PUBLIC INSPECTION COPY

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

Interr	nal Rev	nue Service Go to www.irs.gov/Form990 for instructions and the lates	st information.	Inspection		
AF	A For the 2022 calendar year, or tax year beginning JUL 1 , 2022 and ending JUN 30 , 2023					
Β	Check if	C Name of organization	D Employer identificat	tion number		
а	pplicat					
	Addr	E CENTRAL UNION MISSION				
	Nam Chan	Doing business as	53-0218650)		
	Initia returi	Number and street (or P.0. box if mail is not delivered to street address) Room/st	uite E Telephone number			
	Final Final	PO BOX 96763	(202) 745-	-7118		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	23,369,178.		
	Amer	WASHINGTON, DC 20090-0703	H(a) Is this a group retu			
	Appli tion	F Name and address of principal officer: JOSEPH J. METTIMANO	for subordinates?	Yes X No		
	pend	SAME AS C ABOVE	H(b) Are all subordinates inclu-	ded? Yes No		
11	ax-e>	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or 🦳	527 If "No," attach a lis	t. See instructions		
	Nebs		H(c) Group exemption r	number		
KF	orm c	f organization: 🗙 Corporation 📄 Trust 🦳 Association 📄 Other 🛛 L Y	'ear of formation: 1887 M S	State of legal domicile: DC		
Pa	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O			
Governance						
rna	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net asset	S.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		10		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		10		
s 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		114		
vitie	6	Total number of volunteers (estimate if necessary)		2700		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.		
			Prior Year	Current Year		
¢	8	Contributions and grants (Part VIII, line 1h)	15,296,034.	16,316,321.		
nue	9	Program service revenue (Part VIII, line 2g)	843,447.	1,158,697.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	337,448.	189,407.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,624.	210,174.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,629,553.	17,874,599.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,670,401.	7,768,366.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,397,792.	4,087,125.		
nse	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	755,210.	841,080.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 3,100,210.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,047,349.	4,253,739.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,870,752.	16,950,310.		
	19	Revenue less expenses. Subtract line 18 from line 12	2,758,801.	924,289.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)	25,037,840.	27,010,425.		
tAs	21	Total liabilities (Part X, line 26)	833,019.	1,738,384.		
		Net assets or fund balances. Subtract line 21 from line 20	24,204,821.	25,272,041.		
Pa	art II	Signature Block				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my kr	nowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			

Sign	Signature of officer	Date			
-	JOSEPH J. METTIMANO, PRESIDENT & CEO				
	Type or print name and title				
	Print/Type preparer's name Preparer's signature Date				
Paid	LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY 11/01	/23 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 I	RS discuss this return with the preparer shown above? See instructions	X Yes No			

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

ement of Program Service Accomplishments if Schedule O contains a response or note to any line in this Part III ibe the organization's mission: RPOSE OF THE MISSION IS TO GLORIFY GOD THROUGH PROCONG THE GOSPEL, LEADING PEOPLE TO CHRIST, DEVELOPING RVING THE NEEDS OF HURTING PEOPLE THROUGHOUT THE WADLITAN AREA. nization undertake any significant program services during the year which were not listed on the 90 or 990-E2? cribe these new services on Schedule O. nization cease conducting, or make significant changes in how it conducts, any program services, as m (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others ny, for each program service reported.	DISCIPLES, SHINGTON DC Yes X N Yes X N Y Yes X N Yes X N Yes X N Yes X N Y Yes X N Y Yes X Y Y Y Yes X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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)(Expenses \$120,549. including grants of \$) (Revenue RSHIP - THROUGH BUILDING PARTNERSHIPS WITH VOLUNTEE RS, DONORS AND FOUNDATION, OUR CHURCHES, BUSINESSES NNECT WITH THE MISSION, WE WILL MODEL CHRIST'S PRIN TATE SHARING THE GOSPEL WITH NON-BELIEVERS. THE MIS ON-SITE VOLUNTEER OPPORTUNITIES (6,800 HOURS OF VOL N'S EMERGENCY SHELTER FOR UPKEEP, MEAL SERVICE AND , COMPREHENSIVE FAMILY RESOURCE CENTER, MISSION MUF RCE DEVELOPMENT & EDUCATION, LAMBERT HOUSE, CAMP BE	RS AND PRAYER AND OTHERS CIPLES TO SION HOSTED UNTEER WORK AT SPECIAL FINS, NNETT,
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STRATIVE OFFICE) AND 900+ OFF-SITE VOLUNTEER OPPORT , 800 HOURS OF VOLUNTEER WORK. um services (Describe on Schedule O.) including grants of \$) (Revenue \$	Form 990 (20)
	including grants of \$) (Revenue \$

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⊢orm	990	(2022)

Form 990 (2022) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	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			- v
47	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,	47	х	
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	- 23	
18		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
13	complete Schedule G, Part III	19		x
20a	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?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
232003	12-13-22		990	(2022)

Form **990** (2022)

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Form	990	(2022)
	330	(2022)

			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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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
	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			v
~~	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	^	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	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 eaction 512/b)(12)2. (I) (IV or I) even by the D. De tot (IV D. De t	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		I
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
232004	4 12-13-22	Form		(2022)
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Form	<u>990 (2022)</u> CENTRAL UNION MISSION 53-0218	650	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 114			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
Ua		60		x
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
-	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).	7.		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	37	──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	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, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	j 12-13-22	Form	990	(2022)

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Form	990	(2022)
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232006 12-13-22

CENTRAL UNION MISSION

53-0218650 Page 6

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Form 990 (2022)

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 an	y line in this Part VI	

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	-		
2		2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		- 23
3				x
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?	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 <u>AL, AK, AR, CA, CO, CT, DC, FL, GA</u>	,HI	,IL,	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X 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 policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SALLY COX - 202-745-7118			
	PO BOX 96763, WASHINGTON, DC 20009			

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990	(2022)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

• List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		Position heck more than one				Reportable	Reportable	Estimated	
	hours per	box	ox, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week (list any						,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				_		organization	(W-2/1099-MISC/	from the
	related	e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	mpe		1099-NEC)		and related
	below	idual	Institutional trustee	5	Key employee	est cc oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) JOSEPH J. METTIMANO	40.00									
PRESIDENT & CEO				Х				149,857.	0.	72,563.
(2) SALLY COX	40.00									
CF0/CO0				Х				116,062.	0.	5,200.
(3) DAVID HAZELTON	2.00									
DIRECTOR		Х						0.	0.	0.
(4) DAVID LEACH	4.00									
TREASURER		Х		Х				0.	0.	0.
(5) DEEDEE COLLINS	4.00									
CHAIR		Х		Х				0.	0.	0.
(6) DON NICKLES	2.00									
DIRECTOR		Х						0.	0.	0.
(7) DWIGHT C. WASHINGTON	4.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(8) GWEN TRAFICANT	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JOHN YUN	2.00	_								
DIRECTOR		Х						0.	0.	0.
(10) MICHAEL DENNIS	4.00	1								_
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(11) PAMELA ROYLANCE	4.00									•
SECRETARY		х		Х				0.	0.	0.
(12) SERGE DUSS	2.00									0
DIRECTOR		х						0.	0.	0.
		-								
		–								
		-								
		┢				<u> </u>				
		1								
		┢				-				
		1								
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d Total (add lines 1b and 1c) 265,919. 0. 77,763 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	Form 990 (2022) CENTRAL UNION MISSION 53-0218650 Page 8											
hours for related organization below line) and below use and below below line) and below below use and below below below use and below below below below below use and below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below	(A)	(B) Average hours per week	F (do not che box, unless officer and	(C) Position leck more s person	ן than one is both ar	(D) Reportable compensation from	(E) Reportable compensation from related	n Estir amo ot	mated ount of ther			
c Total from continuation sheets to Part VII, Section A 0.000 d Total (add lines 1b and 1c) 265,919.000 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable		hours for related organizations below	o Individual trustee or direc Institutional trustee	Officer Key employee	Highest com pensated employee	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC	C/ from organ and r	n the nization related			
c Total from continuation sheets to Part VII, Section A 0.000 d Total (add lines 1b and 1c) 265,919.000 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable			-									
c Total from continuation sheets to Part VII, Section A 0.000 d Total (add lines 1b and 1c) 265,919.000 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable												
c Total from continuation sheets to Part VII, Section A 0.000 d Total (add lines 1b and 1c) 265,919.000 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable			-									
c Total from continuation sheets to Part VII, Section A 0.000 d Total (add lines 1b and 1c) 265,919.000 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable			-									
c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 265,919. 0. 77,763 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	1b Subtotal					265,919.		0. 77	,763.			
	cTotal from continuation shedTotal (add lines 1b and 1c)2Total number of individuals (i	ts to Part VII, Section A		·····		265,919.						
	i u							Y	2 'es No			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	line 1a? <i>If</i> "Yes," <i>complete</i> So 4 For any individual listed on lin	nedule J for such individual a 1a, is the sum of reportabl	lble comper	nsation	and of	ther compensation from t	he organization		x			
	5 Did any person listed on line rendered to the organization?	a receive or accrue compen	ensation fro	om any	unrela	ted organization or indivi	dual for services		x x			
 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 												
(A) (B) (C) Name and business address NONE Description of services Compensation	(A) (B)								ation			
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (20)	•		not limited		-	d above) who received m	ore than	Form 9 9	90 (2022)			

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Pa	rt V	/111									
			Check if Schedule O	conta	ins a resp	onse	or note to any line		(B)	(C)	(D)
								(A) Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
ა თ	1	2	Federated campaigns		1a						
anta unta	'		Membership dues								
ງ ເ			Fundraising events								
Contributions, Gifts, Grants and Other Similar Amounts											
s, G mila			Government grants (contr								
rsi			All other contributions, gifts,								
but			similar amounts not included	abov	e 1f		16,316,321.				
d O		g	Noncash contributions included in	lines 1a	a-1f 1g	\$	7,768,366.				
ရှိပို		h	Total. Add lines 1a-1f					16,316,321.			
							Business Code				
e	2	а	READY TO WORK PROGRA				611600	1,158,667.	1,158,667.		
ervi		b	CAMP BENNETT PROGRAM	M SEI	RVICES		611600	30.	30.		
n S /eni		с									
graı Rev		d									
Program Service Revenue		e f	All other program service	rovor							
_		' a	Total. Add lines 2a-2f					1,158,697.			
	3	<u> </u>						, , .			
	3 Investment income (including dividends, interes other similar amounts)							188,303.			188,303.
	4		, ,,	ncome from investment of tax-exempt bond p							
	5										
					(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a	128,	519.					
		b	Less: rental expenses \dots	6b		0.					
		С	Rental income or (loss)	6c	128,	519.					
		d	Net rental income or (loss))	(1) 0		(i) Others	128,519.			128,519.
	7	а	Gross amount from sales of		(i) Secur		(ii) Other				
			assets other than inventory	7a	5,495,	003.					
Ð		D	Less: cost or other basis and sales expenses	7b	5,462,	622	31,957.				
venue		~	Gain or (loss)	70 7c		061.					
A)			Net gain or (loss)	· · · ·				1,104.			1,104.
er Re			Gross income from fundraisi					,			,
Other			including \$	-							
			contributions reported on								
			Part IV, line 18			8a					
			Less: direct expenses								
			Net income or (loss) from		-						
	9	а	Gross income from gamin	-							
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from Gross sales of inventory, I			əs					
	10	a	and allowances			10:					
		b	Less: cost of goods sold								
			Net income or (loss) from								
			(,				Business Code				
sno	11	а									
scellaneo <u>Revenue</u>		b									
cell		с									
Miscellaneous Revenue			All other revenue					81,655.	81,655.		
_			Total. Add lines 11a-11d					81,655.		-	
	12		Total revenue. See instruction	ons		<u></u>		17,874,599.	1,240,352.	0.	317,926.
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232009 12-13-22

Form 990 (2022) CENTRAL UNION Part IX | Statement of Functional Expenses CENTRAL UNION MISSION

	rt IX Statement of Functional Expens on 501(c)(3) and 501(c)(4) organizations must com		er organizations must con	nolete column (A)	
0000	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	general experiese	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	7,768,366.	7,768,366.		
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	228,331.	196,930.	6,688.	24,713.
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	3,274,324.	2,824,025.	95,913.	354,386.
8	Pension plan accruals and contributions (include	. ,			•
	section 401(k) and 403(b) employer contributions)	25,819.	22,268.	756.	2,795.
9	Other employee benefits	285,433.	246,178.	8,362.	2,795. 30,893.
10	Payroll taxes	273,218.	235,595.	8,014.	29,609.
11	Fees for services (nonemployees):		-	-	-
а	Management				
b	Legal	2,138.	168.	18.	1,952.
с	Accounting	50,400.	3,958.	433.	46,009.
d	Lobbying		-		
е	Professional fundraising services. See Part IV, line 17	841,080.			841,080.
f	Investment management fees	8,298.	652.	71.	7,575.
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	526,420.	243,707.	78,115.	204,598.
12	Advertising and promotion	550,628.	288.		550,340.
13	Office expenses	961,072.	52,301.	2,206.	906,565.
14	Information technology				
15	Royalties				
16	Occupancy	673,790.	564,849.	49,628.	59,313.
17	Travel	44,712.	38,112.	3,136.	3,464.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	652,370.	652,306.	64.	
23	Insurance	168,171.	155,359.	6,424.	6,388.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	224,637.	222,188.	2,449.	
b	FOOD PURCHASES	90,677.	90,413.	37.	227.
с	CHARITABLE AND MEDICAL	22,427.	20,948.	1,479.	
d					
е	All other expenses	277,999.	208,696.	39,000.	30,303.
25	Total functional expenses. Add lines 1 through 24e	16,950,310.	13,547,307.	302,793.	3,100,210.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
	was a start in a cluster (D) is interests from a complianed	1			

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

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10

2022.05000 CENTRAL UNION MISSION

CENTRAL UNION MISSION

53-0218650 Page 11

		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	2,848,283.	1	1,252,217.
	2	Savings and temporary cash investments	39,622.	2	39,622.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	192,518.	4	230,780.
	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	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥۳	9	Prepaid expenses and deferred charges	61,905.	9	39,759.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a21,575,956.Less: accumulated depreciation10b6,680,287.			
	b	Less: accumulated depreciation 10b 6,680,287.	15,298,013.	10c	14,895,669.
	11	Investments - publicly traded securities	6,597,499.	11	9,576,575.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	975,803.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	25,037,840.	16	27,010,425.
	17	Accounts payable and accrued expenses	776,172.	17	698,597.
	18	Grants payable		18	
	19	Deferred revenue	56,847.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ç	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	1,039,787.
	26	Total liabilities. Add lines 17 through 25	833,019.	26	1,738,384.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
aŭ	27	Net assets without donor restrictions	23,005,482.	27	23,869,534.
Ba	28	Net assets with donor restrictions	1,199,339.	28	1,402,507.
pur		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	24,204,821.	32	25,272,041.
	33	Total liabilities and net assets/fund balances	25,037,840.	33	27,010,425.
					Form 990 (2022

Form 990 (2022)
Part X Balance Sheet

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Form	1990 (2022) CENTRAL UNION MISSION	53-0	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	17,874		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,950		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,28	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,204		
5	Net unrealized gains (losses) on investments	5	142	2 , 9:	<u>31.</u>
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	25,272	2,04	<u>41.</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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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?		2 b	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
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	<u></u>	3b	000	

Form **990** (2022)

232012 12-13-22

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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
2022
Open to Public Inspection

Name	of the	organization	
			-

Nan	ne of	the organization						Employer	identification number
		CENT	RAL UNION N	AISSION				5	3-0218650
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization						(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)((v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	ie general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org	anization described i	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city,	, and state of	the college	or
		university:							
10		An organization that norma	lly receives (1) more t	han 33 1/3% of its supp	ort from c	ontribution	is, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fr	rom gross investment
		income and unrelated busir	ness taxable income ((less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusiv	vely to test for public saf	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations described	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). C	Check the box on
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled I	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting
		organization. You must c	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing
		control or management o	f the supporting orga	nization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	orted
		organization(s). You mus	t complete Part IV, S	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	nd functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization operation	ated in cor	nnection w	rith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution req	uirement and	an attentiv	reness
		requirement (see instructi	ons). You must com	plete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	nization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	Type III non-functior	ally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported c	organizations						
g	Pro	vide the following information	about the supported						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al								

Schedule A	(Form	990)	2022

Part II

CENTRAL UNION MISSION

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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	14676885.	15641822.	16155139.	<u>15300284.</u>	<u>16316321.</u>	78090451.			
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	14676005	1 5 6 4 1 0 0 0	1 (1 5 5 1 2 0	1 5 2 0 0 2 0 4	1 () 1 ()) 1	70000451			
	J	14676885.	15641822.	16155139.	15300284.	16316321.	/8090451.			
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	·····						78090451.			
	Public support. Subtract line 5 from line 4. ction B. Total Support						100004011			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	14676885.	15641822	16155139	15300284	16316321	78090451.			
	Gross income from interest,			101001091						
Ŭ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	98,916.	7,969.	31,320.	158,262.	316,822.	613,289.			
9			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
•	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.)	104,609.	88,100.	95,821.	77,576.	81,655.	447,761.			
11	Total support. Add lines 7 through 10						79151501.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	,913,815.			
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	ic Support Per	centage							
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	98.66 %			
	Public support percentage from 2021					15	98.89 %			
16a	33 1/3% support test - 2022. If the	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 - 2021. If the	organization did no	t check a box on	line 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									
	and if the organization meets the fact			-	-	VI how the organiz	zation			
	meets the facts-and-circumstances te	-		• • • •	-					
b	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets the									
40	organization meets the facts-and-circl		•							
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17b	o, check this box a					
						Schedule A	(Form 990) 2022			

232022 12-09-22

Schedule A	(Form	990) 202

13231107 147227 0023963-0181562.0990

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1		1		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for 99	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Publ						
15 Public support percentage for 2022 (•			15	%
16 Public support percentage from 202 Section D. Computation of Invest					16	%
			in a 10 a a li una (f))		47	0/
17 Investment income percentage for 218 Investment income percentage from					17 18	<u>%</u> %
18 Investment income percentage from19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-09-22		· · · · · · · · · · · · · · · · · · ·	. ,			dule A (Form 990) 2022
		1 6	;			

CENTRAL UNION MISSION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

232024 12-09-22

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16

2022.05000 CENTRAL UNION MISSION

	edule A (Form 990) 2022	CENTRAL	UNION	MISSIO
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Part IV Supporting Organizations (continued)

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? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

	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,

, 3	, ,	 0	()	'	,
supervised, or controlled the supporting or	nanization.				
Section C. Type II Supporting Organi	zations				

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D	. All Type II	I Supporting	organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	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>			1000 1100 000

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

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
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с		The organization	supported a	a governmental entity	Describe in Par	t VI how	you supported a	governmental entity	(see instruction <u>s).</u>
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- 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.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

17

00239631

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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) 2022

232026 12-09-22

2022.05000 CENTRAL UNION MISSION 13231107 147227 0023963-0181562.0990 00239631

Schedule A (Form 990) 2022

Section D - Distributions

Schedule A (Form 990) 2022

00239631

Current Year

1	Amounts paid to supported organizations to accomplish exer	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	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
•	(provide details in Part VI). See instructions.	le organization le respensive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
	From 2020				
e	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
•	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
0	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

13

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:

2028 12-09-22	Schedule A (Form 990) 2022 20
·	01,055.
021 AMOUNT: \$ 022 AMOUNT: \$	77,576. 81,655.
020 AMOUNT: \$	95,821.
019 AMOUNT: \$	88,100.
018 AMOUNT: \$	104,609.

			, .				0 OMD No. 1545 0047			
Part W, Jine 6, 7, 6, 8, 10, 11g, 11g, 11g, 11g, 11g, 11g, 11g,	SC									
Department Open to Funding Open to Funding Open to Funding Name of the organization Employee inferentiation number 53.02146500 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answere? (a) Donor advised funds (b) Funds and other accounts. 3. Aggregate value of contributions to (kurny year) (a) Donor advised funds (b) Funds and other accounts 3. Aggregate value of anoth four (kurny year) (a) Donor advised funds (b) Funds and other accounts 4. Aggregate value of anoth four (kurny year) (a) Donor advised funds (b) Funds and other accounts 5. Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermissible purposes and not for the account of a certified historic structure Propersel (b) organization inform all appretexts the organization (free all that apple). Preservation of a historic structure Preservation of all on the public de for example, recreation or education in the form of a certified historic structure Preservation of a certified historic structure	(Forn									
Name of the organization Employer identification number 53 = 0.218.65.01 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 980, Part IV, line 5. 2 Aggregate value of contributions to (during year) (a) Donor advised hunds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Donor advised hunds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (a) Donor advised hunds (b) Funds and other accounts 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charatabe purposes and nor the benefit? Yes No 6 Did the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charatabe purposes and nor Basements. Yes No 7 Proprosely to Case Basements. (b) Preservation Casements. Yes No 8 Total number of conservation easements. (c) Casements (c) Casements (c) Casements 9 Total acceage restricted by conservation easements. (c) Casements (c) Caseme	Depart	Department of the Treasury Attach to Form 990.								
CENTRAL UNION MISSION S3-0218650 Part1 Organizations Advised Funds or Other Similar Funds or Accounts. Complete it the organization answard 'Yes' on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (luring year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value at end of year (a) Donor advised funds (b) The organization inform all donors and donor advisors in writing that grant funds can be used only for charlable purposes and not for the benefit of the organization answered 'Yes' on Form 960, Part IV, line 7. Yes No Part1 Conservation Easements held by the organization or donor advisors or for any other purpose conferring impermissible organization inform all grantes. donors, and donor advisors in writing that grant funds can be used only for charlable purposes and not for the organization (here all that appl). Perservation of and for public use for example, recreation or education) Preservation of a historically impact funds Perservation of a historically impact funds can be used only for the tax year. 2 Complete inset at involution assements (b) the organization (here all that appl). Perservation of a certified historic structure Preservation of and for public use for example. (c) cont				0 for instructions and the latest informa	tion.		•			
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Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(6) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of on the paper of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a 4 Total acreage restricted by conservation easements 2a 2 Anumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements tholds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reports onservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization in eleft 4, aspermitted unore 4, 58, 50, 50, 70 tor grochy (4)(4)(5)(i)						•				
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Sche		UNION MIS:							21865		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	r Simila	r Asset	s _{(conti}	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	ollowing that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ie organizatio	n's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	r similar	assets	_	_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod							_	—		٦
	on Form 990, Part X?							L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tal	ble:					A		
									Amour	IT	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f Or	Ending balance								Vee		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.						ity?	L	_ Yes		_ No □
Par								<u></u>			
		(a) Current year		ior year	(c) Two year		(d) Three y	ears back	(e) Fou	r vears	back
1a	Beginning of year balance	((-7))	(-) · · · · · · · · ·		((-,	·) · · · ·	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a.	column (a)) held as:						
а	Board designated or quasi-endowment		%	()	,						
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for th	е				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	nedule R?					. 3b		
	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or c		.,	or other	• •	ccumulate	ed	(d) Boo	ok valu	е
		basis (investr	nent)		(other)	de	preciation			<u> </u>	
	Land				9,788.			0.1		<u>9,7</u>	
	Buildings			20,13	6,488.	6,2	238,89	91.1	13,89	7,5	97.
	Leasehold improvements				<u>, ,,,</u>		111 21			1 4	12
	Equipment				2,773.		211,3		55	$\frac{1,4}{6}$	<u>43.</u>
	Other				6,907.		230,0			6,8	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	<u>n (B), line 1</u>	0c.)				4,89		

Schedule D (Form 990) 2022

	(Form 990) 2022	CENTRAL		MISSION
Part VII	Investments -	Other Securitie	es.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
?) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	-		
(8)	-		
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u>.</u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
	- 15 \		
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(-) Description of PolyPhy			(b) Book value
(1) Federal income taxes (2) RIGHT OF USE LIABILITY			1,039,785
			, UJJ, /0/
(3)			
(4)			
(4)			1
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7)			1,039,78

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 CENTRAL UNION MISSION		53-0218650 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 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			
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:		
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	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	
1	Total expenses and losses per audited financial statements		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	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
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 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	8.)	
Pa	t XIII Supplemental Information.		

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

PART X, LINE 2:

THE 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, 2023 AND
2022, 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 2019 REMAIN
OPEN.

24

MISSION DC LANDLORD, LLC IS TREATED AS A DISREGARDED ENTITY FOR INCOME TAX PURPOSES. ALL OF ITS TAX ATTRIBUTES ARE PASSED THROUGH TO THE MISSION AND INCOME TAXES, IF ANY, ARE PAYABLE BY THE MISSION. CONSEQUENTLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. MISSION DC LANDLORD, LLC'S OPERATIONS ARE COMBINED WITH THE MISSION'S OPERATIONS AND REPORTED ON THE MISSION'S INCOME TAX RETURN. SINCE THE ENTITY IS NOT REQUIRED TO FILE INCOME TAX RETURNS, ITS FILINGS ARE NOT OPEN TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

THE MISSION AND ITS SUBSIDIARY ADOPTED PROVISIONS RELATED TO THE SUBSEQUENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS. THIS GUIDANCE 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) 2022

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities								
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022	
Department of the Treasury			Open to Public						
Internal Revenue Service		to www.irs.gov/Form990 for instruc		Inspection					
Name of the organization		lentification number							
		UNION MISSION					53-021		
	complete this par	 Complete if the organization answe t. 	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	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	tions	e 🔀 Solicitat	tion of	non-g	overnment grants				
b X Internet and	email solicitations	s f Solicitat	tion of	gover	nment grants				
c X Phone solici	tations	g 📃 Special	fundra	aising	events				
d X In-person so	licitations								
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or		
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		XY	es 🗌 No	
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	draiser is to	ре	
compensated at le	ast \$5,000 by the	organization.							
(i) Name and addres	s of individual		(iii) fundr	Did raiser	(iv) Gross receipts	(v) /	Amount paid or retained by	(vi) Amount paid	
or entity (fund		(ii) Activity	have custody or control of		from activity		fundraiser	to (or retained by) organization	
			contrib			list	ed in col. (i)	organization	
MASTERWORKS - 1946	2 POWDER		Yes	No					
HILL PL NE, POULSBO	D, WA	DIRECT MAIL		X	6,891,946.		665,334	6,226,612.	
RICHARD EISENDORF	- 2111 FELT								
STREET, SANTA CLAR	A, CA	GRANT WRITER		x	836,642.		72,000	. 764,642.	
GATEWAY COMMUNICAT	IONS -								
16805 NE MASON CT,	PORTLAND,	PHONE CAMPAIGN		x	160,227.		61,469	. 98,758.	
MONEY FOR MINISTRY	- PO BOX								
35, LOWELL, MI 493	311	PLANNED GIVING		x	0.		42,277	-42,277.	
Total	<u></u>		<u></u>	<u></u>	7,888,815.		841,080	. 7,047,735.	
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from	registration	

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) 2022

232081 10-27-22

CENTRAL UNION MISSION

00239631

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

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	<u>11</u> rt			990 Part IV line 19 or r		
		\$15,000 on Form 990-EZ, line 6a.		550, 1 art IV, inte 15, 611	cported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	F ~	tor the state(s) is which the exception condu	ete comina octivitioo:			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
23208	2 10	-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022	CENTRAL UNION MISSION	53-0218650 Page 3
11 Does the organization conduct	aming activities with nonmembers?	
	neficiary or trustee of a trust, or a member of a partners	
to administer charitable gaming	?	YesNo
13 Indicate the percentage of game	ig activity conducted in:	
a The organization's facility		
14 Enter the name and address of	he person who prepares the organization's gaming/spe	cial events books and records:
Name		
Address		
15a Does the organization have a co	ntract with a third party from whom the organization red	ceives gaming revenue? Yes No
b If "Ves." enter the amount of as	ning revenue received by the organization \$	and the amount
	ne third party \$	
c If "Yes," enter name and addres		
,		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensatior	\$	
Gaming manager compensation	\$	
Description of services provided		
Director/officer	Employee Independent contra	actor
17 Mandatory distributions:		
	er state law to make charitable distributions from the ga	
retain the state gaming license?		
organization's own exempt activ	s required under state law to be distributed to other exe ities during the tax year \$	empt organizations or spent in the
		, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	as applicable. Also provide any additional information. S	
<i>, , , , , , , , , , , , , , , , , </i>		
SCHEDULE G, PART I	LINE 2B, LIST OF TEN HIGHE:	ST PAID FUNDRAISERS:
(-)		
(I) NAME OF FUNDRA	SER: MASTERWORKS	
	DATCED. 10462 DOWDED HILL D	
(I) ADDRESS OF FUNI	PRAISER: 19462 POWDER HILL P	L NE, POULSBO, WA 98370
(I) NAME OF FUNDRA	SER: RICHARD EISENDORF	
(I) ADDRESS OF FUNI	RAISER: 2111 FELT STREET, SA	ANTA CLARA, CA 95062
(I) NAME OF FUNDRA	SER: GATEWAY COMMUNICATIONS	
232083 10-27-22	28	Schedule G (Form 990) 2022
	20	

Schedule G	(Form	990
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(I) ADDRESS	OF	FUNDRAISER:	16805	NE	MASON	CТ,	PORTLAND	, OR	97230	
32084 04-01-22									Schedul	e G (Form 990
					29					

SCHEDULE I Grants and Other Assistance to Organizations,										1545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treesure										
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organizat	on			-				Employer	identificati	on number
	CENTRAL U	NION MISS	ION							18650
Part I General Information on Grants and Assistance										
•	zation maintain records t		•		• • • •	•			_	
criteria used to a	ward the grants or assis	tance?							X Yes	No No
	IV the organization's pro									
	d Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21,	for any	
						(f) Method of	(a) Description of	(1-)		
.,	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(n)	Purpose of or assistant	
				-						
		•	•		•	•		•		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

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	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					FOOD, CLOTHING, HOUSEHOLD
DONATION OF MEALS AND GOODS	0	0.	7,768,366.	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	sation Information	1	OMB No. 1	545-004	47		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest					00	<u> </u>		
	Compensated Employees					22	-		
Dopo	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						ic		
	al Revenue Service		for instructions and the latest information.		Inspection				
Nam	e of the organization	I			r identification number				
		CENTRAL UNION MISS	ION	53-02	21865	0			
Pa	rt I Question	Regarding Compensation							
						Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any	of the following to or for a person listed on Form	990,					
	Part VII, Section A,	ine 1a. Complete Part III to provide any rele	evant information regarding these items.						
	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	sidence					
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee	S					
	Discretionary s	pending account	Personal services (such as maid, chauffer	ur, chef)					
b			follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described ab	ove? If "No," complete Part III to explain		1b	X			
2			or allowing expenses incurred by all directors,						
	trustees, and office	s, including the CEO/Executive Director, re	garding the items checked on line 1a?		2		X		
3			establish the compensation of the organization's						
			/ boxes for methods used by a related organization	on to					
	establish compensa	tion of the CEO/Executive Director, but exp							
	Compensation	committee	X Written employment contract						
	·	ompensation consultant	Compensation survey or study						
	Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee					
	During the user dis								
4		any person listed on Form 990, Part VII, Se	ection A, line Ta, with respect to the filing						
-	organization or a re	•			10		x		
a b		e payment or change-of-control payment?	ified retirement plan?				X		
b	-	eive payment from a supplemental nonquali			10		X		
С	-	eive payment from an equity-based compen	-		<u>4c</u>				
	I res to any or in	es 4a-c, list the persons and provide the ap	plicable amounts for each terr in Part III.						
	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 compensation	'n					
5	contingent on the re		and a gameation pay or aborate any compensation						
а	0				5a		x		
							x		
		r 5b, describe in Part III.							
6			the organization pay or accrue any compensation	n					
•	contingent on the n								
а	-	-			6a		x		
							x		
		r 6b, describe in Part III.							
7			the organization provide any nonfixed payments	i					
-					7		x		
8			ued pursuant to a contract that was subject to th						
-		ption described in Regulations section 53.4			8		x		
9		d the organization also follow the rebuttable							
-		0			. 9				
LHA		eduction Act Notice, see the Instructions			le J (Forn	n 990)	2022		

232111 10-18-22

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOSEPH J. METTIMANO	(i)	149,857.	0.	0.	16,484.	56,079.	222,420.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i) (ii)							

Schedule J (Form 990) 2022

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) 2022

SCHEDULE	ΞM
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

53-0218650

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

Department of the Treasury Internal Revenue Service

•	Attach to Form 990) .		

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

Inspection Employer identification number

Name of the organization

CENTRAL UNION MISSION

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		150,731.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х		6,930,211.				
20	Drugs and medical supplies	Х		28,081.	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>HOUSEHOLD GOODS</u>)	Х	0	531,598.	FMV			
26	Other (TOILETRIES/BEAU)	Х	0	115,545.	FMV			
27	Other (MISCELLANEOUS I)	Х	0	12,200.	FMV			
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	-	•	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			_	
	contributions?					32a	X	
b	If "Yes," describe in Part II.							

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2022

232141 09-09-22

<u>53-0218650</u> Page 2

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) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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) 2022

 232211
 10-28-22
 37

Name of the	e organization CE	NTR	AL UI	NION M	ISS	ION					Employerid 53-02	entification number 218650
WIDELY	AVAILABLE	ON	THE	"WEB"	AT	VARIOUS	SITES,	SUCH	AS	GUI	DESTAR	AND
CHARIT	Y WATCH.											
232212 10-28-2	22					38					Schedul	e O (Form 990) 202

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(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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 53 - 0218650

Department of the Treasury Internal Revenue Service

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

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.	14,728,445.	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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 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)	(k)
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 end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
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	4										

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	contr	i) b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2022 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		
b	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		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		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	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.			

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

Schedule R (Form 990) 2022 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2022

CENTRAL UNION MISSION

Schedule R (Form 990) 2022 CENT
Part VII Supplemental Information

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

232165 09-14-22		43		Schedule R (F	orm 990) 2022