PUBLIC INSPECTION COPY

Form	990

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.



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

Interr	nal Reve	enue Service Go to www.irs.gov/Form990 for Instructions and the	e latest i	nformation.	Inspection
AF	or th	e 2021 calendar year, or tax year beginning $ { m JUL}1,2021$ and end	لل gnit	UN 30, 2022	
Β	Check if	C Name of organization		D Employer identific	ation number
a	pplicab				
	CENTRAL UNION MISSION				
	Name Chang	Doing business as		53-021865	50
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	
	Final Feturn	PO BOX 96763		(202) 745	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,642,314.
	Amen	WASHINGTON, DC 20090-0705		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer. OODELTH O. MELTITIANO		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates inc	
		empt status: $X 501(c)(3) = 501(c) () \blacktriangleleft$ (insert no.) $4947(a)(1)$ or	527		list. See instructions
		te: ► HTTP://WWW.MISSIONDC.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year o	f formation: 1887 N	State of legal domicile: DC
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: SEE SCI	HEDUI	le O	
anc					
Governance	2	Check this box if the organization discontinued its operations or disposed of the second			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			<u> 10</u> 10
ళ	4	Number of independent voting members of the governing body (Part VI, line 1b)			97
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1800
Activities	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	<u>а</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	16,155,139.	15,296,034.
Ine	9			700,701.	843,447.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,199,312.	337,448.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		144,053.	152,624.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,199,205.	16,629,553.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,131,529.	5,670,401.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,369,341.	3,397,792.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	755,210.
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	•		· · · · · ·
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,151,159.	4,047,349.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,652,029.	13,870,752.
		Revenue less expenses. Subtract line 18 from line 12		8,547,176.	2,758,801.
or			Beg	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	🗌	25,657,000.	25,037,840.
Ass	21	Total liabilities (Part X, line 26)		3,310,005.	833,019.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		22,346,995.	24,204,821.
Pa	art II	Signature Block			
Und	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 JOSEPH J. METTIMANO, PRESIDENT & CEO	Date			
	Type or print name and title				
	Print/Type preparer's name Preparer's signature Date	Check PTIN			
Paid	LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY 11/04	/22 self-employed P01273422			
Preparer	Firm's name COHNREZNICK LLP	Firm's EIN 🕨 22-1478099			
Use Only	Firm's address 7501 WISCONSIN AVENUE, SUITE 400E				
	BETHESDA, MD 20814	Phone no. 301-652-9100			
May the If	May the IRS discuss this return with the preparer shown above? See instructions				
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)				

	990 (2021) CENTRAL UNION MISSION	53-0218650 Page
Par	t III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: THE PURPOSE OF THE MISSION IS TO GLORIFY G	
	TEACHING THE GOSPEL, LEADING PEOPLE TO CHR	
	AND SERVING THE NEEDS OF HURTING PEOPLE TH	· · · · · · · · · · · · · · · · · · ·
	METROPOLITAN AREA.	ROUGHOUT THE WASHINGTON DC
	Did the organization undertake any significant program services during the year whi	ich were not listed on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it condu	ucts, any program services?
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three I	largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gr	rants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4, 580, 650. including grants of \$	5,670,401.) (Revenue \$ 921,023
	MEN'S MINISTRY - CENTRAL UNION MISSION'S M	IEN'S MINISTRY PROGRAMS NOT
	ONLY PROVIDE FOR PHYSICAL AND SAFETY NEEDS	, WE ALSO GIVE PEOPLE THE
	SKILLS TO RETURN TO THEIR COMMUNITY SUCCES	SFULLY RESTORED KNOWING THEY
	HAVE THE EDUCATIONAL, RELATIONAL AND SPIRI	TUAL FOUNDATION TO STAND ON
	THEIR OWN. CENTRAL UNION MISSION PROVIDED	•
	SHELTER FOR MEN EXPERIENCING HOMELESSNESS.	
	TRANSFORMATION PROGRAM HELPED 41 MEN SEEK	
	LIFE TO CHIRST. WE PROVIDED 267 MEDICAL AN	
	& DEVELOPMENT PROGRAM ASSISTED 79 MEN FIND) FULL TIME EMPLOYMENT AND
	AWARDED 23 EDUCATIONAL CERTIFICATES.	
	E 750 040	
	(Code:) (Expenses \$ 5,750,940. including grants of \$	
	FAMIY MINISTRY CENTER - WE PROVIDED 306,00 DONORS DONATED TO OPERATION CHRISTMAS MIRA	•
	CHILDREN, AND BACKPACKS AND SCHOOL SUPPLIE	-
	DISTRIBUTED 454,000 POUNDS OF FOOD TO LOCA	· · · · · · · · · · · · · · · · · · ·
	PEOPLE WERE SERVED FOOD AND CLOTHING MONTH	
	LATEST HIGH-IMPACT CONTRIBUTION TO THE DC-	
	FAMILY RESOURCE CENTER. IN THE WAKE OF THE	
	THIS CENTER PROVIDES A CRITICALLY-NEEDED,	
	INCLUDING JOB TRAINING AND PLACEMENT, EDUC	
	PARENTING CLASSES, ADDICTION SUPPORT, ENGL	· · ·
	DAYCARE SUPPORT, LEGAL AID, ASSISTANCE WIT	
	PERIODIC MEDICAL CARE, AS WELL AS FOOD AND	
	(Code:) (Expenses \$ 149,155. including grants of \$) (Revenue \$
	PARTNERSHIP - THHROUIGH BUILDING PARTNERSH	IPS WITH VOLUNTEERS AND
	PRAYER PARTNERS, DONORS AND FOUNDATION, OU	IR CHURCHES, BUSINESSES AND
	OTHERS WHO CONNECT WITH THE MISSION, WE WI	LL MODEL CHRIST'S PRICIPLES
	TO FACILIATATE SHARING THE GOSPEL WITH NON	-BELIEVERS.
	Other program services (Describe on Schedule O.)	
	(Expanses \$ including grants of \$) (Revenue \$
	(Expenses \$ including grants of \$ Total program service expenses ► 10,480,745.	
		Form 990 (20

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Form 990 (2021) CENTRAL UNION MISSION
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			77
_	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	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 1		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	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		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate 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,"			v
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 demostic approximation of the second secon			х
100000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	2021)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	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):			
а	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
с	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	Х	
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 X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
25 0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X X
		<u>35a</u>		
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?	000		
00	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?			
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t 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	<u></u> .		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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				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 97			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	S			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		77
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a	vices provided to the payor?	7a		X
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•	_		
	to file Form 8282?	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol		7g	v	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
-	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:	10-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	110			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	<u>11a</u>			
D		11b			
22	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		100		
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		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		<u> </u>		
-	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	anv			
•	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
			<u> </u>		

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Section A. Governing Body and Management

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

		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	Γ			
	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?	···· Γ	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Г	5		X
6	Did the organization have members or stockholders?	Г	6		x
- 7a		····· F			
	more members of the governing body?		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	····· F			
	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:	····· -	15		
	The governing body?		8a	х	
			8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	·····	00		
5			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		- 23
000	(This Section B requests information about policies not required by the internal Revenue Code.)			Yes	No
10-	Did the exercited have lead chapters branches or efficience?	Г	10-	162	No X
	Did the organization have local chapters, branches, or affiliates?	····· -	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		106		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	····· ⊢	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	m?	11a	<u>^</u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	······ -	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37	
	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	Х	
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?				
а	The organization's CEO, Executive Director, or top management official	····· -	15a	Х	
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?	L	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		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL	, GA ,	ні,	IL,	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	1(c)(3)s d	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X 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 poli	cy, and f	inano	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•			
	SALLY COX - 202-745-7118				
_	PO BOX 96763, WASHINGTON, DC 20009				
132006	SEE SCHEDULE O FOR FULL LIST OF STATES		Form	990	(2021)
	6				. /

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Form 990 (2021) CENTRAL UNION MISSION	53-0218650	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest	t 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 end	ding with or within the organization's	s tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations) 	s), regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	Posi heck i ss per	ition more rson i	than o s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOSEPH J. METTIMANO	40.00									
PRESIDENT & CEO				Х				144,773.	0.	70,591.
(2) SALLY COX	40.00									
CFO/COO				Х				116,764.	0.	3,503.
(3) DAVID HAZELTON	2.00									
DIRECTOR		Х						0.	0.	0.
(4) DAVID LEACH	4.00									•
TREASURER	4 00	Х		Х				0.	0.	0.
(5) DEEDEE COLLINS	4.00									0
CHAIR	4 00	Х		Х				0.	0.	0.
(6) DWIGHT C. WASHINGTON	4.00									0
VICE-CHAIR	4 00	Х		Х				0.	0.	0.
(7) MICHAEL DENNIS	4.00			37					0	•
ASSISTANT TREASURER	4 00	Х		Х		-		0.	0.	0.
(8) PAMELA ROYLANCE	4.00	v		v					0	0
SECRETARY (9) RENE FONSECA	2.00	Х		Х		-		0.	0.	0.
	2.00	v						0.	0.	0
DIRECTOR (10) SERGE DUSS	2.00	Х						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(11) DON NICKLES	2.00	^						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(12) JOHN YUN	2.00									0.
DIRECTOR	2.00	x						0.	0.	0.
		1								

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2021.05000 CENTRAL UNION MISSION

	<u>990 (2021)</u> CENTRAL U									53-02	2180	550	Pa	ge 8
Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest (ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unles	Posi heck r ss per id a di	ition more son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) imated ount o other	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	pensati om the nizatio relate nizatio	on ed
	Subtotal								261,537.		0.	74	,09	4.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	, Section A							<u> </u>		0.		, 09	0.
2	Total number of individuals (including but no compensation from the organization							o re		000 of reportable	;		·	2
3	Did the organization list any former officer,	-		•	•	-		Ŭ	• •		[Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from th	ne organization		3	x	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	sati	on fr	rom a	any	unre	late	ed organization or individ	lual for services		4 5	^	x
Sec	tion B. Independent Contractors		.0 /	<i></i>		/0/0								
1	Complete this table for your five highest con the organization. Report compensation for t	•								, ,	pensat	ion fro	n	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C) ompen		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than		Form S	90 (0)	0.011

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VII (A) (B) Total revenue Total revenue (B) (Unrelated) B 6 10 (C) (C) Containing oversts 10 (C) (C) (C) (C) Containing oversts 11 (C) (650 Page	53-02186			MISSION	UNION					2021)			
get of the second s	_						/enue	eve	Rev	ment of R	Stat	VIII	art	Pa
Total revenue Pelated or exempt function revenue Unrelated business revenue 1 a Federated campaigns 1a Image: control of the second of th			/D)		or note to any line	response	ontains a	СС	0 0	if Schedule C	Chec			
Bornership dues 1b c Fundraising events 1c d Related organizations 1c f All other contributions, link, grants, and similar amounts not included above. 11 f All other contributions, link, grants, and similar amounts not included above. 11 g Nocean contributions included above. 11 g Nocean contributions included above. 11 g READY TO. WORK PROGRAM Businese Code d CAMP BENNETT PROGRAM SERVICES 611600 842, 917. d Camp asservice revenue 10 10 10 d Camp asservice revenue 10 10 10 g Total. Add lines 2a 2f 843, 447. 10 10 d Income from investment of tax-exempt bond proceeds 10 10 10 10 d Income from investment of tax-exempt bond proceeds 10	Revenue exclude	Unrelated business revenue	Related or exempt	• • •										
Boold of the second of the						1a				campaigns	Federated	1 a	s.	S v
Business Code u u b CAMP BERNETT PROGRAM SERVICES 611600 842,917. 842,917. c													IUN	rant
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Business Code Mathematical Services CAMP BENNETT PROGRAM 611600 842,917. 842,917. CAMP BENNETT PROGRAM SERVICES 611600 530. 530. C							above	d a	ded	unts not include	similar am		TUE	ithe
Business Code Mathematical Services c					5,704,891.	1g \$	nes 1a-1f	ו lin	d in l	ibutions included i	Noncash cor	g		
2 a READY TO WORK PROGRAM 611600 842,917. 842,917. b CAMP BENNETT PROGRAM SERVICES 611600 530. 530. c				15,296,034.						lines 1a-1f	Total. Ad	h	a	<u>ة ز</u>
b CAMP BENNETT FROGRAM SERVICES 611600 530. 530. c			842 017	942 017			v		7 D 3	NODE DDOG		_		
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9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9b 10 a 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 b Business Code Business Code					12,761.							b		
Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities > 10 a 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 > Business Code	-8,511			-8,511.		events	undraising	ı fu	om 1	e or (loss) fron	Net incon	с		
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code						. See	g activities	ng	min	me from gam	Gross inc	Эа		
c Net income or (loss) from gaming activities ▶ ■ 10 a 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 ▶ ■ Business Code ■ ■ ■						9a				9 19	Part IV, lir			
10 a 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 Image: Code														
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b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: sales of inventory Business Code Image: sales of inventory) a	1	
c Net income or (loss) from sales of inventory b Business Code														
Business Code														
						entory	ales of inv	I Sá	om s	e or (loss) fron	Net incon	С	+	
b //,5/0. //,5/0. //,5/0.	-	+	77 576	77 576			F	חווב	EM.	עבטווס סבטיםי	MISCRIT	4 ~		ŝ
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	+				++								ven	Vên
d All other revenue					+						All other :		Че	Be
d All other revenue				77 576.										Ξ
12 Total revenue. See instructions 16,629,553. 921,023. 0.	412,496	0.	921.023.										19	
	Form 990 (202	<u> </u>	· · · · · ·	, , , , , , , , , , , , , , , , , , , ,	F									3200

2021.05000 CENTRAL UNION MISSION

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 Form 990 (2021)
 CENTRAL UNION MISSION

 Part IX
 Statement of Functional Expenses

Caption E01/a/(2) and E01/a/(4) argonizations must complete all calumns. All other argonizations must complete as	Lunan (A)
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete co	umm (A).
	- //

0000	Check if Schedule O contains a respon				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,670,401.	5,670,401.		
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	302,991.	250,320.	18,299.	34,372.
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	2,694,611.	2,226,191.	162,737.	305,683.
8	Pension plan accruals and contributions (include	,	, ,	. ,	,
Ŭ	section 401(k) and 403(b) employer contributions)	26,266.	21,700.	1,586.	2,980.
9	Other employee benefits	165,559.	136,779.	9,999.	18,781.
9 10	Payroll taxes	208,365.	183,646.	8,375.	16,344.
11	Fees for services (nonemployees):	200,303.	100,010	0,5750	10,5110
	Management	485.	32.	37.	416.
	Legal	47,386.	3,165.	3,576.	40,645.
	Accounting	4/,300.	5,105.	5,570.	40,043.
	Lobbying	755 010			755 010
	Professional fundraising services. See Part IV, line 17	755,210.	1 100	1 070	755,210.
f	Investment management fees	16,857.	1,126.	1,272.	14,459.
g	Other. (If line 11g amount exceeds 10% of line 25,			104 510	
	column (A), amount, list line 11g expenses on Sch 0.)	550,068.	202,754.	124,519.	222,795.
12	Advertising and promotion	626,049.	1,599.	4,513.	619,937.
13	Office expenses	858,190.	68,819.	973.	788,398.
14	Information technology				
15	Royalties				
16	Occupancy	597,530.	492,441.	53,456.	51,633.
17	Travel	37,331.	30,499.	3,914.	2,918.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	656,232.	626,464.	29,768.	
23		138,562.	130,160.	4,713.	3,689.
23 24	Other expenses. Itemize expenses not covered				5,0051
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
-	amount, list line 24e expenses on Schedule 0.) REPAIRS AND MAINTENANCE	222,315.	214,403.	7,912.	
a L	PROGRAM SERVICE EXPENSE	144,969.	101,008.	36,629.	7,332.
b		66,124.	53,711.		8,897.
c	LICENSES AND PERMITS			3,516.	0,09/.
d	FOOD PURCHASES	47,836.	47,836.		10 074
	All other expenses	37,415.	17,691.	7,450.	12,274.
25	Total functional expenses. Add lines 1 through 24e	13,870,752.	10,480,745.	483,244.	2,906,763.
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 Figure if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

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2021.05000 CENTRAL UNION MISSION

Form 990 (2021)

CENTRAL UNION MISSION

		Check if Schedule O contains a response or note to any line in this Part X			
	_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,801,232.	1	2,848,283.
	2	Savings and temporary cash investments	39,618.	2	39,622.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	86,679.	4	192,518.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	98,084.	9	61,905.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a21,398,283.Less: accumulated depreciation10b6,100,270.			
	b	Less: accumulated depreciation 10b 6,100,270.	15,634,734.	10c	15,298,013.
	11	Investments - publicly traded securities	2,537,383.	11	6,597,499.
	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	2,459,270.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	25,657,000.	16	25,037,840.
	17	Accounts payable and accrued expenses	774,968.	17	776,172.
	18	Grants payable		18	
	19	Deferred revenue	63,546.	19	56,847.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	2 171 101	~	0.
	26	of Schedule D Total liabilities. Add lines 17 through 25	2,471,491. 3,310,005.	25 26	833,019.
	20	Organizations that follow FASB ASC 958, check here X	5,510,005.	20	000,010.
se		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	21,801,898.	27	23,005,482.
3ala	28	Net assets with donor restrictions	545,097.	28	1,199,339.
Βpt		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
<u>o</u>	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	22,346,995.	32	24,204,821.
-	33	Total liabilities and net assets/fund balances	25,657,000.	33	25,037,840.
					Eorm 990 (2021)

Form 990 (2021)

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

Form 990 (2021)

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Form	1 990 (2021) CENTRAL UNION MISSION	53-02	218650	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,629		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,870		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,758		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,340		
5	Net unrealized gains (losses) on investments	5	-900),9	75.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24,204	1,8:	<u>21.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle 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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

12

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
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Nan	ne or	τη	ie organization		ATGGTON								
Da	nrt I		Reason for Public (RAL UNION I		omoloto th	ic nort) C	aa inatrustian		3-0218650			
									5.				
	orga	-	zation is not a private found										
1			A church, convention of ch				n 170(a)(1	I)(A)(I).					
2		٦	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											
5					lege of university owned	or operation	eu by a go	venimentaru	III describe				
6		<pre>section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</pre>											
	X		An organization that norma	•				.,	o gonoral r	ublic described in			
'			section 170(b)(1)(A)(vi). (C		ntial part of its support if	on a gove	annenta		ie general j				
8		-	A community trust describe		1)(A)(vi) (Complete Par	• 11)							
9		-	An agricultural research org				ad in coniu	unction with a	land-arant	college			
5	L		or university or a non-land-g										
			university:	frank obliege of agric			iame, ony	, and state of	the conege				
10			An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from			
			activities related to its exer						•	•			
			income and unrelated busir										
			See section 509(a)(2). (Con		,			, .		,			
11		1	An organization organized a		vely to test for public saf	ety. See	section 50	09(a)(4).					
12] .	An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to ca	rry out the	purposes of one or			
			more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3).	Check the box on			
			lines 12a through 12d that	describes the type o	f supporting organizatior	and com	olete lines	12e, 12f, and	12g.				
а			Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving			
			the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting			
			organization. You must o	complete Part IV, Se	ections A and B.								
b			Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ring			
			control or management o			ame persoi	ns that co	ntrol or manaç	ge the supp	ported			
	_		organization(s). You mus	t complete Part IV,	Sections A and C.								
С			Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,			
	_		its supported organization		-								
Ċ			Type III non-functionally	• •					°,				
			that is not functionally int			-		-	an attentiv	veness			
			requirement (see instructi	,	•								
e			Check this box if the orga					Type I, Type I	II, Type III				
	_	.	functionally integrated, or										
			r the number of supported on the number of supported on the following information of the following information of the support	•	d organization(c)								
			Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other			
			organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see in	structions)	support (see instructions)			
Tota	al												

Schedule	A (Form	990)	202
Part II	Sup	porl	: Sc

CENTRAL UNION MISSION

53-0218650 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15421924.	14676885.	15641822.	<u>16155139.</u>	<u>15300284.</u>	77196054.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15421924.	14676885.	15641822.	16155139.	15300284.	77196054.
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.						77196054.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	15421924.	14676885.	15641822.	16155139.	15300284.	77196054.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	92,446.	98,916.	7,969.	31,320.	158,262.	388,913.
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.)	105,778.	104,609.	88,100.	95,821.		476,134.
11	Total support. Add lines 7 through 10						78061101.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	<u>,717,583.</u>
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, [.]	fourth, or fifth tax y	ear as a section /	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I		•	.,,		14	98.89 %
	Public support percentage from 2020					15	98.98 %
1 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl						▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

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CENTRAL UNION MISSION

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.)

Sec	ction A. Public Support		-		-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		_			_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (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						
	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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
		C					
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Investion	stment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s f	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	ation ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
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2021.05000 CENTRAL UNION MISSION

CENTRAL UNION MISSION

1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A	(Form 990) 2021	CENTRAL	UNION	MISSION
Part IV	Supporting Organia	zations _{(contin}	nued)	

1

2

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

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. 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		

แก่ย้างนี้เ	oporteu organization	/(3/.
Section D). All Type III Su	pporting 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	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

- 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 L	The	organization	supported a	a governmenta	l entity.	Describe in	Part VI how	you suppor	ted a c	governmental entity	(see instructions	s).
-----	-----	--------------	-------------	---------------	-----------	-------------	-------------	------------	---------	---------------------	-------------------	-----

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

17

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Yes No

Schedule A	(Form §	990)	202
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1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> i	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive	•		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	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				
•	Excess from 2021				

Schedule A (Form 990) 2021

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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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS IN	ICOME					
2017 AMOUNT: \$	105,778.					
2018 AMOUNT: \$	104,609.					
2019 AMOUNT: \$	88,100.					
2020 AMOUNT: \$	95,821.					
2021 AMOUNT: \$	77,576.					
GROSS FUNDRAISIN	1G					
2021 AMOUNT: \$	4,250.					
132028 01-04-22		20			Schedule A (Fo	orm 990) 2021
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90	HEDULE D	Supplementa	al Financial St	atements		OMB No. 1545-0047
	(Form 990) ► 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.					2021
	ment of the Treasury I Revenue Service		Attach to Form 990.			Open to Public Inspection
	e of the organizatio	on			Emp	loyer identification number
Pa	t I Organiza	CENTRAL UNION MISS		imilar Funds or Ac	coun	53-0218650
I UI		n answered "Yes" on Form 990, Part IV, lin			ooun	
	•		(a) Donor advise	d funds (b) Fund	ds and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4	Aggregate value at	end of year				
5	-	on inform all donors and donor advisors in	-			
		n's property, subject to the organization's				Yes 🔛 No
6	0	n inform all grantees, donors, and donor a	0 0			
		oses and not for the benefit of the donor o			0	
Pa	impermissible priva	ate benefit? ation Easements. Complete if the org				Yes No
1		ervation easements held by the organization		5 011 0111 990, 1 ait 10,	mie 7.	
•		of land for public use (for example, recrea		Preservation of a histo	rically	important land area
		f natural habitat		Preservation of a certi	-	•
		of open space				
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribu	ution in the form of a cor	nservat	ion easement on the last
	day of the tax year					Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage restr	ricted by conservation easements			2b	
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a) \dots		2c	
d		vation easements included in (c) acquired a				
		al Register			2d	
3		vation easements modified, transferred, rel	leased, extinguished, or to	erminated by the organiz	zation o	during the tax
	year					
4 5		where property subject to conservation eas tion have a written policy regarding the per		ion handling of		
J		orcement of the conservation easements it	Lis a lata O			Yes No
6	,	r hours devoted to monitoring, inspecting,				
•	•					
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and ent	forcing conservation eas	sement	s during the year
	►\$					
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirement	s of section 170(h)(4)(B)((i)	
	and section 170(h)	(4)(B)(ii)?				Yes No
9		be how the organization reports conservation		-		
	,	d include, if applicable, the text of the footr	note to the organization's	financial statements that	t desc	ribes the
Pa		ounting for conservation easements. Itions Maintaining Collections of	f Art Historical Tre	sures or Other S	imilar	· Assats
I UI		the organization answered "Yes" on Form			mai	A35013.
19		elected, as permitted under FASB ASC 95		nue statement and hala	nce sh	eet works
14	-	easures, or other similar assets held for put				
		Part XIII the text of the footnote to its finar			00 01 p	
b	· •	elected, as permitted under FASB ASC 95			sheet	works of
	-	ures, or other similar assets held for public				
	provide the followi	ng amounts relating to these items:				
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			► \$	S
		d in Form 990, Part X				6
2	-	received or held works of art, historical tre			provide	
	-	ints required to be reported under FASB A	-			
a		on Form 990, Part VIII, line 1				6
		Form 990, Part X				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 990) 2021

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Sche		UNION MIS:						53-02	21865	0 Ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	r Simila	r Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	я 🛄	Loan or exc	change progra	am					
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ney further th	he organizatio	on's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical trea	sures, or othe	er similar	assets	_	_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered '	"Yes" on	Form 990	, Part IV	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for o	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?							C	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance										
	Did the organization include an amount on F						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Par	t V Endowment Funds. Complete				1			vaara haal	(a) [au		haali
		(a) Current year	(0) F	Prior year	(c) Two yea	IS DACK	(a) mees	ears Dack	(e) rou	i years	DACK
1a	Beginning of year balance										
b	Contributions										
C L	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the cur		l o (lino 10	a columa (a)) held as:						
-	Board designated or quasi-endowment	•	و (۱۱۱۱۵ او %	y, column (a	iji fielu as.						
a h	Permanent endowment										
c		%									
•	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administer	ed for th	e organiza	ation			
	by:						9			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part I∖	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	. ,	ccumulate preciation	ed	(d) Boo	k valu	е
19	Land	· · · ·			9,788.				22	9,7	88.
	Buildings				2,405.	5.6	559,62	29.	L4,37		
	Leasehold improvements			,	_,		,.		, _ /	-, ·	
	Equipment			70	9,978.	2	210,5	75.	49	9,4	03.
	Other				26,112.		230,00			<u>6,0</u>	
	. Add lines 1a through 1e. (Column (d) must e		X colun		-				L5,29		
		iquari onni 000, i alt							a D / Eorr		

Schedule D (Form 990) 2021

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Part VII	Investr	ients -	Other Securitie	20	
Schedule D	(Form 990)	2021	CENTRAL	UNION	MISSION

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
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	hof-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets.			
Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (3) (4) (5) (a) (6) (b) (7) (a) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c)	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (3) (a) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes"	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes"	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (1) Federal income taxes (2) (3) (4) (5)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		

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

132053 10-28-21

X

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 CENTRAL UNION MISSION		53-0218650 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.))	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3,)</u>	
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE MISSION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE	
INTERNAL REVENUE CODE OF 1986, AS AMENDED, EXCEPT FOR INCOME TAXES ON	
"UNRELATED BUSINESS INCOME," IF ANY. FOR THE YEARS ENDED JUNE 30, 2022 AND	,
2021, THE ENTITY DID NOT HAVE ANY "UNRELATED BUSINESS INCOME" SUBJECT TO	
INCOME TAXES; ACCORDINGLY, NO PROVISION FOR INCOME TAXES FOR THE ENTITY	
HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. INCOME TAX	
RETURNS FILED BY THE MISSION ARE SUBJECT TO EXAMINATION BY THE INTERNAL	
REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS	
ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS	
SINCE 2018 REMAIN OPEN. THE MISSION ADOPTED PROVISIONS RELATED TO THE	
SUBSEQUENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS. THIS GUIDANCE	-
132054 10-28-21 Schedule D (Form 990) 2021 24	
00001108 147227 0023963-0181562.0990 2021.05000 CENTRAL UNION MISSION 00239	631

	(Form 990) 2021			MISSION
Part XIII	Supplemental Inf	ormation (contin	ued)	

REQUIRES RECOGNITION AND THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE MISSION DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ities	OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021		
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public		
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection		
Name of the organization	า						Employer identification number			
		UNION MISSION					53-0218			
	complete this par	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not		
1 Indicate whether th	e organization rais	sed funds through any of the followin	g activ	vities. (Check all that apply.					
a X Mail solicitat		· · ·	-		overnment grants					
b X Internet and					nment grants					
c X Phone solici		g 🔀 Special		-	-					
d 🗴 In-person so		0 1		Ŭ						
		or oral agreement with any individual	(incluc	lina of	ficers. directors. trus	tees.	or			
U U		art VII) or entity in connection with p	•	Ũ		,	X Yes	s 🗌 No		
		viduals or entities (fundraisers) pursu			•	ne fur				
compensated at le	0	()1		ugreer				0		
					1			I		
			(iii)	Did			Amount paid	(vi) Amount paid		
(i) Name and addres		(ii) Activity	fundraiser have custody or control of contributions?		ol of from activity		or retained by) fundraiser	to (or retained by)		
or entity (fund	iraiser)						ted in col. (i)	organization		
MASTERWORKS - 19462			Yes	No						
HILL PL NE, POULSBO		DIRECT MAIL		x	7,268,616.		608,445.	6,660,171.		
RICHARD EISENDORF					7,200,010.		000,443.	0,000,171.		
STREET, SANTA CLAR		GRANT WRITER		x	1 044 835		72 000	972 835		
GATEWAY COMMUNICAT:	•	GRANI WRITER		^ _	1,044,835.		72,000.	972,835.		
16805 NE MASON CT,		PHONE CAMPAIGN		x	151,640.	ĺ	38,072.	113,388.		
NIMBLE CONNECT - 22		FIONE CANFAIGN			151,040.		50,072.	115,500.		
STAR BLVD, TEHACHAI		DONOR CULTIVATION		x	0.		11,337.	-11,337.		
MONEY FOR MINISTRY							11,007.	11,007.		
35, LOWELL, MI 493		PLANNED GIVING		x	0.		25,356.	-25,356.		
		1								
				•	0 465 001		755 010	7 700 701		
Total					8,465,091.	L	755,210.	7,709,701.		
 List all states in whi or licensing. 	ich the organizatio	on is registered or licensed to solicit c	ontrib	utions	or has been notified	ıt is e	exempt from re	egistration		

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

CENTRAL UNION MISSION

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 contributio m 990-F7 lines 1 and 6b. List events with c , ¢5 000 Fo ointo 2

		of fundraising event contributions and gro				
			(a) Event #1 CFFRC SPRING	(b) Event #2	(c) Other event NONE	ts (d) Total events (add col. (a) through
			BENEFIT			
e			(event type)	(event type)	(total number))
Revenue	1	Gross receipts	629,271.			629,271.
	2	Less: Contributions	625,021.			625,021.
	3	Gross income (line 1 minus line 2)	4,250.			4,250.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	9,148.			9,148.
Direct Expenses	7	Food and beverages	457.			457.
ā	8	Entertainment				
	о 9	Other direct expenses				3,156.
	10	Direct expense summary. Add lines 4 through		-	I	10 761
	11	Net income summary. Subtract line 10 from li				0 E11
' a	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19), or reported more thar	ı
_		\$15,000 on Form 990-EZ, line 6a.				
allue			(a) Bingo	(b) Pull tabs/insta bingo/progressive bi		ng (d) Total gaming (add col. (a) through col. (c
Revenue	1	Gross revenue				
SS	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes	_ % 🛄 Yes	_ %
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			▶
	0	Not goming income summer Outburgt the 7	from line to obtain (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>		
•	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			tax year?	Yes No
		-				
)-21-21				Schedule G (Form 990) 202
208	2 10					
08	2 10					

Schedule G (Form 990) 2021	CENTRAL UNIC	N MISSION	53-	0218650 Page	3
11 Does the organization conduct g					lo
12 Is the organization a grantor, ber	neficiary or trustee of a trus	t, or a member of a partners	hip or other entity formed		
				Yes N	lo
13 Indicate the percentage of gamir				10-	07
				13a	<u>%</u>
				13b	%
14 Enter the name and address of t	he person who prepares th	e organization's gaming/spe	cial events books and records:		
Name 🕨					
Address ►					
15a Does the organization have a co	ntract with a third party fro	m whom the organization rea	ceives gaming revenue?	Yes N	١o
b If "Yes," enter the amount of gar	ning revenue received by t	ne organization 🕨 💲	and the amount		
of gaming revenue retained by th	ne third party ▶\$				
c If "Yes," enter name and address					
Name					
Address 🕨					
16 Gaming manager information:					
Name					
Gaming manager compensation	▶ \$	-			
Description of convises provided	•				
Description of services provided					
					_
Director/officer	Employee	Independent contra	actor		
17 Mandatory distributions:					
a Is the organization required under	er state law to make charita	able distributions from the ga	iming proceeds to		
retain the state gaming license?					lo
b Enter the amount of distributions			mpt organizations or spent in the		
organization's own exempt activ Part IV Supplemental Info			, line 2b, columns (iii) and (v); and Pa	ort III lines 0 0h 10h	—
		any additional information. S		art III, III les 9, 90, 100,	,
105, 100, 10, and 175, 0					
SCHEDULE G, PART I,	LINE 2B, LIS	T OF TEN HIGHE	ST PAID FUNDRAISER	S:	
(I) NAME OF FUNDRAI	SER: MASTERWO	PKG			
(1) NAME OF FUNDRAL	DER. HADIERWO				
(I) ADDRESS OF FUND	RAISER: 19462	POWDER HILL PI	L NE, POULSBO, WA	98370	
· · ·					_
(I) NAME OF FUNDRAI	SER: RICHARD	ГТ GFNDOPF			
(I) NAME OF FUNDRAL	DER. KICHARD	ET SEMDOKL			
(I) ADDRESS OF FUND	RAISER: 2111	FELT STREET, SA	ANTA CLARA, CA 95	062	
 		,			
(I) NAME OF FUNDRAI	SER: GATEWAY	COMMUNICATIONS			
132083 10-21-21		20	Schee	dule G (Form 990) 20	21
		28			

CENTRAL UNION MISSION

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON CT, PORTLAND, OR 97230

(I) NAME OF FUNDRAISER: NIMBLE CONNECT

(I) ADDRESS OF FUNDRAISER: 21908 GOLDEN STAR BLVD, TEHACHAPI, CA 93561

Schedule G (Form 990)

132084 11-18-21

00001108 147227 0023963-0181562.0990 2021.05000 CENTRAL UNION MISSION

GCHEDULE I Grants and Other Assistance to Organizations,							
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individua	ls in the Ùni	ted States		2021
Department of the Treasury	Compi	ete if the organizatio	Attach to For		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fc		nation.		Inspection
Name of the organization CENTRAL U	NION MISS	TON					Employer identification number 53-0218650
Part I General Information on Grants a							
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	on
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I recipient that received more than S	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 							▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

CENTRAL UNION MISSION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant ((e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
					FOOD, CLOTHING, HOUSEHOLD	
DONATION OF MEALS AND GOODS	0	0.	5,670,401.	FMV	GOODS	
				1	l	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART III (B)

THE ORGANZIATION PROVIDES SIGNIFICANT DONATONS OF VARIOUS ITEMS,

CLOTHING, FOOD, AND GOODS TO A SIGNFICIANT NUMBER OF INDIVIDUALS THAT

MAKE IT DIFFICULT TO PROVIDE AN ITEM COUNT OR ESTIMATE THAT FAIRLY

REPRESENTS THE AMOUNT.

SC	HEDULE J	Compens	ation Information		OMB No.	1545-004	47
(Fo	rm 990)	_	rs, Trustees, Key Employees, and Highest		00	n 1	
•	•	Comp	ensated Employees		20	Z	
_			nswered "Yes" on Form 990, Part IV, line 23. Each to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service		0 for instructions and the latest information.		•	ction	
Nam	e of the organization			Employer i	identificati	on nui	mber
		CENTRAL UNION MISS	ION	53-0	21865	0	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any o	of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele					
	First-class or c	harter travel	X Housing allowance or residence for perso	nal use			
	Travel for com	panions	Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee	S			
		pending account	Personal services (such as maid, chauffer	ır, chef)			
	,						
b	If any of the boxes	on line 1a are checked, did the organization	follow a written policy regarding payment or				
	-	rovision of all of the expenses described abo			1b	Х	
2			or allowing expenses incurred by all directors,				
	•		garding the items checked on line 1a?		2		x
3	Indicate which, if a	v, of the following the organization used to	establish the compensation of the organization's				
			boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but exp					
	Compensation	· · ·	X Written employment contract				
	·	ompensation consultant	Compensation survey or study				
	·	ther organizations	X Approval by the board or compensation c	ommittee			
				ommittee			
4	During the year did	any person listed on Form 990, Part VII, Se	ction A line 1a with respect to the filing				
•	organization or a re	• •					
а	-	e payment or change-of-control payment?			4a		x
h		eive payment from a supplemental nonquali					X
° C	-	eive payment from an equity-based compen					x
Ŭ	-	es 4a-c, list the persons and provide the app					<u> </u>
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.				
5			the organization pay or accrue any compensatio	n			
-	contingent on the r						
а	•				5a		X
						-	x
-		r 5b, describe in Part III.					
6		-	the organization pay or accrue any compensatio	n			
-	contingent on the r						
а	•	0			6a		x
							x
~		r 6b, describe in Part III.					
7			the organization provide any nonfixed payments				
•					7		x
8			ued pursuant to a contract that was subject to th				
5	-	ption described in Regulations section 53.4			8		x
9		d the organization also follow the rebuttable					<u> </u>
3					9		
LHA		eduction Act Notice, see the Instructions			lule J (Forr	n 990)) 2021

132111 11-02-21

Schedule J (Form 990) 2021

53-0218650

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOSEPH J. METTIMANO	(i)	128,153.	16,620.	0.	6,109.	64,482.	215,364.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION PROVIDES A PARSONAGE ALLOWANCE FOR ITS PRESIDENT & CEO,

WHO IS A MINISTER. THIS ALLOWANCE IS NOT TAXABLE UNDER IRC SECTION 107,

NOR IS IT SUBJECT TO THE ACCOUNTABLE PLAN RULES.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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



Name of the organization		
	~	

CENTRAL UNION MISSION

	-
Employer	identification number
5	3-0218650

	-	-		
			53-0)

Pa	rt I Types of Property									
		(a)	(b)	(c)	la sulta sa		(d)			
		Check if applicable	Number of contributions or	Noncash contri amounts report			hod of det n contribut		•	^
		applicable		Form 990, Part VI	II, line 1g	noncasi	Contribut	ion ai	nounta	5
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	Х			982.					
5	Clothing and household goods	X			,757.					
6	Cars and other vehicles	X		42	,347.	FMV				
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	X		4,804	.719.	FMV				
20	Drugs and medical supplies	X			,585.					
21	Taxidermy				,					
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (HOUSEHOLD GOO)	x	0	385	,208.	FMV				
25 26	Other (TOILETRIES/BE)	X	0		<u>,407.</u>					
27	Other (MISCELLANEOUS)	X	0		,886.					
28	Other (MEDICAL SUPPL)	X	0		<u>,585.</u>					
<u>20</u> 29	Number of Forms 8283 received by the organiz		_	· · · · · · · · · · · · · · · · · · ·	, 3031	<u> </u>				
23	for which the organization completed Form 82				29				287	
	for which the organization completed rollin oz	00, i alt v, L	onee Acknowledg		23				Yes	No
302	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines	e 1 throug	uh 28 that it	ſ		163	
504	must hold for at least three years from the date		• • • •		-					
	exempt purposes for the entire holding period?			-				30a		х
h	If "Yes," describe the arrangement in Part II.	·					····· -	30a		
31	Does the organization have a gift acceptance	olicy that re	ouires the review (of any nonstandard	l contribut	tions?		31	x	
							·····	31	-23	
JZd	Does the organization hire or use third parties		-					222	x	
Ŀ	contributions?						·····	32a	~	
	If "Yes," describe in Part II. If the organization didn't report an amount in c	olumn (a) fa	rotupo of propert	for which column	(0) in ch-	akad				
33			a type of property		(a) is cried	JNCU,				
	describe in Part II. For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 000	<u>ר</u>		60	hedule M	(Eor	000	2024
LHA	I OF PAPER WORK REQUCTION ACT NULICE, SEE	ule mouuc						TOLU	າສສບ)	2021

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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, LINE 32B:

THE MISSION USES A THIRD PARTY TO PROCESS AND SELL VEHICLE DONATIONS.

SCHEDULE M, PART I, COLUMN B

THE ORGANZIATION RECEIVES SIGNIFICANT DONATONS OF VARIOUS ITEMS,

CLOTHING, FOOD, AND GOODS THAT MAKE IT DIFFICULT TO PROVIDE AN ITEM

COUNT OR ESTIMATE THAT FAIRLY REPRESENTS THE AMOUNT.

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

CENTRAL UNION MISSION

53-0218650

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

OUR MISSION STATEMENT IS TO GLORIFY GOD THROUGH PROCLAIMING AND

TEACHING THE GOSPEL, LEADING PEOPLE TO CHRIST, DEVELOPING DISCIPLES,

AND SERVING THE NEEDS OF HURTING PEOPLE THROUGHOUT THE WASHINGTON DC

METROPOLITAN AREA.

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

DRAFT FORM 990 IS ROUTED TO BOARD MEMBERS FOR REVIEW AND COMMENT

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

THE BOARD NOTIFIES EACH BOARD MEMBER WHEN ELECTED, GENERALLY ANNUALLY, OF THE DUTIES OF LOYALTY, HONESTY, AND OF THE NEED TO DISCLOSE ANY CONFLICTS

OF INTEREST.

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

THE BOARD ANNUALLY REVIEWS THE COMPENSATION OF THE PRESIDENT & CEO IN LIGHT

OF COMPENSATION PAID BY OTHER SIMILAR SIZED ORGANIZATIONS AND IN LIGHT OF

ANNUAL BUDGET CONSTRAINTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,TX,UT,VA,WA,WV,WI

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

THE MISSION PROVIDES COPIES OF ITS ORGANIZATIONAL DOCUMENTS, APPLICATION

FOR EXEMPTION, AND FORM 990S IMMEDIATELY UPON REQUEST. FORM 990 IS ALSO

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
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Name of the	organization CE	NTR	AL UI	NION M	ISS	ION					Employer id	entification numb	er
WIDELY	AVAILABLE	ON	THE	"WEB"	AT	VARIOUS	SITES,	SUCH	AS	GU	IDESTAR	AND	
CHARIT	Y WATCH.												
											.		
132212 11-11-2	1					38					Schedu	le O (Form 990) 20	J21

SCHEDULE	R
(Farma 000)	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047

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Open to Public Inspection

Employer identification number

53-0218650

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL UNION MISSION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MISSION DC LANDLORD, LLC - 36-4761834					
65 MASS AVE NW					
WASHINGTON, DC 20016	REAL ESTATE	DISTRICT OF COLUMBIA	50,000.	15,104,374.	CENTRAL UNION MISSION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ent	rolled ity?
						Yes	No

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CENTRAL UNION MISSION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	······································	,															
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j							
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income			Share of total income	Share of total income	Share of total income	e of total come end-of-year assets assets assets Code V-U	allocations?		Code V-UBI amount in box 20 of Schedule	General o managin partner?	al or Percent ^{jing} owners	itage ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?
		country)				400010		Yes	No

Schedule R (Form 990) 2021 CENTRAL UNION MISSION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

Narr	(a) ne of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
(3)				
(4)				
<u>(5)</u>				
_(6)				

Schedule R (Form 990) 2021 CENTRAL UNION MISSION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(i org	all rs sec.	Share of			opor-	Code V-UBI	Genera	al or P	ercentage
of entity	, second s	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(ora	c)(3) s.?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing er? C	ownership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	NO	

Schedule R (Form 990) 2021

CENTRAL UNION MISSION

Schedule R (Form 990) 2021 CENT
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21				Schedule R (F	Form 990) 2021
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