PUBLIC INSPECTION COPY

Form 99	D
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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

Department of the Treasury

Inter	nal Reve	enue Service	Go to www.irs.gov/Forms	990 for instructions and	the latest	information.	Inspection			
Α	For th	e 2023 calend	ar year, or tax year beginning $\ \ JUL$	1, 2023 and	ending	JUN 30, 2024				
В	Check if applicat	C Name o	forganization			D Employer identification	ation number			
	Chan	ge CENT	RAL UNION MISSION				•			
	chan	ge Doing b	usiness as			53-021865	0			
	returr	n Number	and street (or P.O. box if mail is not delivered	to street address)	Room/suite					
	Final returr termi	ГОВ	OX 96763			(202) 745				
_	ated Amer	City or t	own, state or province, country, and ZIP o			G Gross receipts \$	30,442,416.			
	returr Appli	n WASH	INGTON, DC 20090-676			H(a) Is this a group ret				
	tion pend		nd address of principal officer: JOSEPH	I J. METTIMAN	5	for subordinates?				
			AS C ABOVE			H(b) Are all subordinates incl				
		empt status:		insert no.) 4947(a)(1)	or 52	- '	st. See instructions			
	Webs		://WWW.MISSIONDC.ORG	tion Other		H(c) Group exemption				
	Form o art I	Summary	X Corporation Trust Associa	tion Other	L Yea	r of formation: 1887 M	State of legal domicile: DC			
	T	-		ר אייי מסס	COUPDI					
e	1	Briefly describ	be the organization's mission or most signi	Ticant activities: <u>566</u>	SCHED					
ano				ad ita ana sati ana ay diana.						
Governance	2	Check this bo		•		1 1	8 8			
60	3									
ties	5					<u>120</u> 3000				
Activities &	6	 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 			0.					
AC	/a						0.			
		Net unrelated	business taxable income from Form 990-1	, Part I, line 11	<u> </u>		Current Year			
		Contributions	and grants (Part) (III, line 1h)			16,316,321.	19,179,753.			
ne	8					1,158,697.	1,041,347.			
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and	74)		189,407.	347,241.			
Be	10		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			210,174.	121,484.			
	12		- add lines 8 through 11 (must equal Part			17,874,599.	20,689,825.			
	13		milar amounts paid (Part IX, column (A), lin			7,768,366.	10,338,197.			
	14		to or for members (Part IX, column (A), line			0.	0.			
	45		r compensation, employee benefits (Part I)	,		4,087,125.	4,310,539.			
Expenses	162		undraising fees (Part IX, column (A), line 1			841,080.	906,310.			
Den	h		ing expenses (Part IX, column (D), line 25)		43.	011,0001	500,0100			
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-2			4,253,739.	4,449,327.			
			es. Add lines 13-17 (must equal Part IX, col			16,950,310.	20,004,373.			
	19		expenses. Subtract line 18 from line 12			924,289.	685,452.			
- La	_					eginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)			27,010,425.	27,866,118.			
Assi	21	·				1,738,384.	1,533,630.			
Net	22		fund balances. Subtract line 21 from line 2			25,272,041.	26,332,488.			
	art II					-,,				
		-	I declare that I have examined this return, include	ding accompanving schedule	s and staten	nents, and to the best of mv k	nowledge and belief. it is			
	•		. Declaration of preparer (other than officer) is b	• • • •		•	, , , , ,			

Sign	Signature of officer	Date					
Here	JOSEPH J. METTIMANO, PRESIDENT & CEO						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Dat	e Check PTIN					
Paid	LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY 11	/07/24 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					
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

	rt III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		L
1	Briefly describe the organization's mission: THE PURPOSE OF THE MISSION IS TO GLORIFY GOD THROUGH PROCLA	TMING AND	
	TEACHING THE GOSPEL, LEADING PEOPLE TO CHRIST, DEVELOPING D		
	AND SERVING THE NEEDS OF HURTING PEOPLE THROUGHOUT THE WASH	INGTON DC	
	METROPOLITAN AREA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 10, 106, 578. including grants of \$ 8, 270, 557.) (Revenue \$		
	COMPREHENSIVE FAMILY RESOURCE CENTER - WE PROVIDED 329,470 I	BAGS OF	
	GROCERIES TO PEOPLE ONSITE AND TO LOCAL PARTNERS. AN AVERAGE		3
	PEOPLE WERE SERVED FOOD AND CLOTHING MONTHLY ONSITE AND THRO		-
	PARTNERS. MISSION DONORS DONATED TO OPERATION CHRISTMAS MIRA		
	PROVIDING GIFTS TO 800 CHILDREN, AND BACKPACKS AND SCHOOL SU)B
	277 CHILDREN. WE CONTINUE TO GROW OUR CO-LOCATED SERVICE CEN		511
	INCLUDING JOB TRAINING AND PLACEMENT, EDUCATION, SOCIAL WORK		
		-	
	PARENTING CLASSES, ADDICTION SUPPORT, LEGAL AID, ASSISTANCE	WITH	
	HOUSING PLACEMENT, AS WELL AS FOOD AND CLOTHING.		
	RELATIONAL AND SPIRITUAL FOUNDATION TO STAND ON THEIR OWN. 55,511 BED - NIGHTS OF SHELTER AND 166,756 MEALS FOR MEN EXI	WE PROVI	
	HOMELESSNESS. THE RESTORATION & TRANSFORMATION PROGRAM HELPI SEEK SALVATION OR REDEDICATE THEIR LIFE TO CHRIST. WE PROVID	ED 26 MEN DED 136	
	HOMELESSNESS. THE RESTORATION & TRANSFORMATION PROGRAM HELP SEEK SALVATION OR REDEDICATE THEIR LIFE TO CHRIST. WE PROVID MEDICAL AND DENTAL EXAMS. OUR WORKFORCE & DEVELOPMENT PROGRAM	ED 26 MEN DED 136	
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Form 990 (2023) CENTRAL UNION MISSION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> </u>
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			37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
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?			х
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.			
-	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	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
332003	12-21-23	⊦orm	330 ((2023)

332003 12-21-23

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Form	990	(2023)
FUIII	330	120201

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
_	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		77	
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2. If "Yes." complete School (2, B. Dert V, line 2,	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		
00		36		х
37	<i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	
332004	- 12-21-23 5	Form	990	(2023)
	5			

Form	990 (2023) 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	120			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	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			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			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 A	ccounts (F	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
Ua				6a		x
h	•			Ua		- 23
D	If "Yes," did the organization include with every solicitation an express statement that such contributi			Ch		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exercise tension a numeric in exercise of C_{2} mode particular section and partly for each and each of the exercise tension of the exercise of the exercise tension of	viana provid	dad to the newerQ	7-	Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 71	X	
				7b	A	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	37	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		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		
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				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	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 ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)
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Form 990	(2023)
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CENTRAL UNION MISSION

53-0218650 Page 6

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. X

Sec	ion 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	1 a		8			
	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 0.						
b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						37
-	officer, director, trustee, or key employee?			·	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the		•		•		v
			- file alQ		3 4		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			·· г	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			— Г	5 6		X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			·	0		<u></u>
1 a	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			· -	10		
D	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			· F	1.5		
a	The governing body?	-	-	1	8a	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 read			·			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			,	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. [10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	H	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			-	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				37	
	on Schedule O how this was done			- -	12c	X	
13	Did the organization have a written whistleblower policy?				13	X X	
14	Did the organization have a written document retention and destruction policy?			· F	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approva	i by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official				150	Х	
					15a 15b		X
D	Other officers or key employees of the organization			· F	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?			1	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, C	0,C	T,DC,FL,G	A,	HI,	IL,	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)((3)s o	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explained)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, a	and 1	financ	ial	
	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 boo	oks and	d records				
	JOHN RUEGER - $202-745-7118$						
	PO BOX 96763, WASHINGTON, DC 20090				F - 1	000	(0000)
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES 7				Form	990	(2023)
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Form 990	(2023)
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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)		(C)		(D)	(E)	(F)				
Name and title	Average	(do	not ch		ition		ne	Reportable	Reportable	Estimated	
	hours per	box	, unles	s per	son i	s both	n an	compensation	compensation	amount of	
	week		cer and	uau	recio	n/trus	lee)	from	from related	other	
	(list any	irecto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the	
	organizations	rustee	l trus		/ee	npen		1099-NEC)	1099-NEC)	organization and related	
	below	Individual trustee or director	nstitutional trustee	L	nploy	st col	2	1000 1120)		organizations	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5	
(1) JOSEPH J. METTIMANO	40.00										
PRESIDENT & CEO				Х				154,742.	0.	78,977.	
(2) SALLY COX	40.00										
C00				Х				117,641.	0.	5,200.	
(3) JOHN RUEGER	40.00										
CONTROLLER				Х				75,563.	0.	22,778.	
(4) DEEDEE COLLINS	4.00										
CHAIR		Х		Х				0.	0.	0.	
(5) DAVID HAZELTON	4.00										
VICE CHAIR		Х		Х				0.	0.	0.	
(6) DAVID LEACH	4.00										
TREASURER		Х		Х				0.	0.	0.	
(7) MICHAEL DENNIS	4.00										
ASSISTANT TREASURER		Х		Х				0.	0.	0.	
(8) PAMELA ROYLANCE	4.00										
SECRETARY		Х		Х				0.	0.	0.	
(9) DON NICKLES	2.00										
DIRECTOR (OUTGOING)		Х						0.	0.	0.	
(10) DWIGHT C. WASHINGTON	4.00									_	
DIRECTOR (OUTGOING)		Х						0.	0.	0.	
(11) GWEN TRAFICANT	2.00										
DIRECTOR		Х						0.	0.	0.	
(12) JOHN YUN	2.00								0	0	
DIRECTOR (OUTGOING)	0.00	X						0.	0.	0.	
(13) SEAN MORNAN	2.00								0	0	
DIRECTOR	2 00	Х						0.	0.	0.	
(14) SERGE DUSS	2.00								0	0	
DIRECTOR		Х						0.	0.	0.	
		•									
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2023.05000 CENTRAL UNION MISSION

Form 990 (2023) CENTRAL UNION MISSION 53-021											2186	650	Page 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)												
	week officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations	n I	Esti amo o	(F) mated ount of ther ensation		
		hours for related organizations below line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fro orga and	m the nization related nizations
									247.046		0.	100	,955.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							347,946. 0. 347,946.		0.		<u>,955.</u> 0. ,955.
2	Total number of individuals (including but no compensation from the organization									000 of reportable		100	2
3	Did the organization list any former officer,	-		•	•	-		Ŭ	• •		[Yes No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3	X X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	sati	on fr	oma	any	unre	elate	ed organization or individ	dual for services		5	x
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	•	•							•	ensat	ion fror	n
	the organization. Report compensation for t (A) Name and business			ndin DNE		ith c	or wi	thin	the organization's tax y (B) Description of s		С	(C) ompens	
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	l to t	thos	e lis	ted	above) who received mo	pre than			
	\$100,000 of compensation from the organiz	ation				C)					Form 9	90 (2023)

332008 12-21-23

0 (2) 20)

Build of the second o	Form					UNION	MISSION			53-0218	650 Page 9
Image: second	Par	rt V	/111	Statement of Rev	venue						
Total revenue Patietad campaigns tal 9 1 a Federated campaigns tal Image: table				Check if Schedule O c	contains a	a response	or note to any lin		(D)	(0)	
Bit 1 a <th1 a<="" th=""> <th1 a<="" th=""> <th1 a<="" th=""></th1></th1></th1>									Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Bot Membership dates Ib c Fundating events Id d Related organizations Id d Related organizations Id g Relates Id Id g Relates Relates Id g Relates Id Id g Relates Relates Id g	s s	1	2	Federated campaigns		12					
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Baselines Desines Desine Desines <thdesines< th=""> <t< td=""><th>but</th><td></td><td></td><td>similar amounts not included</td><td>above</td><td>1f</td><td>18,466,933.</td><td></td><td></td><td></td><td></td></t<></thdesines<>	but			similar amounts not included	above	1f	18,466,933.				
Baselines Desines Desine Desines <thdesines< th=""> <t< td=""><th>d</th><td></td><td>g</td><td>Noncash contributions included in I</td><td>lines 1a-1f</td><td>1g \$</td><td>10,338,197.</td><td></td><td></td><td></td><td></td></t<></thdesines<>	d		g	Noncash contributions included in I	lines 1a-1f	1g \$	10,338,197.				
2 a READY TO NORE PROGRAM CAMP BENNETT PROGRAM SERVICES 611600 1,036,696. 1 c d d d d d d d d d d d d d d d d d d d d d d d d d d d d g Total. Add Ines 2a-27 d 1,041,347 d d d g Total. Add Ines 2a-27 d 1,041,347 d </td <th>a C</th> <td></td> <td>h</td> <td>Total. Add lines 1a-1f</td> <td></td> <td></td> <td></td> <td>19,179,753.</td> <td></td> <td></td> <td></td>	a C		h	Total. Add lines 1a-1f				19,179,753.			
9 04 CAMP BENNETT PROGRAM SERVICES 611600 4,651. 6 c											
g Total. Add lines 2a:21 1,041,347. 3 Investment income (including dividends, interest, and other similar amounts) 355,452. 355,452. 4 Income from investment of tax exempt bond proceeds 5 Royaties 5 6 a Gross rents 6a 177,181. 5 6 a Gross rents 6a 177,181. 177,181. 7 a Gross amount from sales of assets other than invertory 7a 9,537,280. 177,181. 9 Siste or other basis and sales expenses 7b 9,545,491. -8,211. -8,211. c Gain or (loss) Tc -9,211. -8,211. -8,211. 8 A Sist income from fundraking events (not including \$ 712,820. of contributions reported on line 10; See Part IV, line 18 Ba 54,180. -152,920. -152,920. 9 Gross alse of inventory maining activities. 9a See forces income from fundraking events -152,920. -152,920. 9 Gross sales of inventory. Ba Gross sales of inventory. -152,920. -152,920. -152,920. -152,920.	e	2	а								
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2023.05000 CENTRAL UNION MISSION

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CENTRAL UNION MISSION Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX										
	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 and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
_	individuals. See Part IV, line 22	10,338,197.	10,338,197.							
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	503,934.	425,331.	26,029.	52,574.					
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	3,204,688.	2,704,827.	165,521.	334,340.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	18,026.	15,214.	931.	1,881.					
9	Other employee benefits	328,475.	277,241.	16,965.	34,269.					
10	Payroll taxes	255,416.	215,272.	12,764.	27,380.					
11	Fees for services (nonemployees):									
	Management	E 0.0 E	105	41.0	4 610					
	Legal	5,207.	185.	410.	4,612.					
	Accounting	70,200.	2,503.	5,524.	62,173.					
	Lobbying	000 210			0.0.0 21.0					
	Professional fundraising services. See Part IV, line 17	906,310.	200	711	906,310.					
f	Investment management fees	9,030.	322.	711.	7,997.					
g	Other. (If line 11g amount exceeds 10% of line 25,	584,692.	197 05/	128,906.	267,832.					
40	column (A), amount, list line 11g expenses on Sch 0.)	605,192.	187,954.	120,900.	605,192.					
12	Advertising and promotion	909,115.	57,053.	1,043.	851,019.					
13 14	Office expenses Information technology	505,115.	57,055.	1,045.	051,015.					
15	Royalties									
16	Occupancy	684,224.	570,981.	49,443.	63,800.					
17	Trougl	40,017.	28,852.	7,957.	3,208.					
18	Payments of travel or entertainment expenses			·						
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	675,814.	672,448.	3,366.						
23	Insurance	169,633.	154,880.	11,100.	3,653.					
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	237,729.	237,729.							
b	FOOD PURCHASES	113,578.	113,477.	101.						
с	CHARITABLE AND MEDICAL	21,975.	13,477.	8,498.						
d										
е	All other expenses	322,921.	277,941.	22,977.	22,003.					
25	Total functional expenses. Add lines 1 through 24e	20,004,373.	16,293,884.	462,246.	3,248,243.					
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation	1	1							

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Check here

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Form 990 (2023)

if following SOP 98-2 (ASC 958-720)

educational campaign and fundraising solicitation.

CENTRAL UNION MISSION

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

			(A) Beginning of year		(B) End of year
	4	Cash papi interest bearing	1,252,217.	1	1,503,206.
	1	Cash - non-interest-bearing Savings and temporary cash investments	39,622.	2	1,303,200.
	3		55,022.	2	
	4	Pledges and grants receivable, net	230,780.	4	222,042.
	5	Accounts receivable, net Loans and other receivables from any current or former officer, director,	250,700.	4	222,042.
	5	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			
	ľ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	39,759.	9	101,793.
		Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D10a21,726,961.Less: accumulated depreciation10b7,356,101.	14,895,669.	10c	14,370,860.
	11	Investments - publicly traded securities	9,576,575.	11	<u>14,370,860.</u> 10,870,697.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	975,803.	14	797,520.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	27,010,425.	16	27,866,118.
	17	Accounts payable and accrued expenses	698,597.	17	669,960.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liat	00	controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
			1,039,787.	25	863,670.
	26	Total liabilities. Add lines 17 through 25	1,738,384.	26	1,533,630.
		Organizations that follow FASB ASC 958, check here X	, ,		
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	23,869,534.	27	25,122,049.
Bal	28	Net assets with donor restrictions	1,402,507.	28	25,122,049. 1,210,439.
pu		Organizations that do not follow FASB ASC 958, check here			
Ē		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	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	25,272,041.	32	26,332,488.
	33	Total liabilities and net assets/fund balances	27,010,425.	33	27,866,118.

Form **990** (2023)

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Form 990 (2023)
Part X Balar

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nce	Sheet	

Form	990 (2023) CENTRAL UNION MISSION	53-	-0218650	Pa	_{age} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,68		
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,00		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>152.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,27		
5	Net unrealized gains (losses) on investments	5	37	4,9	95.
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	26,33	32,4	188.
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?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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?			X	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C) <u> </u>		
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?		<u>3a</u>		<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		3b	000	

Form **990** (2023)

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
2023
Open to Public Inspection

Nan	ne of	the organization						Employer	identification number			
		CENT	RAL UNION 1	MISSION				5	3-0218650			
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See in											
The	orgai	nization is not a private found										
1	Ŭ)(A)(i).					
2	\square	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3	\square											
4	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital described in section 170(b)(1)(A)(iii) .										
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in			
Ŭ		section 170(b)(1)(A)(iv). (C			or operation	ou by u go	von montar a					
6				ontal unit described in	agation 17	0161141141	(L)					
6	X	A federal, state, or local gov	-						while described in			
'	<u> </u>	An organization that norma	-	itial part of its support if	om a gove	ernmentar		le general p	Dublic described in			
~		section 170(b)(1)(A)(vi). (C										
8	\square	A community trust describe										
9		An agricultural research org				-		-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
		university:										
10		An organization that norma										
		activities related to its exem		•					•			
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.			
		See section 509(a)(2). (Con										
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	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 describe	d in section 509(a)(1) c	r section	509(a)(2).	See section §	509(a)(3). (Check the box on			
	_	_lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.				
а		_ Type I. A supporting orga	anization operated, s	upervised, or controlled	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	ipporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	uirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or										
f	Ent	er the number of supported of	organizations									
g	Pro	vide the following informatior										
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Tota												
າບເຊ	41						1		1			

Schedule A (Form 990) 2023				
	Schedule A	(Form	990	202

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	15641822.	16155139.	15300284.	<u>16316321.</u>	<u>19269935.</u>	82683501.	
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							
	Total. Add lines 1 through 3	15641822.	16155139.	15300284.	16316321.	19269935.	82683501.	
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,						2070010	
	column (f)						3279819.	
	Public support. Subtract line 5 from line 4.						79403682.	
		() 0040	(1) 0000	() 0004	(1) 0000	() 0000	(0 T))	
	ndar year (or fiscal year beginning in)	(a) 2019 15641822.	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
-	Amounts from line 4	13041022.	10133133.	13300204.	10310321.	19209955.	02003301.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	7,969.	31,320.	158,262.	316,822.	532,633.	1047006.	
•	and income from similar sources	7,909.	51,520.	130,202.	510,022.	552,055.	104/000.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	88,100.	95,821.	77,576.	81,655.	97 223	440,375.	
44	assets (Explain in Part VI.)	00,100.	55,021.	11,510.	01,055.		84170882.	
	Total support. Add lines 7 through 10 Gross receipts from related activities,						,779,034.	
	First 5 years. If the Form 990 is for th			fourth or fifth tax y		· · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15	organization, check this box and stop	0		· ·		()()		
Sec	ction C. Computation of Publi							
	Public support percentage for 2023 (I			column (f))		14	94.34 %	
	Public support percentage from 2022					15	98.66 %	
						· · · · · · · · · · · · · · · · · · ·		
	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X							
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test		•••					
	and if the organization meets the fact							
	meets the facts-and-circumstances te			-				
b	10% -facts-and-circumstances test	-			-			
	more, and if the organization meets the	-						
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s	
						Schedule A	(Form 990) 2023	

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CENTRAL UNION MISSION

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
0	check this box and stop here					<u></u>	<u></u>
	tion C. Computation of Publi						
	Public support percentage for 2023 (Public support percentage from 2022			column (f))		15	<u>%</u> %
	ction D. Computation of Invest						
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and li	ine 17 is not
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2022. If the						3%, and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-21-23	and not oncon a	20/ 01/ 110 14, 10	<u>., ., ., ., ., ., ., .</u>			lule A (Form 990) 2023
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CENTRAL UNION MISSION

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4a

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4c

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5c

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7

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9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

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.)

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Part IV Supporting Organizations (continued)

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
~	Did the second institution and a familie is an off of an annual state of a maximum institution of the state of the second state of			

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised or controlled the supporting organization

SUDEIVISEL			nyanization.
Section C. T	ype II Suppo	orting Organ	nižations

 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

 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 managed

 1
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Section D	6. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-----	--	---	----------------------------

- 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.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

18

Yes No

	(Form 990) 2023	, , , , , , , , , , , , , , , , , , , ,	0 = 1 = 0 = 1	MISSION	
Part V	Type III Nor	n-Functionally Integr	ated 509(a	a)(3) Supporting	g Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

332026 12-21-23

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	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				
				Sc	hedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

Schedule A (Form 990) 2023

Section D - Distributions

53-0218650 Page 7

Current Year

80239631

1

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:

2019 AMOUNT: \$	88,100.	
2020 AMOUNT: \$	95,821.	
2021 AMOUNT: \$	77,576.	
2022 AMOUNT: \$	81,655.	
2023 AMOUNT: \$	97,223.	
332028 12-21-23		Schedule A (Form 990) 2023

SC	HEDULE D	Supplementa	al Financial Statements	OMB No. 1545-0047	
	n 990)		nization answered "Yes" on Form 990,		2023
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	I Revenue Service		0 for instructions and the latest information		Inspection
Nam	e of the organizatio	Em	ployer identification number 53-0218650		
Pa	rt I Organiza	CENTRAL UNION MISS: tions Maintaining Donor Advise	d Funds or Other Similar Funds or <i>I</i>	Accour	
		answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at en	d of year			
2		contributions to (during year)			
3	Aggregate value of	grants from (during year)			
4	Aggregate value at	end of year			
5	-		writing that the assets held in donor advised fu		
			exclusive legal control?		Yes No
6	•	•	dvisors in writing that grant funds can be used	•	
			r donor advisor, or for any other purpose confe	•	
Pa	impermissible priva	te benefit?			Yes No
			ganization answered "Yes" on Form 990, Part	v, line 7	
1		ervation easements held by the organization of land for public use (for example, recreation)		otorioally	important land area
		natural habitat	Preservation of a ce		•
		of open space		a tineu m	
2		• •	fied conservation contribution in the form of a	conserva	tion easement on the last
2	day of the tax year.	o o 1			Held at the End of the Tax Year
а				2a	
b					
c	U U	ation easements on a certified historic stru			
d		ation easements included on line 2c acqu			
	on a historic struct	ure listed in the National Register	• • •	2d	
3			eased, extinguished, or terminated by the orga		during the tax
	year				
4	Number of states w	where property subject to conservation eas	sement is located		
5	Does the organizati	ion have a written policy regarding the per	iodic monitoring, inspection, handling of		
		prcement of the conservation easements it			
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion ease	ements during the year
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easemen	ts during the year
•					
8		•	e satisfy the requirements of section 170(h)(4)(E		
•					
9		•	on easements in its revenue and expense state		
		bunting for conservation easements.	note to the organization's financial statements	inal dest	
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Other	Simila	r Assets.
		the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and b	alance s	heet works
	0	· •	blic exhibition, education, or research in furthe		
	service, provide in l	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balan	ce sheet	works of
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of pu	blic service,
	provide the following	ng amounts relating to these items.			
	(i) Revenue includ	led on Form 990, Part VIII, line 1			\$
	(ii) Assets include	d in Form 990, Part X			\$
2	If the organization r	received or held works of art, historical tre	asures, or other similar assets for financial gair	n, provide	e
	-	nts required to be reported under FASB A	-		
а					\$
					\$
		duction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023
33205	1 09-28-23				

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332051 09-28-23

Sche		UNION MISS						-0218		
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	easures, or	Other S	Similar As	sets _{(c}	ontinue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, checl	k any of the f	following that	make sign	nificant use o	f its		
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progra	ım				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how th	ney further th	ne organizatio	n's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations c	of art, hi	istorical treas	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orga	nization's co	llection?			Ye	es	No No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the	organizatior	n answered "ו	es" on Fo	rm 990, Part	IV, line 9	, or	
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for	contribution	ns or other ass	sets not ind	cluded			
	on Form 990, Part X?							Ye	es	🗌 No
b	If "Yes," explain the arrangement in Part XIII									
								Am	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial accou	unt liability	?	📖 Ye	es	No No
	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Par	t V Endowment Funds Complete if									
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d) Three years	back (e)	Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, 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	ssion of the organiza	tion tha	at are held ar	nd administer	ed for the			_	
	organization by:							_	Y	es No
	(i) Unrelated organizations?							3	la(i)	
									a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on S	Schedule R?				Li	3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o		• •	or other	• •	umulated	(d)	Book v	alue
		basis (investr	ient)		(other)	depre	eciation		<u></u>	700
1a	Land				9,788.					,788.
b	Buildings			<u> </u> ∠0,⊥8	8,472.	6,91	L2,065.	<u> ⊥3,</u>	210,	,407.
С	Leasehold improvements				1 0 0 4				<u> </u>	004
d	Equipment				1,794.		<u>L3,970.</u>			,824.
-	Other				6,907.		30,066.			,841.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X <u>, line 1</u>	10c, column	<u>(B))</u>					,860.
							Sche	edule D (l	Form 9	90) 2023

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) (Form 990) 2023	CENTRAL		MISSION
Part VII	Investments -	 Other Securitie 	es	

Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total . (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities			-
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11t. See Form 990, Part X, line 2	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) RIGHT OF USE LIABILITY			863,670
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			863,670

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 CENTRAL UNION MISSION			53-	0218650	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	21,362	,102.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	374,995.			
b	Donated services and use of facilities	2b	90,182.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	207,100.			
е	Add lines 2a through 2d			2e	672	<u>,277.</u>
3	Subtract line 2e from line 1			3	20,689	<u>,825.</u>
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			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,689	<u>,825.</u>
Ра	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per H	letur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	20,301	,655.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	90,182.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	207,100.			
е	Add lines 2a through 2d			2e		,282.
3	Subtract line 2e from line 1			3	20,004	<u>,373.</u>
4	Amounts included on Form 990, Part IX, line 25, 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			4c		0.
5	Total average Add lines 2 and 4 or the second secon			5	20,004	777
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	20,004	,3/3.

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, 2024 AND
2023, 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 2020 REMAIN OPEN.

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Schedule D (Form 990) 2023

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 CONSOLIDATED 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 FILLINGS 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE - 990,

PART VIII LN 8B

207,100.

207,100.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE -990,

PART VIII, LINE 8B

Schedule D (Form 990) 2023

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SCHEDULE G	Suppleme	ental Information Regarding	j Fund	Iraisi	ing or Gaming A	ctivit	ties	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$				or 19, o	or if the	2023
Department of the Treasury		Attach to Form 990	ach to Form 990 or Form 990-EZ.					Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	ictions	and t	ne latest information			Inspection
Name of the organization	า							entification number
		UNION MISSION					<u>53-0218</u>	
	complete this par	 Complete if the organization answ t. 	ered "Y	'es" or	n Form 990, Part IV, I	line 17.	. Form 990-EZ	filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followi	ng activ	vities.	Check all that apply.			
a X Mail solicitat	tions	e X Solicit	ation of	non-g	overnment grants			
b X Internet and	email solicitations				nment grants			
c X Phone solici		g 🔀 Specia	al fundra	aising	events			
d X In-person so	licitations			U				
		or oral agreement with any individua	l (includ	ling of	ficers, directors, trus	stees, o	or	
key employees list	ed in Form 990, P	art VII) or entity in connection with	orofessi	onal fi	undraising services?		X Yes	s 🗌 No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) purs	uant to	agreei	ments under which th	he func	draiser is to be	e
compensated at le	east \$5,000 by the	organization.		0				
·								
(i) Name and addres	s of individual		(iii) fund	Did raiser	(iv) Gross receipts		mount paid retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	have c	ustody htrol of	from activity		undraiser	to (or retained by)
, (utions?	,,	listed in col. (i		organization
MASTERWORKS - 19462	2 POWDER		Yes	No				
HILL PL NE, POULSBO	D, WA	DIRECT MAIL		x	6,523,487.		770,217.	5,755,481.
RICHARD EISENDORF	- 2111 FELT							
STREET, SANTA CLARA	A, CA	GRANT WRITER		x	417,215.		67,000.	350,215.
GATEWAY COMMUNICAT	IONS -							
16805 NE MASON CT,	PORTLAND,	PHONE CAMPAIGN		x	72,948.		26,816.	43,921.
MONEY FOR MINISTRY	- PO BOX							
35, LOWELL, MA 493	331	PLANNED GIVING		x	0.		42,277.	-42,277.
Total	<u></u>		<u></u>		7,013,650.		906,310.	6,107,340.
3 List all states in whi or licensing.	ich the organizatic	on is registered or licensed to solicit	contrib	utions	or has been notified	l it is ex	kempt from re	gistration

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

CENTRAL UNION MISSION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 140TH ANNIVERSARY	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	767,000.			767,000
2	2 Less: Contributions	712,820.			712,820
3	Gross income (line 1 minus line 2)	. 54,180.			54,180
4	Cash prizes				
5	Noncash prizes	1,954.			1,954
e	Rent/facility costs	76,034.			76,034
7	Food and beverages	66,381.			66,381
8	B Entertainment				62,731
40	 Other direct expenses Direct expense summary. Add lines 4 through the second secon				207,100
10 11	, ,	• • • • • • • • • • • • • • • • • • • •			-152,920
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
			(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1	Gross revenue			(c) Other gaming	
	Gross revenue			(c) Other gaming	
3	Gross revenue			(c) Other gaming	
3	Gross revenue 2 Cash prizes			(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
4	Gross revenue Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	Yes%	col. (a) through col. (a)
3	Gross revenue Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		col. (a) through col. (
3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	Yes %	col. (a) through col. (
3 4 <u>5</u> 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		bingo/progressive bingo		col. (a) through col. (
3 4 9 7 8 8 51 8		Yes% Yes% No ugh 5 in column (d) from line 1, column (d) ducts gaming activities: activities in each of these st	bingo/progressive bingo	Yes% No	col. (a) through col. (

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Schedule G (Form 990) 2023

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Sch	nedule G (Form 990) 2023	CENTRAL UNIC	N MISSION	53-0	218650	Page 3
11	Does the organization conduct ga	aming activities with nonn	embers?		Yes	No
			t, or a member of a partnership or other			
	to administer charitable gaming?				Yes	No No
13	Indicate the percentage of gaming					
á	a The organization's facility				13a	%
					13b	%
14	Enter the name and address of th	e person who prepares th	e organization's gaming/special events l	books and records:		
	Name					
	Address					
15a	a Does the organization have a con	tract with a third party fro	m whom the organization receives gamin	ng revenue?	Yes	🗌 No
	If "Yes," enter the amount of gam	ing revenue received by t	ne organization \$	and the amount		
	of gaming revenue retained by the					
(If "Yes," enter name and address					
	,					
	Name					
	Address					
16	Gaming manager information:					
	Name					
		•				
	Gaming manager compensation	\$	-			
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
á	a Is the organization required under	state law to make charit	able distributions from the gaming proce	eds to		
	retain the state gaming license?				Yes	No No
I	• Enter the amount of distributions	required under state law	o be distributed to other exempt organiz	ations or spent in the		
	organization's own exempt activit		\$			
Pa			planations required by Part I, line 2b, col		rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide	any additional information. See instruction	ons.		
e c			D OF MEN UTOUEOM DAT		۰.	
50	TARI I,	<u>711 , 97 תאודת</u>	T OF TEN HIGHEST PAI	- TONDRAISERS		
(1) NAME OF FUNDRALS	SER: MASTERWO	RKS			
<u>\</u>						
(1) ADDRESS OF FUND	RAISER: 19462	POWDER HILL PL NE,	POULSBO, WA	98370	
<u> </u>	,					
(1) NAME OF FUNDRAIS	SER: RICHARD	EISENDORF			
(1) ADDRESS OF FUNDE	RAISER: 2111	FELT STREET, SANTA C	LARA, CA 950	62	
7-			001000000000000000000000000000000000000			
(1	•	SER: GATEWAY	COMMUNICATIONS			
3320	83 09-13-23		34	Sched	ule G (Form 9	990) 2023
			~ -			

		1600E NT	MA CON	сm			07220	
(I) ADDRESS	OF FUNDRAISER:	TOODO NE	MASUN	CT,	FORTLANL	, OK	91430	
							الماد م ماد م	0. C. (Farma 0.0)
32084 04-01-23							Schedul	e G (Form 990
			35					
11108 147227	8023963-01815	62.0990	2023.05	000	CENTRAL 1	JNION	MISSION	8023

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047
(Form 990)		Go	vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		2023
Depentment of the Treesum		Compl	ete if the organizatio	Attach to Forn		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organizat	ion							Employer identification number
		NION MISS	ION					53-0218650
	nformation on Grants a							
U U	zation maintain records t award the grants or assis				• • •	0	stance, and the select	
	IV the organization's pro							
	d Other Assistance to	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
·	hat received more than §	1		1	1	(f) Method of		<u> </u>
	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	(h) Purpose of grant or assistance

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 ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

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.	10,338,197.	FMV	GOODS
			1	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 ORGANIZATION PROVIDES SIGNIFICANT DONATIONS OF VARIOUS ITEMS OF

FOOD, CLOTHING, AND HOUSEHOLD GOODS TO A SIGNIFICANT NUMBER OF

INDIVIDUALS. THE VARIED NATURE OF THE DONATIONS MAKE IT DIFFICULT TO

PROVIDE A STANDARD ITEM COUNT OR ESTIMATE THAT FAIRLY REPRESENT THE

NONCASH GOODS RECEIVED BY PARTICIPANTS.

SC	HEDULE J	Compens	sation Information		OMB No. 1	545-004	47		
	rm 990)	-	ors, Trustees, Key Employees, and Highest		00	ົ	<u> </u>		
•		Com	pensated Employees		20	ZJ	j		
-			answered "Yes" on Form 990, Part IV, line 23. tach to Form 990.		Open to	Publ	ic		
	tment of the Treasury al Revenue Service		for instructions and the latest information.		Inspection				
Nam	e of the organizatior	I		Employer id	dentification number				
		CENTRAL UNION MISS	ION	53-0	21865	0			
Pa	rt I Question	Regarding Compensation							
						Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any	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							
	First-class or c	harter travel	X Housing allowance or residence for perso	nal use					
	Travel for com		Payments for business use of personal re						
		ation and gross-up payments	Health or social club dues or initiation fee						
Discretionary spending account Personal services (such as maid, chauffeur, chef)									
b			follow a written policy regarding payment or						
			ove? If "No," complete Part III to explain		1b	Х			
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						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to								
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	Compensation committee								
	·	ompensation consultant	Compensation survey or study						
	Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Se	ection A, line 1a, with respect to the filing						
•	organization or a re	• •							
а	a Receive a severance payment or change-of-control payment?						x		
b							X		
с							X		
	c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X								
	-								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation	n					
	contingent on the re	evenues of:							
а	The organization?				. 5a		X		
							X		
		r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation	n					
	contingent on the n	et earnings of:							
а	The organization?				. 6a		X		
							X		
		r 6b, describe in Part III.							
7			the organization provide any nonfixed payments						
	not described on lir	es 5 and 6? If "Yes," describe in Part III \dots			. 7		X		
8							1		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						X		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	e presumption procedure described in						
	Regulations section	53.4958-6(c)?			. 9				
For	Paperwork Reducti	on Act Notice, see the Instructions for Fo	rm 990.	Schedu	le J (Forn	n 990)	2023		

LHA 332111 11-06-23

Schedule J (Form 990) 2023

53-0218650

Page **2**

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOSEPH J. METTIMANO	(i)	154,742.	0.	0.	18,980.	59,997.	233,719.	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) (ii)							
	(i) (ii)							

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) 2023

SCHED	ULE	Μ
(Form 9	90)	

Noncash Contributions

OMB No. 1545-0047

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 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

53-0218650

ſ ZU **Open to Public**

Name of the organization

CENTRAL UNION MISSION

Pai	rt I I ypes of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ted on) Method of noncash contri		•	3
1	Art - Works of art								
2	Art - Historical treasures								-
3	Art - Fractional interests								
4	Books and publications	Х			469.	FMV			
	Clothing and household goods	X		812	<u>,147.</u>				
5				012	, , •				
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		9,514	,845.	FMV			
20	Drugs and medical supplies	Х			866.				
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (OTHER - VEHICLE)	Х	0	5	,917.	FMV			
26	Other (OTHER - MISCELL)	X	0		<u>,953.</u>				
27	Other (u	0	/				
28	Other (
<u>20</u> 29	Number of Forms 8283 received by the organiz	ation during	l the tax year for or	ontributions					
25	for which the organization completed Form 828	-			29			1	
	for which the organization completed Form 620	5, Fait V, L	onee Acknowledge	ement [29				No
20-	During the year, did the exception reactive by	oontributio	n any neanacty ean	artad in Dart L linas	a 1 thrau a	h 00 that it		Yes	INU
30a	During the year, did the organization receive by								
	must hold for at least 3 years from the date of t			•					v
	exempt purposes for the entire holding period?						<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.	- I' I'	an dara di 👘 🥲					v	
31									
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column	(a) is cheo	cked,			
	describe in Part II.								
For F	Paperwork Reduction Act Notice, see the Instr	uctions for	Form 990.			Schedule	M (Forn	n 990)	2023

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 ORGANIZATION RECEIVES SIGNFICANT DONATIONS OF VARIOUS QUANTITIES OF

FOOD, CLOTHING, HOUSEHOLD GOODS AND OTHER MISCELLANEOUS ITEMS, THE

VARIETY OF WHICH MAKE IT DIFFICULT TO PROVIDE A STANDARD ITEM COUNT

THAT FAIRLY REPRESENTS THE TOTAL AMOUNT OF NON-CASH CONTRIBUTIONS.

Schedule M (Form 990) 2023

332142 09-11-23

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, CONFLICT OF

 INTEREST POLICY, CURRENT DETERMINATION / AFFIRMATION LETTERS AND FORM 990

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

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Schedule O (Form 990) 2023	Page
Name of the organization CENTRAL UNION MISSION	Employer identification number 53-0218650
FILINGS IMMEDIATELY UPON REQUEST. FORM 990 IS ALSO POSTED	ON OUR
ORGANIZATION'S WEBSITE AT WWW.MISSIONDC.ORG. PAST 990 OR	FINANCIAL
INFORMATION IS ALSO WIDELY AVAILABLE AT VARIOUS WEBSITES,	SUCH AS
GUIDESTAR, CHARITY NAVIGATOR, AND EVANGELICAL COUNCIL FOR	FINANCIAL
ACCOUNTABILITY (WWW.ECFA.ORG).	

SCHE	DULE R
/ -	000

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2023 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	17,045.	14,196,411.	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	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 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)	((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 ations?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	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	512(b contr	i) b)(13) rolled iity?
		country)				400010		Yes	No

Schedule R (Form 990) 2023 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)				
(4)				
<u>(5)</u>				
<u>(6)</u>				

Schedule R (Form 990) 2023 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 se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

Schedule R (Form 990) 2023

CENTRAL UNION MISSION

Schedule R (Form 990) 2023 CENT
Part VII Supplemental Information

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

332165 09-28-23	49		Schedule R (F	orm 990) 202