

FORRESTALL CPAS , LLC
5328 LANIER ISLANDS PKWY STE 201
BUFORD, GA 30518-9056
770-945-8328

Forrestall CPAs, LLC
Engagement Letter for Tax Preparation of December 31, 2020

ATHENS AREA HOMELESS SHELTER
620 BARBER STREET
ATHENS, GA 30601

Dear :

We are pleased to confirm our understanding of the services we are to provide for you in preparing your 2020 income tax returns. We ask that you carefully read the contents of this letter and acknowledge your acceptance where indicated.

Our engagement includes the preparation of the federal and state income tax returns with supporting schedules. (We are only responsible for the preparation of one state return unless otherwise specifically indicated and agreed to by us in writing. The single state will be the State of Georgia as default.)

This engagement letter does not cover the attestation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter.

Work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These documents may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you approve them for submission.

We may provide you with a questionnaire or other document requesting specific information. Completing those forms will assist us in making sure you are well served for a reasonable fee. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify the information you give us; however, we may ask for additional clarification of some information.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items

that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

You should also know that IRS audit procedures will almost always include questions on bartering transactions, crypto-currency and virtual-currency transactions, and on deductions that require strict documentation such as travel, meal expenses and expenses for business usage of autos. In preparing your returns, you must inform us and, we rely on your representations of all bartering transactions such that we expect that you understand and have complied with the documentation requirements regarding your income and deductions.

Fees for Professional Services: Our fees are determined by our management and are based on the complexity of the return or company, the organization of the records, timeliness of information provided to us and other internal and external factors.

We require that all professional fees must be paid before we will release your tax returns to you or file them with the taxing agency. If you would like an estimate of our fees, please let us know before we prepare your tax returns. Included in our fees are costs for preparing your tax returns for IRS and State submission along with copies for your files.

Not included in the cost of preparing the tax returns are the following:

- λ Responding to notices from the IRS and State authorities
- λ Subsequent consultations, meetings, and phone calls
- λ Tax Planning for current or future years
- λ Revisions to the original tax returns to correct errors and/or omissions from incomplete or incorrect information provide to us

As part of this engagement you agree that you are aware of the hourly rates of the professionals in our Firm, which currently are \$190-\$275 for staff and \$375 per hour for partners. You agree that all services provided by our staff are provided on your behalf, to you or your entity, with your consent, either implicitly or explicitly provided by you, in written or oral form.

Time Considerations: In order to complete accurate income tax returns, please allow ten to fifteen business days from the time we receive all of your information. Delays may occur if all your information is not received in a timely manner. All information must be received no later than 21 business days prior to due date for timely filing.

The filing deadlines for the calendar year tax returns are March 15, 2021 for S Corporations and Partnerships, and April 15, 2021 for Individuals and C Corporations. If your returns are extended, the extended filing deadlines are September 15, 2021 for S Corporations and Partnerships, and October 15, 2021 for Individuals and C Corporations.

If you feel at any time during the tax return process you wish to consult with us, please contact us in advance so we can set up a meeting. We are available to meet with you before, during or after the preparation process to ensure you are completely satisfied with your tax return preparation process.

Limited Liability:

Our firm shall not in any event be liable for any incidental, indirect, special, punitive, or consequential damages (including lost profits) that you or others may experience as a result of or relating to this agreement or the use of this service, even if we advised you of the possibility of such damages.

Every tax return prepared by our firm undergoes a rigorous review process by Certified Public Accountants with many years of tax experience. Please keep in mind that tax returns are not audited by our firm. The information that goes into your tax return is provided directly from you. You are responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. We may advise you about appropriate accounting principles and tax laws, to include their application, as it relates to the preparation of your income tax returns. However, the responsibility for the tax returns and their accurateness remains with you.

We are not responsible for any and all assessed taxes and associated interest. The results of inaccurate documents provided by you to us or documents you omitted in providing to us are and remain your sole responsibility. In the event that we agree that we have made a material omission of information that you did provide to us or if we agree that we made a material error in preparing your return, we shall request waiver of associated penalties from the taxing authority at no additional charge to you. If we do not believe that we have made a material error or omission, we agree to pursue the appeal of the penalty as far you as you wish to engage us to do so for an additional fee. If you cease in any appeal of an assessed penalty prior to completion of Federal and/or State Tax Court then you here by agree to release us from any liability of the associated penalty due to your ceasing to defend yourself to the fullest extent of the law.

If an extension of the time to file a return is required or requested, any tax that may be due with this return must be paid with that extension. Any amounts not paid by the original filing deadline may be subject to interest and late payment penalties. We will file extensions for most of our clients immediately prior to the original due dates for tax returns. However, you agree that we are not responsible for the effects or costs occurring due to missing, omitted, late or erroneous tax return form filings and extension form filings.

In the event of a dispute related in any way to our services, our Firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve. We will agree on a mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over the parties for appointment of a mediator. (both in the jurisdiction of Hall County Georgia). We will equally share the mediator's fees and expenses, but otherwise will bear our own attorneys' fees and mediation cost. Participation in such mediation shall be a condition to either of us initiating litigation. In order to allow time for the mediation, any applicable statute of limitations shall be tolled for a period not to exceed 120 days from the date either of us first requests in writing to mediate the dispute. The mediation shall be confidential in all respects, as allowed or required by law, except our final settlement positions at mediation shall be admissible in litigation solely to determine the prevailing party's identity for purposes of the award of attorneys' fees.

Internet Connectivity and Technical Support:

To ensure successful internet connectivity, we strongly recommended that users of our online services have a broadband or persistent high-speed internet connection. We recommend that you use a dedicated high-speed connection (for example, cable modem, DSL, T1, T3, or satellite) to safeguard against interruptions and improve performance. If you have any issues accessing your assigned portal, please contact our firm directly.

The documentation for this engagement will remain the property of ForreSTALL CPAs, LLC and constitutes confidential information. You will be provided with copies of your return for your records when the return is completed. However, we may be requested to make certain documentation available to the Internal Revenue Service or State tax authorities pursuant to the authority given to it by law. If requested, access to such documentation will be provided under the supervision of ForreSTALL CPAs, LLC personnel.

It is our policy to keep only scanned copies of records related to this engagement for at least one year. We may not return any records to you directly; however, scanned images of these documents can be available in your secure online portal through our web site. It is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

By signing this engagement letter, you acknowledge and agree that we are free to destroy the hard copy of your records related to this engagement provided to us by you and we agree to maintain your scanned image files of your documents for at least one year.

Our engagement ends on delivery of the draft tax return, pending your approval. Any follow-up services that may be requested or required will be a separate, new engagement. The terms and conditions of that new engagement may be governed by a new, specific engagement letter for those services. Engagements not specifically covered by a new engagement letter will continue to be covered under the responsibilities of parties of this agreement, to include, but not limited to, the associated fees and liability limitations. You agree to limit our liability for all of our services to the actual fees paid to us for the services rendered, but not more than two hundred thousand dollars in any case.

Termination:

Our firm can terminate this agreement in the event of your material breach, including failure to pay sums when due, unless resolved within ten (10) days of notice of breach or nonpayment. Our firm has the right to immediately terminate this agreement, without notice, upon your breach of confidentiality obligations or proprietary rights. In addition, and without limiting its termination rights, our firm may suspend your access to the services in the event of a breach.

If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon our discretion even if we have not completed your return. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination. Any fees or amounts related to tax preparation or any other services provide by us to you or your entity (at your request or your knowledge and whether the request is presented in written or oral form) not paid within 30 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year) retroactive to the date of the invoice. The undersigned additionally

agrees to personally guarantee all unpaid fees for services from us.

Upon termination for any reason, we will store for one year any information provided by you and included in the service. We will make this information available to you upon your written request during that one-year period, if you are current in all payments under this agreement.

The IRS and State taxing authorities permit you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS and State taxing authorities to discuss your return with us.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return(s).

Confidentiality:

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding the privacy of client information. Our firm adheres to professional standards of confidentiality that are even more stringent than those required by law. The only nonpublic personal information we collect is information that you provide to us or information that we obtained with your authorization.

Individuals associated with our firm may engage in other activities that are not offered through us. These individuals may be registered representatives, investment adviser representatives, and/or insurance agents with an unaffiliated financial services company, Infinity Wealth Management Group, LLC and Infinity Financial Advisors, LLC. Their roles and activities in connection with these entities are independent from us and our services under this engagement. Any engagement with these other entities or services provided by them involves the completion of a separate agreement to which we are not a party. We may share your personal information with these afore mentioned affiliates to offer our products and services to you, information about your transactions and experiences and for our affiliates' everyday business purposes.

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures might include providing information to our employees or, in limited situations, to unrelated third parties that need the information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

We retain records that relate to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. To protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with professional standards.

Your signature below confirms your understanding of this engagement letter and your agreement not to hold ForreSTALL CPAs, LLC or any of its employees liable for any dispute or claim related to the services these entities or their affiliated personnel may

offer or provide to you under separate contract or to hold these entities liable for any dispute or claim related to the services we provide in connection with this engagement.

Your Warranties:

You warrant to our firm that you have full power and authority to enter into this agreement and to perform your obligations herein and that you will comply with all applicable laws, rules, and regulations including those relating to professional ethics, conduct, and advertising. You represent and warrant that the provision and use of content provided by you does not and will not violate any copyrights, trade secrets or other proprietary rights of any third party, or create any liability to any third party. You acknowledge that any breach of your representations and warranties is a material breach of this agreement.

We want to express our appreciation for this opportunity to work with you. If you have any questions, or if we can be of assistance in any way, please do not hesitate to contact us.

Very truly yours,
FORRESTALL CPAS , LLC

I/We understand and agree with the terms and conditions outlined in the foregoing letter.

Accepted By: _____

Date: _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning 2020, and ending 20

2020

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

ATHENS AREA HOMELESS SHELTER

Taxpayer identification number

**** - ***0081**

Name and title of officer or person subject to tax

**SHEA POST
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>974,593</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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 organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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 } **11/15/21**

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.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 } **11/15/21**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , **and ending**

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	C Name of organization <p style="text-align: center;">ATHENS AREA HOMELESS SHELTER</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>620 BARBER STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p>ATHENS GA 30601</p>	D Employer identification number <p style="text-align: center;">** - ***0081</p> E Telephone number <p style="text-align: center;">706-354-0423</p> G Gross receipts\$ 975,524
F Name and address of principal officer: <p>SHEA POST 620 BARBER ST ATHENS GA 30601</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number U
J Website: U WWW.HELPAATHENSHOMELESS.ORG		L Year of formation: 1986 M State of legal domicile: GA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other U		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">THE MISSION OF THE ATHENS AREA HOMELESS SHELTER INC IS TO PROVIDE COMPREHENSIVE SERVICES TO HOMELESS INDIVIDUALS AND FAMILIES WORKING TOWARD SUSTAINABLE INDEPENDENCE</p> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 14 6 Total number of volunteers (estimate if necessary) 6 1500 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">764,618</td> <td style="text-align: right;">961,226</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">25,291</td> <td style="text-align: right;">8,911</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-6,743</td> <td style="text-align: right;">4,456</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">783,166</td> <td style="text-align: right;">974,593</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	764,618	961,226	9 Program service revenue (Part VIII, line 2g)		0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,291	8,911	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,743	4,456	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	783,166	974,593						
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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.

Sign Here	Signature of officer <p style="text-align: center;">SHEA POST</p> Type or print name and title <p style="text-align: center;">EXECUTIVE DIRECTOR</p>	Date
Paid Preparer Use Only	Print/Type preparer's name <p>JEFF FORRESTALL</p> Preparer's signature Date <p>11/15/21</p> Check <input type="checkbox"/> if self-employed PTIN	
	Firm's name } FORRESTALL CPAS , LLC Firm's address } 5328 LANIER ISLANDS PKWY STE 201 BUFORD, GA 30518-9056	Firm's EIN } Phone no. 770-945-8328

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

THE MISSION OF THE ATHENS AREA HOMELESS SHELTER INC IS TO PROVIDE COMPREHENSIVE COLLOBORATIVE SERVICES TO HOMELESS INDIVIDUALS AND FAMILIES WORKING TOWARD SUSTAINABLE INDEPENDENCE

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 \$ **751,351** including grants of \$) (Revenue \$)

THE ORGANIZATION PROVIDED COMPREHENSIVE, COLLABORATIVE SERVICES TO HOMELESS FAMILIES WORKING TOWARD INDEPENDENCE THROUGH THE PROVISION OF EMERGENCY SHELTER, TRANSITIONAL EDUCATION-BASED SHELTER, AND RAPID RE-HOUSING. AAHS WORKS TOWARD THIS GOAL THROUGH THREE PRIMARY PROGRAMS: ALMOST HOME EMERGENCY SHELTER, BRIDGE TO HOME TRANSITIONAL EDUCATION SHELTER, AND GOING HOME RAPID RE-HOUSING. WHILE AAHS FACILITIES ARE LOCATED IN ATHENS-CLARKE COUNTY GA, THE ORGANIZATION SERVES THOSE IN NEED THOURGHOUT THE STATE, AND REHOUSES IN CLARKE, JACKSON, OCONEE, OGLETHORPE, BARROW, AND MADISON COUNTIES. SERVICES INCLUDE CASE MANAGEMENT, CHILD CARE ASSISTANCE, TRANSPORTATION, SHELTER AND RE-HOUSING ASSISTANCE. IN 2020, AAHS SHELTERED AND/OR HOUSED OVER 185 CHILDREN AND THEIR FAMILIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 751,351**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 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 lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash 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 Section 501(c)(3) organizations. 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 in Schedule O for Part VI, lines 11b and 19? Note: 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	1a	17
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country U See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X	

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	14	
1b	Enter the number of voting members included on line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 **GA**
- 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

**SHEA POST
ATHENS**

620 BARBER ST

GA 30601

706-354-0423

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) RACHEL ALLEN	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) MAUREEN BUHR	0.00									
TREASUER	0.00	X		X			0	0	0	
(3) ALLYN CAREY	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) MICHELLE COOK	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) SALLY HARRIS	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) KEVIN O'NEIL	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) MONA ROBINSON	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) CULLEN TIMMONS	0.00									
VICE CHAIR	0.00	X		X			0	0	0	
(9) SHANNON WILDER	0.00									
SECRETARY	0.00	X		X			0	0	0	
(10) STEPHANIE WITT	0.00									
CHAIR	0.00	X		X			0	0	0	
(11) PATRICK CONNER	0.00									
BOARD MEMBER	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) COLLISA LANFORD	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) ANGELA COLLINS-JOHNSON	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) TOM KENYON	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) SHEA POST	40.00									
EXCUTIVE DIRECTOR	0.00			X			0	0	0	
1b Subtotal u										
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u										

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 **u 0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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
5 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 **u 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	51,919			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	294,259			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	615,048			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 93,973			
	h	Total. Add lines 1a-1f	u	961,226			
	Program Service Revenue	2a		Business Code			
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	u				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	u	9,842	9,842		
	4	Income from investment of tax-exempt bond proceeds	u				
	5	Royalties	u				
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)	u				
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales exps.	7b	931			
	c	Gain or (loss)	7c	-931			
d	Net gain or (loss)	u	-931	-931			
8a	Gross income from fundraising events (not including \$ 51,919 of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events	u					
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities	u					
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a OTHER REVENUE		Business Code	4,456	4,456		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	u	4,456			
12	Total revenue. See instructions	u	974,593	13,367	0	0	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	365,459	225,154	95,436	44,869
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,646	15,754	13,376	1,516
9 Other employee benefits				
10 Payroll taxes	27,458	16,914	7,172	3,372
11 Fees for services (nonemployees):				
a Management				
b Legal	16,105		16,105	
c Accounting	8,400		8,400	
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.)				
12 Advertising and promotion	182			182
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,308	1,308		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,884			1,884
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,252	12,252		
23 Insurance	18,708	4,991	12,721	996
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 ARCH EXPENSES:RENT	123,123	123,123		
b CLIENT ASSISTANCE:SUPPLIE	93,973	93,973		
c GOING HOME:RENT	51,666	51,666		
d ACC CARES:EMERGENCY SHEL	37,310	37,310		
e All other expenses	191,037	168,906	17,087	5,044
25 Total functional expenses. Add lines 1 through 24e	979,511	751,351	170,297	57,863
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
Assets	1	Cash—non-interest-bearing	147,861	1	219,211
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	99,796	3	51,793
	4	Accounts receivable, net	15,637	4	32,508
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	1,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	373,189		
	10b	Less: accumulated depreciation	304,066	10c	69,123
	11	Investments—publicly traded securities	368,963	11	347,075
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	704,363	16	720,710	
Liabilities	17	Accounts payable and accrued expenses	1,268	17	13,534
	18	Grants payable		18	
	19	Deferred revenue		19	9,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,268	26	22,534
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	288,299	27	331,383
	28	Net assets with donor restrictions	414,796	28	366,793
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	703,095	32	698,176
33	Total liabilities and net assets/fund balances	704,363	33	720,710	

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	974,593
2	Total expenses (must equal Part IX, column (A), line 25)	2	979,511
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	703,095
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	698,176

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 in 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
b 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990 or 990-EZ)**

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.

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

**** - ***0081**

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 or 990-EZ).)
- 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 331/3% 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 in 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)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	515,436	672,203	576,581	720,397	961,226	3,445,843
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	515,436	672,203	576,581	720,397	961,226	3,445,843
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)						138,944
6 Public support. Subtract line 5 from line 4						3,306,899

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	515,436	672,203	576,581	720,397	961,226	3,445,843
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3,445,843

12 Gross receipts from related activities, etc. (see instructions) **12** 14,298

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 2020 (line 6, column (f) divided by line 11, column (f)) **14** 95.97 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 **15** 93.94 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) <input type="checkbox"/>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in 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>		
c Did a disqualified person (as defined in 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b Did the activities described in 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>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
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	Distributable Amount. 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).		

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

⤵ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ⤵ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

ATHENS AREA HOMELESS SHELTER

**** - ***0081**

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

****_***0081**

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	\$ 309,496	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 62,500	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.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

****_***0081**

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
2	IN-KIND DONATIONS - MEALS	\$ 62,500	

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

2020

Open to Public Inspection

Name of the organization

Employer identification number

ATHENS AREA HOMELESS SHELTER

** - ***0081

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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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 in the form of a conservation easement on the last day of the tax year, 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?, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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: U \$, U \$. 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. 1b 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 **u**
 - b** Permanent endowment **u**
 - c** Term endowment **u**
- 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 | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		15,000		15,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		358,189	304,066	54,123
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				69,123

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

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.

1	Total revenue, gains, and other support per audited financial statements		1	974,593
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	974,593
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	974,593

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	979,512
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1	
e	Add lines 2a through 2d		2e	1
3	Subtract line 2e from line 1		3	979,511
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	979,511

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 XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE **\$ 1**

**SCHEDULE G
(Form 990 or 990-EZ)**

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

****-***0081**

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							
Total							

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.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FUNDRAISING (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	51,919		51,919	
	2	Less: Contributions	51,919		51,919	
	3	Gross income (line 1 minus line 2)				
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)				

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	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: _____
 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)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

**U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
U Attach to Form 990.
U Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

**** - ***0081**

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	X	1500	7,500	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other U (.....)	X	18847	86,473	
26 Other U (.....)				
27 Other U (.....)				
28 Other U (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, 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 three 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.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

THE ORGANIZATION IS REPORTING IN PART 1 COLUMN B, THE NUMBER OF ITEMS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)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 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

**** - ***0081****FORM 990, PART VI - ADDITIONAL INFORMATION****COMMITTEE MEETINGS ARE DOCUMENTED**

FOR PURPOSES OF THE BYLAWS, THE DEFINITION OF "INTERESTED PARTY TRANSACTION" IS DEFINE AS "ANY CONTRACT OR OTHER TRANSACTION BETWEEN THE CORPORATION AND (A) ANY PRESENT DIRECTOR OR OFFICER, (B) ANY FAMILY MEMBER OF A PRESENT DIRECTOR OR OFFICER, AND (C) ANY CORPORATION, PARTNERSHIP, TRUST, OR OTHER ENTITY IN WHICH A PRESENT DIRECTOR OR OFFICER IS A HOLDER OF A FINANCIAL INTEREST".

IN ANY INSTANCE WHERE THE CORPORATION PROPOSES TO ENTER INTO AN INTERESTED PARTY TRANSACTION, APPROVAL THEREFORE SHALL BE OBTAINED BY THE AFFIRMATIVE VOTE OF THE MAJORITY OF THE ENTIRE BOARD OF DIRECTORS AT WHICH THE BOARD OF DIRECTORS MEETING IN WHICH A QUORUM IS PRESENT. THE BOARD SHALL ENDEAVOR TO CREATE POLICIES AND PROCEDURES FOR INDENTIFYING INTERESTED PARY TRANSACTIONS.

COMPENSATION FOR EMPLOYEES IS BASED ON COMPARABLE STANDARDS AND ANUAL REVIEWS CONDUCTED BY THE EXECUTIVE DIRECTOR

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS BASED ON REVIEWS COMPLETED BY THE BOARD CHAIR AND/OR A COMITTEE. INPUT IS SOLICTED FROM BAORD AND STAFF AT VARYING LEVELS ON ALTERNATING YEARS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM WHICH SENDS A DRAFT FORM 990 TO THE EXECUTIVE DIRECTOR AND TREASURER FOR REVIEW. AFTER THE EXECUTIVE DIRECTOR AND TREASURER REVIEWS THE RETURN, THE FORM 990 IS

Name of the organization

Employer identification number

ATHENS AREA HOMELESS SHELTER

-*0081

PRESENTED TO THE FINANCE COMMITTEE AND BOARD DIRECTORS FOR FINAL APPROVAL
BEFORE SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

ACC CARES:CLIENT FINANCIA

\$ 28,041

\$ 0

\$ 0

ARCH EXPENSES:UTILITIES

\$ 25,469

\$ 0

\$ 0

CLIENT ASSISTANCE:CHILDCA

\$ 20,623

\$ 0

\$ 0

BRIDGE TO HOME:CHILDCARE

\$ 16,780

\$ 0

\$ 0

ACC INDIGENT SERVICES:CHI

\$ 12,210

\$ 0

\$ 0

PERSONNEL EXPENSES:STAFF

\$ 5,553

\$ 2,401

\$ 0

OFFICE SUPPLIES

\$ 2,708

\$ 4,186

\$ 277

SHELTER UTILITIES:ELECTRI

\$ 6,651

\$ 0

\$ 0

ARCH EXPENSES:REPAIRS & M

\$ 6,440

\$ 0

\$ 0

Name of the organization

Employer identification number

ATHENS AREA HOMELESS SHELTER****_***0081****DCA CARES RAPID REHOUSING**

\$	6,255	\$	0	\$	0
----	-------	----	---	----	---

GOING HOME:SECURITY DEPOS

\$	5,475	\$	0	\$	0
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SHELTER UTILITIES:TELEPHO

\$	0	\$	5,016	\$	235
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SHELTER UTILITIES:WATER

\$	3,201	\$	0	\$	0
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ARCH EXPENSES:CHILDCARE

\$	2,945	\$	0	\$	0
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DUES & SUBSCRIPTIONS

\$	0	\$	1,091	\$	1,833
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ACC INDIGENT SERVICES:LAU

\$	2,865	\$	0	\$	0
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ACC INDIGENT SERVICES:EME

\$	2,696	\$	0	\$	0
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SUPPLIES:SHELTER

\$	1,117	\$	1,501	\$	0
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CLIENT ASSISTANCE:GIFT CA

\$	2,480	\$	0	\$	0
----	-------	----	---	----	---

GOING HOME:UTILITY DEPOSI

\$	2,380	\$	0	\$	0
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SHELTER UTILITIES:INTERNE

\$	2,175	\$	0	\$	0
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SHELTER UTILITIES:GAS

\$	1,932	\$	0	\$	0
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REPAIRS & MAINTENANCE:BUI

Name of the organization	Employer identification number		
ATHENS AREA HOMELESS SHELTER	**_***0081		
	\$ 1,846	\$ 0	\$ 0
ARCH EXPENSES:TELEPHONE &			
	\$ 0	\$ 1,796	\$ 0
ARCH EXPENSES:SUPPLIES			
	\$ 1,683	\$ 0	\$ 0
BANK CHARGES:PAYPAL FEES			
	\$ 0	\$ 0	\$ 1,456
SUPPLIES:FOOD			
	\$ 515	\$ 692	\$ 0
CLIENT ASSISTANCE:EDUCATI			
	\$ 1,079	\$ 0	\$ 0
SHELTER UTILITIES:WATER			
	\$ 799	\$ 0	\$ 0
ARCH EXPENSES:CLEANING			
	\$ 764	\$ 0	\$ 0
CLIENT ASSISTANCE:DIRECT			
	\$ 698	\$ 0	\$ 0
BRIDGE TO HOME:MAINTENANC			
	\$ 684	\$ 0	\$ 0
PAYROLL EXPENSES:DIRECT D			
	\$ 640	\$ 0	\$ 0
BANK CHARGES:STRIPE FEES			
	\$ 0	\$ 0	\$ 609
BANK CHARGES:KINDFUL			
	\$ 0	\$ 0	\$ 600
SHELTER UTILITIES:SECURIT			
	\$ 351	\$ 0	\$ 0

Name of the organization

Employer identification number

ATHENS AREA HOMELESS SHELTER****_***0081****CLIENT ASSISTANCE:TRANSP**

\$	316	\$	0	\$	0
----	-----	----	---	----	---

SHELTER UTILITIES:CABLE

\$	293	\$	0	\$	0
----	-----	----	---	----	---

OFFICE SUPPLIES:COPIER LE

\$	285	\$	0	\$	0
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GOING HOME:UTILITIES

\$	255	\$	0	\$	0
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REPAIRS & MAINTENANCE

\$	233	\$	0	\$	0
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OFFICE SUPPLIES:TAXES & L

\$	155	\$	0	\$	0
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OFFICE SUPPLIES:POSTAGE

\$	0	\$	155	\$	0
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BANK CHARGES

\$	0	\$	120	\$	0
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BRIDGE TO HOME:INTERNET

\$	100	\$	0	\$	0
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BACKGROUND CHECKS

\$	0	\$	95	\$	0
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PERSONNEL EXPENSES:TRAVEL

\$	91	\$	0	\$	0
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ACC INDIGENT SERVICES:CLE

\$	74	\$	0	\$	0
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MISC EXPENSES

\$	0	\$	34	\$	34
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CLIENT ASSISTANCE

Name of the organization ATHENS AREA HOMELESS SHELTER	Employer identification number **_***0081
---	---

	\$ 29	\$ 0	\$ 0
CLIENT ASSISTANCE:LAUNDRY			
	\$ 20	\$ 0	\$ 0
TOTAL			
	\$ 168,906	\$ 17,087	\$ 5,044

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE	\$ -1
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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

⓪ Attach to your tax return.

⓪ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

ATHENS AREA HOMELESS SHELTER

Identifying number
**** - ***0081**

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	1,040,000
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	2,590,000
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 2019 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 2021. 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	12,253

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 2020	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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 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 2020 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	
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	12,253
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.

-*0081

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
5	1 STOVE HOOD	1/01/90	700			700	5 HY 200DB	700	0
6	TELEPHONE SYSTEM	11/24/92	1,962			1,962	5 HY 200DB	1,962	0
7	STORAGE SHED	5/27/93	996			996	5 HY 200DB	996	0
8	2 HP COMPUTERS	8/18/06	700			700	5 HY 200DB	700	0
	Sold/Scrapped: 12/31/20								
9	MAYTAG WASHER	1/07/07	920			920	5 HY 200DB	920	0
10	FREEZER	10/02/08	615		X	307	5 HY 200DB	615	0
11	DISHWASHER	12/03/09	4,060		X	2,030	5 HY 200DB	4,060	0
	Sold/Scrapped: 12/31/20								
12	FURNACE	8/28/09	4,281		X	2,140	5 HY 200DB	4,281	0
13	2 DESKTOP COMPUTERS	5/10/10	2,698		X	1,349	5 HY 200DB	2,698	0
	Sold/Scrapped: 12/31/20								
14	3 LAPTOP COMPUTERS	9/10/10	1,599		X	0	5 HY 200DB	1,599	0
	Sold/Scrapped: 12/31/20								
17	2 WASHERS/3 DRYERS	10/31/11	3,978		X	0	7 HY 200DB	3,978	0
18	COPIER	12/19/11	6,724		X	0	7 HY 200DB	6,724	0
			<u>29,233</u>			<u>11,104</u>		<u>29,233</u>	<u>0</u>
Other Depreciation:									
1	LAND - 620 BARBER ST	6/30/91	15,000			15,000	0 -- Land	0	0
2	BUILDING - 620 BARBER ST	6/30/91	242,220			242,220	31 MO S/L	219,077	7,690
3	BUILDING RENOVATIONS	6/01/00	75,824			75,824	31 MO S/L	46,938	2,407
4	CONCRETE PAD	11/23/10	1,495			1,495	20 MO S/L	679	75
15	GIFTWORKS SOFTWARE	6/07/10	5,047		X	2,523	3 MO Amort	5,047	0
	Sold/Scrapped: 12/31/20								
16	SECURITY SYSTEM	9/08/10	2,994			2,994	15 MO S/L	1,863	200
	Sold/Scrapped: 12/31/20								
19	PHONE SYSTEM	2/19/13	859			859	7 MO S/L	839	20
20	SECURITY SYSTEM	6/23/16	6,223			6,223	7 MO S/L	3,112	889
21	6 TABLES/25 CHAIRS	12/24/12	1,192			1,192	7 MO S/L	1,192	0
22	HE Washer & Dryer Stacking Set	4/17/20	2,550			2,550	7 MO S/L	0	243
23	HE Washer & Dryer stacking set	4/17/20	2,550			2,550	7 MO S/L	0	243
24	HE Washer & Dryer stacking set	4/17/20	2,550			2,550	7 MO S/L	0	243
25	HE Washer & Dryer stacking set	4/17/20	2,550			2,550	7 MO S/L	0	243
	Total Other Depreciation		<u>361,054</u>			<u>358,530</u>		<u>278,747</u>	<u>12,253</u>
	Total ACRS and Other Depreciation		<u>361,054</u>			<u>358,530</u>		<u>278,747</u>	<u>12,253</u>
	Grand Totals		390,287			369,634		307,980	12,253
	Less: Dispositions and Transfers		17,098			9,596		15,967	200
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>373,189</u>			<u>360,038</u>		<u>292,013</u>	<u>12,053</u>

-*0081

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
5	1 STOVE HOOD	1/01/90	700			700	6 HY 150DB	700	0
6	TELEPHONE SYSTEM	11/24/92	1,962			1,962	10 HY 150DB	1,962	0
7	STORAGE SHED	5/27/93	996			996	6 HY 150DB	996	0
8	2 HP COMPUTERS	8/18/06	700			700	5 HY 150DB	700	0
	Sold/Scrapped: 12/31/20								
9	MAYTAG WASHER	1/07/07	920			920	5 HY 150DB	920	0
10	FREEZER	10/02/08	615		X	307	5 HY 200DB	615	0
11	DISHWASHER	12/03/09	4,060		X	2,030	5 HY 200DB	4,060	0
	Sold/Scrapped: 12/31/20								
12	FURNACE	8/28/09	4,281		X	2,140	5 HY 200DB	4,281	0
13	2 DESKTOP COMPUTERS	5/10/10	2,698		X	1,349	5 HY 200DB	2,698	0
	Sold/Scrapped: 12/31/20								
14	3 LAPTOP COMPUTERS	9/10/10	1,599		X	0	5 HY 200DB	1,599	0
	Sold/Scrapped: 12/31/20								
17	2 WASHERS/3 DRYERS	10/31/11	3,978		X	0	7 HY 200DB	3,978	0
18	COPIER	12/19/11	6,724		X	0	7 HY 200DB	6,724	0
			<u>29,233</u>			<u>11,104</u>		<u>29,233</u>	<u>0</u>
Other Depreciation:									
1	LAND - 620 BARBER ST	6/30/91	0			0	0 HY	0	0
2	BUILDING - 620 BARBER ST	6/30/91	242,220			242,220	31 MO S/L	219,077	7,690
3	BUILDING RENOVATIONS	6/01/00	75,824			75,824	31 MO S/L	46,938	2,407
4	CONCRETE PAD	11/23/10	1,495			1,495	20 MO S/L	679	75
16	SECURITY SYSTEM	9/08/10	2,994			2,994	15 MO S/L	1,863	200
	Sold/Scrapped: 12/31/20								
19	PHONE SYSTEM	2/19/13	859			859	7 MO S/L	839	20
20	SECURITY SYSTEM	6/23/16	6,223			6,223	7 MO S/L	3,112	889
21	6 TABLES/25 CHAIRS	12/24/12	1,192			1,192	7 MO S/L	1,192	0
22	HE Washer & Dryer Stacking Set	4/17/20	0			0	0 HY	0	0
23	HE Washer & Dryer stacking set	4/17/20	0			0	0 HY	0	0
24	HE Washer & Dryer stacking set	4/17/20	0			0	0 HY	0	0
25	HE Washer & Dryer stacking set	4/17/20	0			0	0 HY	0	0
	Total Other Depreciation		<u>330,807</u>			<u>330,807</u>		<u>273,700</u>	<u>11,281</u>
	Total ACRS and Other Depreciation		<u>330,807</u>			<u>330,807</u>		<u>273,700</u>	<u>11,281</u>
	Grand Totals		360,040			341,911		302,933	11,281
	Less: Dispositions and Transfers		<u>12,051</u>			<u>7,073</u>		<u>10,920</u>	<u>200</u>
	Net Grand Totals		<u>347,989</u>			<u>334,838</u>		<u>292,013</u>	<u>11,081</u>

-*0081

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
10	FREEZER	10/02/08	615		0	0	308	307
11	DISHWASHER	12/03/09	4,060		0	0	2,030	2,030
12	FURNACE	8/28/09	4,281		0	0	2,141	2,140
13	2 DESKTOP COMPUTERS	5/10/10	2,698		0	0	1,349	1,349
14	3 LAPTOP COMPUTERS	9/10/10	1,599		0	0	1,599	0
15	GIFTWORKS SOFTWARE	6/07/10	5,047		0	0	2,524	2,523
17	2 WASHERS/3 DRYERS	10/31/11	3,978		0	0	3,978	0
18	COPIER	12/19/11	6,724		0	0	6,724	0
Grand Total			29,002		0	0	20,653	8,349
Less: Dispositions and Transfers			13,404		0	0	7,502	5,902
Net Grand Total			<u>15,598</u>		<u>0</u>	<u>0</u>	<u>13,151</u>	<u>2,447</u>

-*0081

Depreciation Adjustment Report

FYE: 12/31/2020

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>
<u>MACRS Adjustments:</u>						
Page 1	1	5	1 STOVE HOOD	0	0	0
Page 1	1	6	TELEPHONE SYSTEM	0	0	0
Page 1	1	7	STORAGE SHED	0	0	0
Page 1	1	8	2 HP COMPUTERS	0	0	0
Page 1	1	9	MAYTAG WASHER	0	0	0
Page 1	1	10	FREEZER	0	0	0
Page 1	1	11	DISHWASHER	0	0	0
Page 1	1	12	FURNACE	0	0	0
Page 1	1	13	2 DESKTOP COMPUTERS	0	0	0
Page 1	1	14	3 LAPTOP COMPUTERS	0	0	0
Page 1	1	17	2 WASHERS/3 DRYERS	0	0	0
Page 1	1	18	COPIER	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>

-*0081

Future Depreciation Report**FYE: 12/31/21**

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
5	1 STOVE HOOD	1/01/90	700	0	0
6	TELEPHONE SYSTEM	11/24/92	1,962	0	0
7	STORAGE SHED	5/27/93	996	0	0
9	MAYTAG WASHER	1/07/07	920	0	0
10	FREEZER	10/02/08	615	0	0
12	FURNACE	8/28/09	4,281	0	0
17	2 WASHERS/3 DRYERS	10/31/11	3,978	0	0
18	COPIER	12/19/11	6,724	0	0
			<u>20,176</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
1	LAND - 620 BARBER ST	6/30/91	15,000	0	0
2	BUILDING - 620 BARBER ST	6/30/91	242,220	7,689	7,689
3	BUILDING RENOVATIONS	6/01/00	75,824	2,407	2,407
4	CONCRETE PAD	11/23/10	1,495	74	74
19	PHONE SYSTEM	2/19/13	859	0	0
20	SECURITY SYSTEM	6/23/16	6,223	889	889
21	6 TABLES/25 CHAIRS	12/24/12	1,192	0	0
22	HE Washer & Dryer Stacking Set	4/17/20	2,550	364	0
23	HE Washer & Dryer stacking set	4/17/20	2,550	364	0
24	HE Washer & Dryer stacking set	4/17/20	2,550	364	0
25	HE Washer & Dryer stacking set	4/17/20	2,550	364	0
	Total Other Depreciation		<u>353,013</u>	<u>12,515</u>	<u>11,059</u>
	Total ACRS and Other Depreciation		<u>353,013</u>	<u>12,515</u>	<u>11,059</u>
	Grand Totals		<u>373,189</u>	<u>12,515</u>	<u>11,059</u>

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

ATHENS AREA HOMELESS SHELTER

**** - *** 0081**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	764,618	666,967	-97,651
	2. Membership dues and assessments			
	3. Government contributions and grants		294,259	294,259
	4. Program service revenue			
	5. Investment income	25,291	9,842	-15,449
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-931	-931
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	-6,743	4,456	11,199
	12. Total revenue. Add lines 1 through 11	783,166	974,593	191,427
Expenses	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	307,676	423,563	115,887
	17. Professional fundraising fees			
	18. Other professional fees		24,505	24,505
	19. Occupancy, rent, utilities, and maintenance		1,308	1,308
	20. Depreciation and Depletion		12,252	12,252
	21. Other expenses	352,603	517,883	165,280
	22. Total expenses. Add lines 13 through 21	660,279	979,511	319,232
	23. Excess or (Deficit). Subtract line 22 from line 12	122,887	-4,918	-127,805
Other Information	24. Total exempt revenue		974,593	974,593
	25. Total unrelated revenue			
	26. Total excludable revenue		13,367	13,367
	27. Total assets		720,710	720,710
	28. Total liabilities		22,534	22,534
	29. Retained earnings		698,176	698,176
	30. Number of voting members of governing body		14	
31. Number of independent voting members of governing body		14		
32. Number of employees		14		
33. Number of volunteers		1500		

-*0081

Federal Statements

FYE: 12/31/2020

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
ACC CARES:CLIENT FINANCIA	\$ 28,041	\$ 28,041		
ARCH EXPENSES:UTILITIES	25,469	25,469		
CLIENT ASSISTANCE:CHILDCA	20,623	20,623		
BRIDGE TO HOME:CHILDCARE	16,780	16,780		
ACC INDIGENT SERVICES:CHI	12,210	12,210		
PERSONNEL EXPENSES:STAFF	7,954	5,553	2,401	
OFFICE SUPPLIES	7,171	2,708	4,186	277
SHELTER UTILITIES:ELECTRI	6,651	6,651		
ARCH EXPENSES:REPAIRS & M	6,440	6,440		
DCA CARES RAPID REHOUSING	6,255	6,255		
GOING HOME:SECURITY DEPOS	5,475	5,475		
SHELTER UTILITIES:TELEPHO	5,251		5,016	235
SHELTER UTLITIES:WATER	3,201	3,201		
ARCH EXPENSES:CHILDCARE	2,945	2,945		
DUES & SUBSCRIPTIONS	2,924		1,091	1,833
ACC INDIGENT SERVICES:LAU	2,865	2,865		
ACC INDIGENT SERVICES:EME	2,696	2,696		
SUPPLIES:SHELTER	2,618	1,117	1,501	
CLIENT ASSISTANCE:GIFT CA	2,480	2,480		
GOING HOME:UTILITY DEPOSI	2,380	2,380		
SHELTER UTILITIES:INTERNE	2,175	2,175		
SHELTER UTILITIES:GAS	1,932	1,932		
REPAIRS & MAINTENANCE:BUI	1,846	1,846		
ARCH EXPENSES:TELEPHONE &	1,796		1,796	
ARCH EXPENSES:SUPPLIES	1,683	1,683		
BANK CHARGES:PAYPAL FEES	1,456			1,456
SUPPLIES:FOOD	1,207	515	692	
CLIENT ASSISTANCE:EDUCATI	1,079	1,079		
SHELTER UTILITIES:WATER	799	799		
ARCH EXPENSES:CLEANING	764	764		
CLIENT ASSISTANCE:DIRECT	698	698		
BRIDGE TO HOME:MAINTENANC	684	684		
PAYROLL EXPENSES:DIRECT D	640	640		
BANK CHARGES:STRIPE FEES	609			609
BANK CHARGES:KINDFUL	600			600
SHELTER UTILITIES:SECURIT	351	351		
CLIENT ASSISTANCE:TRANSPO	316	316		

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Federal Statements

FYE: 12/31/2020

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
SHELTER UTILITIES:CABLE	\$ 293	\$ 293	\$	\$
OFFICE SUPPLIES:COPIER LE	285	285		
GOING HOME:UTILITIES	255	255		
REPAIRS & MAINTENANCE	233	233		
OFFICE SUPPLIES:TAXES & L	155	155		
OFFICE SUPPLIES:POSTAGE	155		155	
BANK CHARGES	120		120	
BRIDGE TO HOME:INTERNET	100	100		
BACKGROUND CHECKS	95		95	
PERSONNEL EXPENSES:TRAVEL	91	91		
ACC INDIGENT SERVICES:CLE	74	74		
MISC EXPENSES	68		34	34
CLIENT ASSISTANCE	29	29		
CLIENT ASSISTANCE:LAUNDRY	20	20		
TOTAL	<u>\$ 191,037</u>	<u>\$ 168,906</u>	<u>\$ 17,087</u>	<u>\$ 5,044</u>

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Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 1(e)

Description	Amount
ACC CARES FUNDS	\$ 85,000
GRANTS:ACC INDIGENT SERVICES #1	33,910
GRANTS:CDBG	10,000
GRANTS:DCA:ALMOST HOME	39,097
GRANTS:DCA:GOING HOME	77,514
GRANTS:DCA:JOBTREC-CHILDCARE	15,519
GRANTS:DCA CARES GRANT	16,319
GRANTS:JDA GRANT	11,700
GRANTS:NANCY TRAVIS HOUSE GRANT	5,200
OTHER INCOME:ARCH:RENT RECONCILIATIO	91,949
OTHER INCOME:ARCH:TRACY	4,337
OTHER INCOME:ARCH:ADVANTAGE	46,880
OTHER INCOME:ARCH:ALDRIC	521
OTHER INCOME:ARCH:CORY	1,380
OTHER INCOME:ARCH:ESTRA	1,944
OTHER INCOME:ARCH:LIVE FORWARD	30,323
OTHER INCOME:ARCH:LYDIA'S PLACE	18,000
OTHER INCOME:ARCH:PATRICIA	780
OTHER INCOME:ARCH:PAYROLL	15,465
VARIOUS	
CASH CONTRIBUTION	309,496
VARIOUS	
IN-KIND DONATIONS - MEALS	62,500
VARIOUS	
IN-KIND PPE-MASKS/FACE SHIELDS	7,500
VARIOUS	
IN-KIND GROCERIES	2,500
VARIOUS	
IN-KIND TUTOR SERVICES	3,260
VARIOUS	
IN-KIND	18,213
FUNDRAISING	
CASH CONTRIBUTION	51,919
TOTAL	\$ <u>961,226</u>

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Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 12 - Current year

Description	Amount
INVESTMENT INCOME:REALIZED GA	\$ 81,401
INVESTMENT INCOME:REALIZED GA	-104,145
INVESTMENT INCOME:REALIZED GA	34,685
INVESTMENT INCOME:REALIZED GA	-36,099
INVESTMENT INCOME:UNREALIZED	572
INVESTMENT INCOME:UNREALIZED	21,002
INVESTMENT INCOME:DIVIDENDS:M	7,363
INVESTMENT INCOME:DIVIDENDS:M	61
INVESTMENT INCOME:INTEREST IN	2
INVESTMENT INCOME:INTEREST IN	1
INVESTMENT INCOME:L/T CAPITAL	4,999
OTHER REVENUE	4,456
FUNDRAISING	
TOTAL	\$ <u>14,298</u>