Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning . . . . . , 2021, and ending . . . . . , 20 . . . . .

u Do not send to the IRS. Keep for your records.
u Go to *www.irs.gov/Form8879TE* **for the latest information.**

OMB No. 1545-0047

2021

Name of filer

ATHENS AREA HOMELESS SHELTER

EIN or SSN

58-1940081

Name and title of officer or person subject to tax **SHEA POST**
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a	**Form 990** check here . . . . . ▶	[X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 1,257,897
2a	**Form 990-EZ** check here . . . . . ▶	[ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here . . ▶	[ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here . . . . . ▶	[ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a	**Form 8868** check here . . . . . ▶	[ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here . . . . . ▶	[ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here . . . . . ▶	[ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here . . . . . ▶	[ ]	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here . . . . . ▶	[ ]	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here . . . . ▶	[ ]	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22) . .	**10b**

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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

[X] I authorize **FORRESTALL CPAS , LLC** to enter my PIN **40081** as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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 } **11/15/22**

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. **58704428415**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 } **JEFF FORRESTALL** Date } **11/15/22**

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ATHENS AREA HOMELESS SHELTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
620 BARBER STREET

City or town, state or province, country, and ZIP or foreign postal code
ATHENS GA 30601

D Employer identification number
58-1940081

E Telephone number
706-354-0423

G Gross receipts $ **1,257,897**

F Name and address of principal officer:
SHEA POST
620 BARBER ST
ATHENS GA 30601

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) **t** (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **u** **WWW.HELPATHENSHOMELESS.ORG**

H(c) Group exemption number **u**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u**

L Year of formation: **1986**

M State of legal domicile: **GA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE ATHENS AREA HOMELESS SHELTER INC IS TO PROVIDE COMPREHENSIVE SERVICES TO HOMELESS INDIVIDUALS AND FAMILIES WORKING TOWARD SUSTAINABLE INDEPENDENCE

2 Check this box **u** ☐ 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**	**15**
4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	**15**
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	**22**
6 Total number of volunteers (estimate if necessary)	**6**	**1000**
7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	**0**
b Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	**0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	**961,226**	**1,211,023**
9 Program service revenue (Part VIII, line 2g)		**0**
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	**8,911**	**46,874**
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	**4,456**	**0**
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	**974,593**	**1,257,897**
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		**0**
14 Benefits paid to or for members (Part IX, column (A), line 4)		**0**
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	**423,563**	**441,447**
16a Professional fundraising fees (Part IX, column (A), line 11e)		**0**
b Total fundraising expenses (Part IX, column (D), line 25) **u** **44,620**		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	**555,948**	**511,718**
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	**979,511**	**953,165**
19 Revenue less expenses. Subtract line 18 from line 12	**-4,918**	**304,732**

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	**720,710**	**1,020,575**
21 Total liabilities (Part X, line 26)	**22,534**	**17,670**
22 Net assets or fund balances. Subtract line 21 from line 20	**698,176**	**1,002,905**

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 — Date

SHEA POST — **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEFF FORRESTALL	**JEFF FORRESTALL**	**11/14/22**		

Firm's name } **FORRESTALL CPAS , LLC** — Firm's EIN }

Firm's address } **5328 LANIER ISLANDS PKWY STE 201 BUFORD, GA 30518-9056** — 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.

DAA

Form **990** (2021)

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 $ **775,719** 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 THROUCH 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 2021, AAHS SHELTERED AND/OR HOUSED OVER 300 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** **775,719**

Part IV Checklist of Required Schedules

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

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

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	20		
b	Enter the number of Forms W-2G included on 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** **22**			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		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?	**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
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
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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 X

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	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u** 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 **u**

SHEA POST **620 BARBER ST**

ATHENS **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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **RACHEL ALLEN**	0.00									
BOARD MEMBER	0.00	X						0	0	0
(2) **ALLYN CAREY**	0.00									
BOARD MEMBER	0.00	X						0	0	0
(3) **MICHELLE COOK**	0.00									
BOARD MEMBER	0.00	X						0	0	0
(4) **SALLY HARRIS**	0.00									
BOARD MEMBER	0.00	X						0	0	0
(5) **KEVIN O'NEIL**	0.00									
BOARD MEMBER	0.00	X						0	0	0
(6) **MONA ROBINSON**	0.00									
BOARD MEMBER	0.00	X						0	0	0
(7) **CULLEN TIMMONS**	0.00									
VICE CHAIR	0.00	X		X				0	0	0
(8) **SHANNON WILDER**	0.00									
SECRETARY	0.00	X		X				0	0	0
(9) **STEPHANIE WITT**	0.00									
CHAIR	0.00	X		X				0	0	0
(10) **PATRICK CONNER**	0.00									
BOARD MEMBER	0.00	X						0	0	0
(11) **COLLISA LANFORD**	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ANGELA COLLINS-JOHNSON	0.00									
BOARD MEMBER	0.00	X						0	0	0
(13) TOM KENYON	0.00									
BOARD MEMBER	0.00	X						0	0	0
(14) SHEA POST	0.00									
EXECUTIVE 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? *If "Yes," complete Schedule J for such individual*		**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? *If "Yes," complete Schedule J for such individual*		**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? *If "Yes," complete Schedule J for such person*		**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	117,954				
	d Related organizations	1d					
	e Government grants (contributions)	1e	563,646				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	529,423				
	g Noncash contributions included in lines 1a-1f	1g	$ 53,700				
	h **Total.** Add lines 1a–1f	u		1,211,023			
Program Service Revenue		Business Code					
	2a						
	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		46,874	46,874		
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including $ 117,954 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		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d	u					
	12 **Total revenue.** See instructions	u		1,257,897	46,874	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 X

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	381,132	277,082	70,891	33,159
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,143	22,640	5,793	2,710
9 Other employee benefits				
10 Payroll taxes	29,172	21,208	5,426	2,538
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,460		24,460	
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	422		422	
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	772			772
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,661	12,661		
23 Insurance	19,734	7,353	11,501	880
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	127,700	127,151	549	
b GOING HOME:RENT	82,475	82,120	355	
c DCA CARES RAPID REHOUSING	29,851	29,722	129	
d ARCH EXPENSES:UTILITIES	22,466	22,369	97	
e All other expenses	189,869	172,105	13,203	4,561
25 **Total functional expenses.** Add lines 1 through 24e	953,165	775,719	132,826	44,620
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 u ☐ 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	219,211	1	418,903
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	51,793	3	131,088
	4	Accounts receivable, net	32,508	4	36,917
	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	1,000	9	1,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 373,006			
	b	Less: accumulated depreciation — 10b: 314,394	69,123	10c	58,612
	11	Investments—publicly traded securities	347,075	11	374,055
	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)	720,710	16	1,020,575
Liabilities	17	Accounts payable and accrued expenses	13,534	17	1,158
	18	Grants payable		18	
	19	Deferred revenue	9,000	19	
	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	16,512
	26	**Total liabilities.** Add lines 17 through 25	22,534	26	17,670
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here u ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	331,383	27	535,536
	28	Net assets with donor restrictions	366,793	28	467,369
		Organizations that do not follow FASB ASC 958, check here u ☐ 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	698,176	32	1,002,905
	33	Total liabilities and net assets/fund balances	720,710	33	1,020,575

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,257,897
2	Total expenses (must equal Part IX, column (A), line 25)	2	953,165
3	Revenue less expenses. Subtract line 2 from line 1	3	304,732
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	698,176
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,002,908

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	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.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

2021

Open to Public Inspection

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

58-1940081

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	672,203	576,581	720,397	961,226	1,211,023	4,141,430
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	672,203	576,581	720,397	961,226	1,211,023	4,141,430
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						4,141,430

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	672,203	576,581	720,397	961,226	1,211,023	4,141,430
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						4,141,430

12 Gross receipts from related activities, etc. (see instructions) ... 12 61,172

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 2021 (line 6, column (f) divided by line 11, column (f)) ... 14 100.00 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 ... 15 95.97 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ... ▶ ☒

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ... ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ... ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the 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) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
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) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2021.** 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—2020.** 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? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	**5a**		
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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	**9a**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	**10b**		

Part 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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	**11c**		

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? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**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)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

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

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

Section D – Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	
6	Other distributions (*describe in Part VI*). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	
9	Distributable amount for 2021 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990 or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

58-1940081

Organization type (check one):

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ▶ $

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

Name of organization: ATHENS AREA HOMELESS SHELTER

Employer identification number: 58-1940081

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		$ 324,728	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
ATHENS AREA HOMELESS SHELTER

Employer identification number
58-1940081

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
1	IN-KIND DONATIONS	$ 46,655	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	GIFT CARD DONATIONS	$ 7,045	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u 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.
u Attach to Form 990.
u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

58-1940081

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.

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year **u**

4 Number of states where property subject to conservation easement is located **u**

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u**

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u** $

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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 **u** $
(ii) Assets included in Form 990, Part X **u** $

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 **u** $
b Assets included in Form 990, Part X **u** $

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	**315,000**	**315,000**			
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	**315,000**	**315,000**			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment **u** **100.00** %
- **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	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		**15,000**		**15,000**
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		**358,006**	**314,394**	**43,612**
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* **u**				**58,612**

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.)* u		

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.)* u		

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.)* u	

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) **ACCRUED PAYROLL**	**16,512**
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* u	**16,512**

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	1,257,897
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	1,257,897
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	1,257,897

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	953,165
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	953,165
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	953,165

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 XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

2021

Open to Public Inspection

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

58-1940081

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? Yes	(iii) No	(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
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 (add col. (a) through col. (c))
		FUNDRAISING (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	117,954			117,954
	2 Less: Contributions	117,954			117,954
	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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization **u** $ and the amount of gaming revenue retained by the third party **u** $

c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** $

Description of services provided **u**

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.**

OMB No. 1545-0074

2021

Open To Public Inspection

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

58-1940081

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other u( )	X	1	46,655	
26	Other u( )	X	1	7,045	
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 V, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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)

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.

u Attach to Form 990 or Form 990-EZ.
u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ATHENS AREA HOMELESS SHELTER

Employer identification number

58-1940081

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 ANNUAL REVIEWS CONDUCTED BY THE EXECUTIVE DIRECTOR

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS BASED ON REVIEWS COMPLETED BY THE BOARD CHAIR AND/OR A COMMITTEE. 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 EXCUTIVE DIRECTOR AND TREASURER FOR REVIEW. AFTER THE EXCUTIVE DIRECTOR AND TREASURER REVIEWS THE RETURN, THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTE AND BOARD DIRECTOS FOR FINAL APPROVAL

Name of the organization: ATHENS AREA HOMELESS SHELTER

Employer identification number: 58-1940081

BEFORE SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ALL STAFF DO UNDERGO A FORMAL REVIEW PROCESS TO DETERMINE SALARY RAISES BASED ON PERFORMANCE, COMPARABLE COMPENSATION AND RESPONSIBILITIES. THE EXECUTIVE DIRECTOR WENT THROUGH A REVIEW PROCESS WITH THE BOARD OF DIRECTORS. SALARIED STAFF GO THROUGH A REVIEW PROCESS WITH THE EXECUTIVE DIRECTOR OR THE PROGRAMS DIRECTOR. SHELTER MONITORS GO THROUGH AN ANNUAL REVIEW PROCESS WITH THE SHELTER COORDINATOR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL STAFF DO UNDERGO A FORMAL REVIEW PROCESS TO DETERMINE SALARY RAISES BASED ON PERFORMANCE, COMPARABLE COMPENSATION AND RESPONSIBILITIES. THE EXECUTIVE DIRECTOR WENT THROUGH A REVIEW PROCESS WITH THE BOARD OF DIRECTORS. SALARIED STAFF GO THROUGH A REVIEW PROCESS WITH THE EXECUTIVE DIRECTOR OR THE PROGRAMS DIRECTOR. SHELTER MONITORS GO THROUGH AN ANNUAL REVIEW PROCESS WITH THE SHELTER COORDINATOR.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

990S ARE ON OUR WEBSITE

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

Name of the organization: ATHENS AREA HOMELESS SHELTER

Employer identification number: 58-1940081

CLIENT ASSISTANCE:FOOD

$	22,136	$	96	$	0

CLIENT ASSISTANCE:SUPPLIE

$	21,271	$	92	$	0

CLIENT ASSISTANCE:CHILDCA

$	18,644	$	81	$	0

ACC INDIGENT SERVICES:EME

$	16,057	$	69	$	0

ARCH EXPENSES:REPAIRS & M

$	11,812	$	51	$	0

BRIDGE TO HOME:CHILDCARE

$	11,308	$	49	$	0

REPAIRS & MAINTENANCE

$	6,803	$	0	$	0

REPAIRS & MAINTENANCE:BUI

$	6,712	$	0	$	0

CLIENT ASSISTANCE:GIFT CA

$	6,263	$	27	$	0

GOING HOME:SECURITY DEPOS

$	5,997	$	26	$	0

ACC INDIGENT SERVICES:CHI

$	5,994	$	26	$	0

SHELTER UTILITIES:TELEPHO

$	1,249	$	4,164	$	105

SUPPLIES:VOLUNTEER EVENT

$	5,465	$	0	$	0

PERSONNEL EXPENSES:STAFF

Name of the organization: ATHENS AREA HOMELESS SHELTER

Employer identification number: 58-1940081

	$ 3,132	$ 1,866	$ 361
DUES & SUBSCRIPTIONS			
	$ 0	$ 3,812	$ 0
ARCH EXPENSES:SECURITY			
	$ 3,345	$ 14	$ 0
OFFICE SUPPLIES			
	$ 2,198	$ 887	$ 263
SHELTER UTILITIES:GAS			
	$ 2,331	$ 0	$ 0
BANK CHARGES:KINDFUL			
	$ 0	$ 85	$ 1,940
ARCH EXPENSES:CLEANING			
	$ 1,991	$ 9	$ 0
GOING HOME:UTILITY DEPOSI			
	$ 1,971	$ 9	$ 0
SHELTER UTILITIES:WATER			
	$ 1,907	$ 0	$ 0
SHELTER UTILITIES:INTERNE			
	$ 1,859	$ 0	$ 0
ARCH EXPENSES:TELEPHONE &			
	$ 1,721	$ 7	$ 0
SHELTER UTILITIES:CABLE			
	$ 1,518	$ 0	$ 0
REPAIRS & MAINTENANCE:EQU			
	$ 1,410	$ 0	$ 0
PAYROLL EXPENSES:DIRECT D			
	$ 0	$ 1,360	$ 0

Name of the organization: ATHENS AREA HOMELESS SHELTER

Employer identification number: 58-1940081

CLIENT ASSISTANCE:TRANSPO			
$ 1,349	$ 6	$ 0	
CLIENT ASSISTANCE:EDUCATI			
$ 1,126	$ 5	$ 0	
BANK CHARGES:STRIPE FEES			
$ 0	$ 40	$ 911	
ARCH EXPENSES:SUPPLIES			
$ 940	$ 4	$ 0	
SHELTER UTILITIES:WASTE D			
$ 860	$ 0	$ 0	
BANK CHARGES:PAYPAL FEES			
$ 0	$ 34	$ 783	
SHELTER UTILITIES:ELECTRI			
$ 805	$ 0	$ 0	
ARCH EXPENSES:DIRECT SERV			
$ 726	$ 3	$ 0	
CLIENT ASSISTANCE:FAMILY			
$ 716	$ 3	$ 0	
SUPPLIES:SHELTER			
$ 687	$ 0	$ 0	
CLIENT ASSISTANCE:DIRECT			
$ 644	$ 3	$ 0	
BRIDGE TO HOME:MAINTENANC			
$ 334	$ 1	$ 0	
OFFICE SUPPLIES:COPIER LE			
$ 203	$ 82	$ 24	
BACKGROUND CHECKS			

Name of the organization: ATHENS AREA HOMELESS SHELTER

Employer identification number: 58-1940081

	$ 0	$ 250	$ 0
SUPPLIES			
	$ 190	$ 0	$ 0
SUPPLIES:FOOD			
	$ 172	$ 0	$ 0
BANK CHARGES			
	$ 0	$ 7	$ 160
SHELTER UTILITIES			
	$ 133	$ 0	$ 0
PERSONNEL EXPENSES:TRAVEL			
	$ 87	$ 22	$ 10
OFFICE SUPPLIES:TAXES & L			
	$ 33	$ 13	$ 4
ARCH EXPENSES:TRANSPORTAT			
	$ 6	$ 0	$ 0
TOTAL			
	$ 172,105	$ 13,203	$ 4,561

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.
u Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return

ATHENS AREA HOMELESS SHELTER

Identifying number
58-1940081

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	1,050,000
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	2,620,000
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 2020 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 2022. 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	2,148
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	12,515

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 2021	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 u ☐		

Section B—Assets Placed in Service During 2021 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 2021 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	14,663
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.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

58-1940081

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
26	Refrigeration Washer	9/02/21	1,074			X	0	5	HY	200DB	0	1,074
27	Refrigeration Washer	9/02/21	1,074			X	0	5	HY	200DB	0	1,074
			2,148				0				0	2,148
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
9	MAYTAG WASHER	1/07/07	920				920	5	HY	200DB	920	0
	Sold/Scrapped: 1/07/21											
10	FREEZER	10/02/08	615			X	307	5	HY	200DB	615	0
	Sold/Scrapped: 6/15/21											
12	FURNACE	8/28/09	4,281			X	2,140	5	HY	200DB	4,281	0
16	1 WASHER	10/31/11	796			X	0	7	HY	200DB	796	0
	Sold/Scrapped: 12/31/21											
17	1 WASHER/3 DRYERS	10/31/11	0			X	0	7	HY	200DB	0	0
18	COPIER	12/19/11	6,724			X	0	7	HY	200DB	6,724	0
			16,994				7,025				16,994	0
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	226,767	7,689
3	BUILDING RENOVATIONS	6/01/00	75,824				75,824	31	MO	S/L	49,345	2,407
4	CONCRETE PAD	11/23/10	1,495				1,495	20	MO	S/L	754	74
19	PHONE SYSTEM	2/19/13	859				859	7	MO	S/L	859	0
20	SECURITY SYSTEM	6/23/16	6,223				6,223	7	MO	S/L	4,001	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	243	364
23	HE Washer & Dryer stacking set	4/17/20	2,550				2,550	7	MO	S/L	243	364
24	HE Washer & Dryer stacking set	4/17/20	2,550				2,550	7	MO	S/L	243	364
25	HE Washer & Dryer stacking set	4/17/20	2,550				2,550	7	MO	S/L	243	364
	Total Other Depreciation		353,013				353,013				283,890	12,515
	Total ACRS and Other Depreciation		353,013				353,013				283,890	12,515
	Grand Totals		372,155				360,038				300,884	14,663
	Less: Dispositions and Transfers		2,331				1,227				2,331	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		369,824				358,811				298,553	14,663

AMT Asset Report

Form 990, Page 1

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
26	Refrigeration Washer	9/02/21	1,074			X	0	5	HY	200DB	0	1,074
			1,074				0				0	1,074
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
9	MAYTAG WASHER	1/07/07	920				920	5	HY	150DB	920	0
	Sold/Scrapped: 1/07/21											
10	FREEZER	10/02/08	615			X	307	5	HY	200DB	615	0
	Sold/Scrapped: 6/15/21											
12	FURNACE	8/28/09	4,281			X	2,140	5	HY	200DB	4,281	0
16	1 WASHER	10/31/11	796			X	0	7	HY	200DB	796	0
	Sold/Scrapped: 12/31/21											
17	1 WASHER/3 DRYERS	10/31/11	3,182			X	0	7	HY	200DB	3,182	0
18	COPIER	12/19/11	6,724			X	0	7	HY	200DB	6,724	0
			20,176				7,025				20,176	0
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	226,767	7,689
3	BUILDING RENOVATIONS	6/01/00	75,824				75,824	31	MO	S/L	49,345	2,407
4	CONCRETE PAD	11/23/10	1,495				1,495	20	MO	S/L	754	74
19	PHONE SYSTEM	2/19/13	859				859	7	MO	S/L	859	0
20	SECURITY SYSTEM	6/23/16	6,223				6,223	7	MO	S/L	4,001	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
27	Refrigeration Washer	9/02/21	0				0	0	HY		0	0
	Total Other Depreciation		327,813				327,813				282,918	11,059
	Total ACRS and Other Depreciation		327,813				327,813				282,918	11,059
	Grand Totals		349,063				334,838				303,094	12,133
	Less: Dispositions and Transfers		2,331				1,227				2,331	0
	Net Grand Totals		346,732				333,611				300,763	12,133

58-1940081

Bonus Depreciation Report

FYE: 12/31/2021

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
12	FURNACE	8/28/09	4,281		0	0	2,141	2,140
16	1 WASHER	10/31/11	796		0	0	796	0
17	1 WASHER/3 DRYERS	10/31/11	0		0	0	0	0
18	COPIER	12/19/11	6,724		0	0	6,724	0
26	Refrigeration Washer	9/02/21	1,074		0	1,074	0	0
27	Refrigeration Washer	9/02/21	1,074		0	1,074	0	0
	Grand Total		14,564		0	2,148	9,969	2,447
	Less: Dispositions and Transfers		1,411		0	0	1,104	307
	Net Grand Total		13,153		0	2,148	8,865	2,140

58-1940081

Depreciation Adjustment Report

FYE: 12/31/2021

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
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	9	MAYTAG WASHER	0	0	0
Page 1	1	10	FREEZER	0	0	0
Page 1	1	12	FURNACE	0	0	0
Page 1	1	16	1 WASHER	0	0	0
Page 1	1	18	COPIER	0	0	0
Page 1	1	26	Refrigeration Washer	1,074	1,074	0
				1,074	1,074	0

58-1940081 **Future Depreciation Report FYE: 12/31/22**

FYE: 12/31/2021 **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
12	FURNACE	8/28/09	4,281	0	0
17	1 WASHER/3 DRYERS	10/31/11	0	0	0
18	COPIER	12/19/11	6,724	0	0
26	Refrigeration Washer	9/02/21	1,074	0	0
27	Refrigeration Washer	9/02/21	1,074	0	0
			16,811	0	0
Other Depreciation:					
1	LAND - 620 BARBER ST	6/30/91	15,000	0	0
2	BUILDING - 620 BARBER ST	6/30/91	242,220	7,690	7,690
3	BUILDING RENOVATIONS	6/01/00	75,824	2,407	2,407
4	CONCRETE PAD	11/23/10	1,495	75	75
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		353,013	12,517	11,061
	Total ACRS and Other Depreciation		353,013	12,517	11,061
	Grand Totals		369,824	12,517	11,061

Form **990**

Two Year Comparison Report

For calendar year 2021, or tax year beginning , ending

2020 & 2021

Name

ATHENS AREA HOMELESS SHELTER

Taxpayer Identification Number

58-1940081

			2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.	666,967	647,377	-19,590
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	294,259	563,646	269,387
	4. Program service revenue	4.			
	5. Investment income	5.	9,842	46,874	37,032
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	-931		931
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	4,456		-4,456
	12. **Total revenue.** Add lines 1 through 11	12.	974,593	1,257,897	283,304
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	423,563	441,447	17,884
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	24,505	24,460	-45
	19. Occupancy, rent, utilities, and maintenance	19.	1,308	1,308	
	20. Depreciation and Depletion	20.	12,252	12,661	409
	21. Other expenses	21.	517,883	473,289	-44,594
	22. **Total expenses.** Add lines 13 through 21	22.	979,511	953,165	-26,346
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-4,918	304,732	309,650
Other Information	24. Total exempt revenue	24.	974,593	1,257,897	283,304
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	13,367	46,874	33,507
	27. Total assets	27.	720,710	1,020,575	299,865
	28. Total liabilities	28.	22,534	17,670	-4,864
	29. Retained earnings	29.	698,176	1,002,905	304,729
	30. Number of voting members of governing body	30.	14	15	
	31. Number of independent voting members of governing body	31.	14	15	
	32. Number of employees	32.	14	22	
	33. Number of volunteers	33.	1500	1000	

Form **990**

Tax Return History

2021

Name

ATHENS AREA HOMELESS SHELTER

Employer Identification Number

58-1940081

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants				961,226	1,211,023	
Membership dues						
Program service revenue						
Capital gain or loss				-931		
Investment income				9,842	46,874	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				4,456		
Total revenue				974,593	1,257,897	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				423,563	441,447	
Professional fees				24,505	24,460	
Occupancy costs				1,308	1,308	
Depreciation and depletion				12,252	12,661	
Other expenses				517,883	473,289	
Total expenses				979,511	953,165	
Excess or (Deficit)				-4,918	304,732	
Total exempt revenue				974,593	1,257,897	
Total unrelated revenue						
Total excludable revenue				13,367	46,874	
Total Assets				720,710	1,020,575	
Total Liabilities				22,534	17,670	
Net Fund Balances				698,176	1,002,905	

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CLIENT ASSISTANCE:FOOD	$ 22,232	$ 22,136	$ 96	$
CLIENT ASSISTANCE:SUPPLIE	21,363	21,271	92	
CLIENT ASSISTANCE:CHILDCA	18,725	18,644	81	
ACC INDIGENT SERVICES:EME	16,126	16,057	69	
ARCH EXPENSES:REPAIRS & M	11,863	11,812	51	
BRIDGE TO HOME:CHILDCARE	11,357	11,308	49	
REPAIRS & MAINTENANCE	6,803	6,803		
REPAIRS & MAINTENANCE:BUI	6,712	6,712		
CLIENT ASSISTANCE:GIFT CA	6,290	6,263	27	
GOING HOME:SECURITY DEPOS	6,023	5,997	26	
ACC INDIGENT SERVICES:CHI	6,020	5,994	26	
SHELTER UTILITIES:TELEPHO	5,518	1,249	4,164	105
SUPPLIES:VOLUNTEER EVENT	5,465	5,465		
PERSONNEL EXPENSES:STAFF	5,359	3,132	1,866	361
DUES & SUBSCRIPTIONS	3,812		3,812	
ARCH EXPENSES:SECURITY	3,359	3,345	14	
OFFICE SUPPLIES	3,348	2,198	887	263
SHELTER UTILITIES:GAS	2,331	2,331		
BANK CHARGES:KINDFUL	2,025		85	1,940
ARCH EXPENSES:CLEANING	2,000	1,991	9	
GOING HOME:UTILITY DEPOSI	1,980	1,971	9	
SHELTER UTILITIES:WATER	1,907	1,907		
SHELTER UTILITIES:INTERNE	1,859	1,859		
ARCH EXPENSES:TELEPHONE &	1,728	1,721	7	
SHELTER UTILITIES:CABLE	1,518	1,518		
REPAIRS & MAINTENANCE:EQU	1,410	1,410		
PAYROLL EXPENSES:DIRECT D	1,360		1,360	
CLIENT ASSISTANCE:TRANSPO	1,355	1,349	6	
CLIENT ASSISTANCE:EDUCATI	1,131	1,126	5	
BANK CHARGES:STRIPE FEES	951		40	911
ARCH EXPENSES:SUPPLIES	944	940	4	
SHELTER UTILITIES:WASTE D	860	860		
BANK CHARGES:PAYPAL FEES	817		34	783
SHELTER UTILITIES:ELECTRI	805	805		
ARCH EXPENSES:DIRECT SERV	729	726	3	
CLIENT ASSISTANCE:FAMILY	719	716	3	
SUPPLIES:SHELTER	687	687		

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CLIENT ASSISTANCE:DIRECT	$ 647	$ 644	$ 3	$
BRIDGE TO HOME:MAINTENANC	335	334	1	
OFFICE SUPPLIES:COPIER LE	309	203	82	24
BACKGROUND CHECKS	250		250	
SUPPLIES	190	190		
SUPPLIES:FOOD	172	172		
BANK CHARGES	167		7	160
SHELTER UTILITIES	133	133		
PERSONNEL EXPENSES:TRAVEL	119	87	22	10
OFFICE SUPPLIES:TAXES & L	50	33	13	4
ARCH EXPENSES:TRANSPORTAT	6	6		
TOTAL	$ 189,869	$ 172,105	$ 13,203	$ 4,561

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GRANTS:ACC INDIGENT SERVICES #1	$ 56,650
GRANTS:DCA:ALMOST HOME	36,682
GRANTS:DCA:GOING HOME	121,146
GRANTS:DCA CARES GRANT	90,668
GRANTS:ACC INDIGENT SERVICES 21-22	220,000
GRANTS:BRIDGE TO HOME:UNITED WAY IMP	13,000
GRANTS:DCA:CHILDCARE	10,741
GRANTS	3,359
MINI GRANTS	11,400
OTHER INCOME:ARCH:RENT RECONCILIATIO	86,355
OTHER INCOME:ARCH:ADVANTAGE	37,680
OTHER INCOME:ARCH:LIVE FORWARD	11,040
OTHER INCOME:ARCH:LYDIA'S PLACE	43,500
OTHER INCOME:ARCH:PAYROLL	26,120
VARIOUS	
CASH CONTRIBUTION	271,028
IN-KIND DONATIONS	46,655
GIFT CARD DONATIONS	7,045
FUNDRAISING	
CASH CONTRIBUTION	117,954
TOTAL	$ 1,211,023

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
INVESTMENT INCOME:DIVIDENDS	$ 8,445
INVESTMENT INCOME:INTEREST IN	2
INVESTMENT INCOME:L/T CAPITAL	5,975
INVESTMENT INCOME:REALIZED GA	15,850
INVESTMENT INCOME:REALIZED GA	-2,268
INVESTMENT INCOME:UNREALIZED	3,303
INVESTMENT INCOME:UNREALIZED	15,567
FUNDRAISING	
TOTAL	$ 46,874