0
141	2 NVR and 5 Cameras - Admin Bldg.	2/22/23	2,195	314	0
142	Forklift - Yale	2/28/23	6,085	1,217	0
143	Laptop/Docking - Victoria & George	5/17/23	3,667	733	0
144	Fencing	6/05/23	2,076	138	0
145	NVR Replacements	9/25/23	2,199	440	0
146	New Cameras	9/25/23	2,020	404	0
147	Bottle Filling Station	9/28/23	1,511	151	0
148	Bed Bug Oven - ARPA (InKind)	5/20/24	2,549	510	0
149	Fire Proof Cabinet - ARPA Inkind	5/20/24	1,430	143	0
150	Reach in Fridge - APA Inkind	5/20/24	1,499	300	0
151	Website Setup	6/30/24	2,564	0	0
152	Website Design and Layout	6/30/24	5,000	0	0
153	Sprinkler Heads	10/09/23	5,997	150	0
	<b>Total Other Depreciation</b>		<u>4,226,452</u>	<u>138,167</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>4,226,452</u>	<u>138,167</u>	<u>0</u>

**Listed Property:**



**Future Depreciation Report** **FYE: 6/30/25****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
121	2018 Dodge Caravan	8/20/19	18,874	629	0
122	2019 Ford Box F350	5/06/20	25,500	4,250	0
132	2019 Dodge Caravan	9/22/20	18,178	3,636	0
133	2020 Ford F250 Crew	9/24/20	40,663	5,760	0
			<u>103,215</u>	<u>14,275</u>	<u>0</u>
	<b>Grand Totals</b>		<u>4,329,667</u>	<u>152,442</u>	<u>0</u>

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2023</b>
For calendar year 2023, or tax year beginning <u>07/01/23</u> , and ending <u>06/30/24</u>		

Name <u>Union County Community Shelter</u>	Employer Identification Number <u>58-2121860</u>
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		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>Golf Fundraiser</u> <small>(event type)</small>	<u>Clay Shoot Fund</u> <small>(event type)</small>	<u>SOUPER BOWL</u> <small>(event type)</small>	<small>(add col. (a) through col. (c))</small>
Revenue	<b>1</b> Gross receipts	55,107	38,667	35,947	171,624
	<b>2</b> Less: Charitable contributions	41,995	18,936	35,947	138,781
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>	13,112	19,731		32,843
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses				



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2022 &amp; 2023</b>
For calendar year 2023, or tax year beginning 07/01/23, ending 06/30/24		

Name Union County Community Shelter	Taxpayer Identification Number 58-2121860
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		2022	2023	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,334,936	1,185,014	-149,922
	2. Membership dues and assessments			
	3. Government contributions and grants	850,030	663,114	-186,916
	4. Program service revenue			
	5. Investment income	16,157	61,856	45,699
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	45,805	40,621	-5,184
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	67	1,066	999
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>2,246,995</b>	<b>1,951,671</b>	<b>-295,324</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	987,528	1,084,311	96,783
	17. Professional fundraising fees			
	18. Other professional fees	31,535	70,105	38,570
	19. Occupancy, rent, utilities, and maintenance	52,737	55,732	2,995
	20. Depreciation and Depletion	195,300	195,784	484
	21. Other expenses	747,408	935,504	188,096
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,014,508</b>	<b>2,341,436</b>	<b>326,928</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>232,487</b>	<b>-389,765</b>	<b>-622,252</b>
<b>Other Information</b>	24. Total exempt revenue	2,246,995	1,951,671	-295,324
	25. Total unrelated revenue			
	26. Total excludable revenue	16,224	62,922	46,698
	27. Total assets	5,785,763	5,382,412	-403,351
	28. Total liabilities	639,592	628,059	-11,533
	29. Retained earnings	5,146,171	4,754,353	-391,818
	30. Number of voting members of governing body	26	22	
	31. Number of independent voting members of governing body	26	22	
	32. Number of employees	64	58	
	33. Number of volunteers			

**Form 990 Tax Return History 2023**

Name: Union County Community Shelter Employer Identification Number  
58-2121860

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants .....	1,851,346	3,551,217	2,811,044	2,184,966	1,848,128	
Membership dues .....						
Program service revenue .....	700	501				
Capital gain or loss .....	3,879	3,564	-20,315	16,157	61,856	
Investment income .....	61,589	38,550	43,042	45,805	40,621	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....	439	182,749	2,646	67	1,066	
Other revenue .....	1,917,953	3,776,581	2,836,417	2,246,995	1,951,671	
<b>Total revenue</b> .....						
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	977,753	1,300,839	1,276,768	987,528	1,084,311	
Professional fees .....	23,075	28,924	26,336	31,535	70,105	
Occupancy costs .....	79,574	60,719	55,048	52,737	55,732	
Depreciation and depletion .....	157,390	171,476	173,750	195,300	195,784	
Other expenses .....	696,584	2,011,871	1,010,957	747,408	935,504	
<b>Total expenses</b> .....	1,934,376	3,573,829	2,542,859	2,014,508	2,341,436	
<b>Excess or (Deficit)</b> .....	-16,423	202,752	293,558	232,487	-389,765	
<b>Total exempt revenue</b> .....	1,917,953	3,776,581	2,836,417	2,246,995	1,951,671	
<b>Total unrelated revenue</b> .....						
<b>Total excludable revenue</b> .....	5,018	186,814	-17,669	16,224	62,922	
<b>Total Assets</b> .....	5,192,702	5,540,853	5,779,570	5,785,763	5,382,412	
<b>Total Liabilities</b> .....	760,874	906,273	864,433	639,592	628,059	
<b>Net Fund Balances</b> .....	4,431,828	4,634,580	4,915,137	5,146,171	4,754,353	

**Federal Statements**

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Truist Investment Account	\$ 46,329		25			
Total	<u>\$ 46,329</u>					

**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
Gain(Loss) on Endowment, Net	\$ 15,527		25			
Total	<u>\$ 15,527</u>					

**Federal Statements**

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Paychex Services	\$ 24,464	\$ 5,277	\$ 19,187	\$
Donor Database Entry	10,938	2,359	8,579	
License, Permits, & Fees	203	101	102	
<b>Total</b>	<b>\$ 35,605</b>	<b>\$ 7,737</b>	<b>\$ 27,868</b>	<b>\$ 0</b>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Boots & Bowties	\$ 36,096	\$	\$	\$ 36,096
Repair & Maintenance	35,649	35,649		
Clay Shoot Expenditures	33,332			33,332
NON-ESG Cardinal Health	29,315	29,315		
Golf Tournament Expense	12,910			12,910
Rapid Rehousing-NON ESG	11,936	11,936		
Home Again	10,597	10,597		
Food Shelter	9,523	9,523		
Bank Service Charges	8,963		8,963	
Trash Removal	7,806	7,806		
ESG Street Outreach	7,500	7,500		
Copier Lease and Overages	6,955	6,259	696	
PTP FR Expense	6,876			6,876
Internet - TV Spectrum	6,619	6,230	389	
Fire Monitoring and Maint	6,595	6,595		
Client Services	6,475	6,475		
Telephone/Internet/Utilit	6,364	5,990	374	
SFRF Funds	4,210	4,210		
Telephone Cell	3,063	2,883	180	
Pest Control	2,737	2,737		
Postage	2,575	2,317	258	
Dues & Subscriptions	2,312	1,156	1,156	
Public Storage	1,306	1,306		
Outside Printing/Publicit	340	306	34	
Souper Bowl of Caring	326			326

**Federal Statements**

**Form 990, Part IX, Line 24e - All Other Expenses (continued)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Econ Mobility/Pathways	\$ 278	\$ 278	\$	\$
Super Stars	179			179
Pathway Prosperity Incent	88	88		
Client Medical	83	83		
Pathway Prosperity Pilot	25	25		
Client Transportation	10	10		
Miscellaneous/Rounding	4		4	
Total	\$ 261,047	\$ 157,968	\$ 13,360	\$ 89,719



**Federal Statements**

**Schedule A. Part II. Line 1(e)**

Description	Amount
Individual Donations	\$ 58,766
Church Donations	18,574
Other Grants	1,000
Business/Civic Donations	8,810
Grants - Private Foundations	1,000
In Kind Food Donations	232,546
Other United Ways	343
NC Department of Health	
Cash Contribution	271,989
US Department of Housing and Urban	
Cash Contribution	173,923
The Merancas Foundation	
Cash Contribution	75,000
The Braswell Trust	
Cash Contribution	75,000
United Way of the Carolinas	
Cash Contribution	59,932
City of Monroe, NC	
Cash Contribution	55,000
Union County, NC	
Cash Contribution	54,685
The Leon Levine Foundation	
Cash Contribution	40,000
Elevation Church	
Cash Contribution	25,000
Shiloh Truelight Church of Christ	
Cash Contribution	25,000
Speedway Children's Charities	
Cash Contribution	25,000
Indian Trail ABC Board	
Cash Contribution	20,600
Duke Energy	
Cash Contribution	20,000
The Winston Salem Foundation	
Cash Contribution	20,000
Wells Fargo Community Support Campai	
Cash Contribution	15,410
True Homes LLC	

## Federal Statements

### Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Cash Contribution	\$ 2,668
Union County Local Board	
Cash Contribution	12,000
American Online Giving Foundation	
Cash Contribution	11,843
Anonymous	
Cash Contribution	3,215
St. Matthew Catholic Church	
Cash Contribution	10,000
Aramark	
Cash Contribution	8,137
Weddington United Methodist Church	
Cash Contribution	6,500
Bank of America	
Cash Contribution	150
National Philanthropic Trust	
Cash Contribution	7,500
Joseph Hogg	
Cash Contribution	5,543
Integrity Wealth	
Cash Contribution	5,000
Stephen Rueff	
Cash Contribution	5,500
704 Church	
Cash Contribution	4,050
Jennifer & Jason Lindenberg	
Cash Contribution	2,500
Publix Charities	
Cash Contribution	5,000
Town of Indian Trail	
Shelter Supplies	69,439
Bed Bug Oven, Fridge, Cabinet	5,478
SOUPER BOWL	
Cash Contribution	35,947
Golf Fundraiser	
Cash Contribution	41,995
Boots & Bowties	
Cash Contribution	137,191

## Federal Statements

### Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Auction Items	\$ 51,292
Pass the Plate	
Cash Contribution	74,043
Super Stars Community Shelt	
Cash Contribution	9,850
Year End Mail Campaign	
Cash Contribution	32,053
Miscellaneous Fundraisers	
Cash Contribution	4,720
Clay Shoot Fundraiser	
Cash Contribution	18,936
Total	\$ 1,848,128

### Schedule A, Part II, Line 8(e)

Description	Amount
Gain(Loss) on Endowment, Net	\$ 15,527
Truist Investment Account	46,329
Total	\$ 61,856

### Schedule A, Part II, Line 10(e)

Description	Amount
Miscellaneous	\$ 1,066
Total	\$ 1,066

## Federal Statements

### Schedule A. Part II. Line 12 - Current year

Description	Amount
SOUPE BOWL	
Golf Fundraiser	\$ 13,112
Boots & Bowties	7,778
Pass the Plate	
Super Stars Community Shelt	
Year End Mail Campaign	
Miscellaneous Fundraisers	
Clay Shoot Fundraiser	19,731
Total	<u>\$ 40,621</u>