

**Oldham County Fiscal Court  
Grant Application**

**Date of Application:** 12/11/2024

**Official Name of Organization:** Good News Shelter Corporation dba Good News Homes

**Address:** 115 E. Adams St. LaGrange, KY 40031

**EIN:** 61-1334374

**Date and Place of Incorporation:** Oldham County, September 1998

**Name, Complete Address, Email and Phone Number of Contact Person:**

Stephanie Skeens 502-225-0351 [stephanie@goodnewshomesky.com](mailto:stephanie@goodnewshomesky.com)

115 E. Adams St. LaGrange, KY 40031

**Purpose of Organization or Mission Statement and Services Rendered:** Good News Homes provides transitional housing to families in a housing crisis in our community. Families can live in Good News Homes' owned properties in LaGrange and in Bedford for six months to a year while working on items needed to transition to permanent housing in the community.

**Amount Requested:** \$10,000

**Proposal for funding. On a separate page, please provide the following:**

- Statement of need for project**
- Proposed use of funds to remediate the need**
- Project budget**

**Attachments:**

List of Officers and Directors – Name, Office, Address, Business Affiliation, Compensation from Organization.

- Copy of 501c(3) tax-exempt status letter from IRS;
- Documentation for most recent form 990;
- Documentation for most recent filing with KY Secretary of State;
- Most recent Organization/Agency budget **summary**, or balance sheet, or income/expense statement (Please, no complete budgets!);
- If a recipient of funds for the prior year, a statement of the use of those funds;
- Photographs, videos, letters of support.

**Submission Guidelines:**

Email complete applications to: Becky Zocklein [rzocklein@oldhamcountky.gov](mailto:rzocklein@oldhamcountky.gov) no later than 12/30/2024

Good News Homes is requesting funding for our Transitional Housing program which serves persons in a housing crisis in our community. Good News Homes has been in existence since 1998, serving families in Oldham and Trimble Counties through Transitional Housing (TH). The TH program allows families or individuals to live in Good News Homes' owned properties in LaGrange and Bedford for six to twelve months, paying a low-cost rent (beginning at \$150 / month) in order to build up rental history. While in the program, tenants work with a case manager on budgeting, saving money, building credit, and gaining employment to support those financial needs. Upon completion of the program, Good News Homes graduates move to permanent and stable housing within the community.

We currently have ten transitional housing units in LaGrange and four in Bedford. A four-plex, three-bedroom, one bath unit is located on Highway 42 in Bedford. The same type four-plex is located on land donated by Harold and Sue Smith on 1<sup>st</sup> Street in LaGrange. Both four-unit structures were built with the help of the Baptist Builders in 2000 and 2007. In 2021, Good News Homes purchased and remodeled a six-plex, two-bedroom, one bath property located at the corner of Anchor Avenue and Dawkins Road in LaGrange. Volunteers known as "The Old Man Crew" were enlisted to rehab the units which had not been occupied since the late 1970s or early 1980s. By the summer of 2022, the units were occupied by those needing help to transition from a crisis to stable housing.

In 2023, we began the process and made plans to build six more units at the Anchor Avenue location, but in the fall of 2024, we were able to purchase twelve existing units at 110 Anchor Avenue in LaGrange. These twelve units were built in the 1970's and provide two-bedroom, one bath units for tenants living there. This will increase our capacity to twenty-six transitional housing units. Current tenants living in the units have been invited to enter our Transitional Housing program for six to twelve months while we assist them in gaining permanent housing. As tenants transition out, we will begin to remodel to bring the units into the 21<sup>st</sup> Century, much like we did with the previous Anchor Avenue units.

Because maintaining shelter is expensive, we would like to request \$10,000 from the Fiscal Court to go toward providing transitional housing for families. We receive no government funding to provide housing to our community, so we rely on local foundations, grants, churches, and private donors to help us help families in crisis. Transitional Housing is the primary program other than a small program provided by a Northern KY foundation (\$10,000) that helps Trimble and Henry counties.

In 2023, Good News Homes counseled and provided housing related referrals to 373 households. Of those households, 540 were adults and 412 were children and teens. Forty percent of those requests came from Oldham County, with Henry County second and Trimble third. Of the 373 households, we provided rental and / or utility assistance for 24 households and transitional housing for 22 households. We also provided over 500 hours of case management for families in the Transitional Housing program. Housing is a basic necessity and when housing is unstable, other areas of life such as family stability, education, and employment become unstable. Our mission is to help families overcome that instability and move on to stability not only in housing but in all areas of life.

Persons in need in our community come to us from all walks of life. Most recently we were able to provide a transitional housing apartment for a gentleman who is 71. He is originally from Oldham County, but moved away for a time, lost his housing in another state and came back to Oldham County to take care of paperwork and stay temporarily with a former spouse. She could not continue to house him, so he was sleeping in his Subaru hatchback in LaGrange on a mattress we had in our office. Tri-County Community Action allowed him to shower at the senior center, High Point obtained documents for him, and we were helping him search for housing as we had no units available. Thankfully, an unexpected unit opened at our Anchor Avenue apartments,

and he was able to move in last week to an already furnished apartment and is thankful to be out of the cold! We are now helping him work on finding permanent housing in the county that will work for his Social Security budget. Even though he has only been with us a week, he has placed money into our savings plan where we match 1:1 up to \$500.

Bree and her three children were doubled up with family but could no longer stay. They moved into our Smith LaGrange Apartments in November of 2023. Fast forward a year – Bree has gained a better paying, full-time job in the recovery ministry at Southeast Christian Church Blankenbaker, has worked with a credit counselor to establish credit, built up her savings plan through Good News Homes and is now working with someone else to be able to purchase a home. We have extended her time with us a few months while she is looking for a home to purchase.

Transitional Housing has given both a single man like Eddie and a single mom like Bree, the time to transition between the housing crisis and into housing stability. We are grateful to be able to provide this ministry to those who are in need in our community. We are also thankful for this opportunity to reach out to our county government to seek funding to help continue the program. We hope you will consider our request!

Thank you,  
*Stephanie Skeens*  
Stephanie Skeens  
Executive Director

**Good News Shelter Corporation  
Oldham Transitional Housing Budget**

**Budgeted Expenses:**

Office Supplies TH Program	400
Postage	100
Insurance	15,000
Maintenance	10,000
Client Services / Case Mgmt	40,000
Utilities (KU, LGE, Water, Sewer, Trash)	10,000
Screenings for program (background / drug)	1,200
<u>Savings Plan Match</u>	<u>1,500</u>
	\$78,200

**GOOD NEWS SHELTER CORPORATION**

**2023**

**TAX EXEMPT TAX RETURN**

## Filing Instructions

**Prepared for:**

GOOD NEWS SHELTER CORPORATION  
115 EAST ADAMS STREET, SUITE 1A  
LAGRANGE, KY 40031

**Prepared by:**

R. L. MOORE, PSC  
12100 LAGRANGE RD  
LOUISVILLE, KY 40223 -2155

2023 FORM 990

**Electronic Filing:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*  
**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Form 8879-TE

Department of the Treasury  
Internal Revenue Service

Name of filer

GOOD NEWS SHELTER CORPORATION

Name and title of officer or person subject to tax RICK LUCAS  
CHAIRMAN

EIN or SSN  
61-1334374

2023

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**Part I Type of Return and Return Information**

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... 1b 329,213.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) ..... 2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) ..... 3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) ..... 4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) ..... 5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) ..... 6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) ..... 7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) ..... 8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) ..... 9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..... 10b _____

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

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

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize R. L. MOORE, PSC

to enter my PIN

Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

Date

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature

Date

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit PlansDepartment of the Treasury  
Internal Revenue Service

File a separate application for each return.

Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions.  <b>GOOD NEWS SHELTER CORPORATION</b>	Taxpayer identification number (TIN)  <b>61-1334374</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>115 EAST ADAMS STREET, SUITE 1A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>LAGRANGE, KY 40031</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_

Plan Number \_\_\_\_\_

Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**The books are in the care of **PAM SAGE****115 EAST ADAMS STREET, SUITE 1A - LAGRANGE, KY 40031**Telephone No. **502-225-0351**Fax No. \_\_\_\_\_ 

- If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box \_\_\_\_\_.  If it is for part of the group, check this box \_\_\_\_\_.  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **3a** \$ **0.**

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. **3b** \$ **0.**

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **3c** \$ **0.**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

## Return of Organization Exempt From Income Tax

2023

Form 990

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

and ending

B Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization

GOOD NEWS SHELTER CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

115 EAST ADAMS STREET, SUITE 1A

Room/suite

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

LAGRANGE, KY 40031

F Name and address of principal officer: RICK LUCAS  
SAME AS C ABOVE

D Employer identification number

61-1334374

E Telephone number

(502)225-0351

G Gross receipts \$

336,771.

H(a) Is this a group return

for subordinates?  Yes  NoH(b) Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: N/A

K Form of organization:  Corporation  Trust  Association  Other

L Year of formation: 1998 M State of legal domicile: KY

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>GOOD NEWS HOMES PROVIDES TRANSITIONAL HOUSING FOR FAMILIES WHO CANNOT MAKE ENDS MEET. THEY</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) .....	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4	10
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) .....	5	3
	6 Total number of volunteers (estimate if necessary) .....	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a	0.
Revenue	b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	7b	0.
	8 Contributions and grants (Part VIII, line 1h) .....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) .....	465,151.	252,136.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	188.	2,204.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	44,919.	74,873.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	510,258.	329,213.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	58,017.	28,916.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	123,934.	119,486.
	b Total fundraising expenses (Part IX, column (D), line 25) .....	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	10,866.	156,406.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	338,357.	161,638.
	19 Revenue less expenses. Subtract line 18 from line 12 .....	171,901.	310,040.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) .....	1,912,149.	1,927,963.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	25,813.	22,454.
		1,886,336.	1,905,509.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	RICK LUCAS, CHAIRMAN	
Type or print name and title		
Paid Preparer	Print/Type preparer's name R. LAMARR MOORE	Preparer's signature <i>R. Lamarr Moore</i>
Use Only	Firm's name R. L. MOORE, PSC	Date 6-12-24
	Firm's address 12100 LAGRANGE RD LOUISVILLE, KY 40223 - 2155	Check <input type="checkbox"/> if self-employed PTIN P00322344
		Firm's EIN 61-1233932
		Phone no. 502-244-9955

May the IRS discuss this return with the preparer shown above? See instructions

 Yes  No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:

GOOD NEWS HOMES IS A FAITH-BASED ORGANIZATION THAT EXISTS TO HELP DISPLACED OR AT-RISK FAMILIES, ESPECIALLY THOSE WHO ARE UNDERSERVED, FIND HOUSING AND/OR RELATED RESOURCES THAT CAN HELP THEM BECOME OR STAY SELF-SUFFICIENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ **115,174.** including grants of \$ **28,916.**) (Revenue \$ **52,186.**)  
**PROVIDED TRANSITIONAL HOUSING & SUPPORTIVE SERVICES TO 26 FAMILIES**  
**THROUGH THE BEDFORD, SMITH, AND ANCHOR APARTMENTS (30 ADULTS, 45**  
**CHILDREN); PROVIDED PERMANENT HOUSING TO 3 FAMILIES THROUGH ROSEHAVEN**  
**II & WAINO HOUSE (3 ADULTS, 3 CHILDREN); PROVIDED EMERGENCY SERVICES**  
**THROUGH UNITED CHARITIES IN HENRY AND TRIMBLE COUNTIES FOR 27 FAMILIES**  
**(35 ADULTS, 29 CHILDREN).**

4b (Code: \_\_\_\_\_) (Expenses \$ **85,354.** including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**MAINTAIN THREE APARTMENT BUILDINGS, A SINGLE FAMILY HOME, AND ONE**  
**DUPLEX - INCLUDING UTILITIES, REPAIRS, AND INSURANCE ON ALL PROPERTIES**

4c (Code: \_\_\_\_\_) (Expenses \$ **39,649.** including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**DEPRECIATION EXPENSE RELATED TO HOUSING.**

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

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

4e Total program service expenses **240,177.**

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A .....

2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions .....

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 .....

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 .....

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .....

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  
If "Yes," complete Schedule D, Part IV .....

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V .....

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.
 

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....
- b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....
- c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....
- 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 .....
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....

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 .....

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....

14a Did the organization maintain an office, employees, or agents outside of the United States?  
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 .....

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 .....

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 .....

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 .....

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 .....

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 .....

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		
21		X

**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M .....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	<b>Yes</b>	<b>No</b>
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a 7	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2a	3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		
d	If "Yes," indicate the number of Forms 8282 filed during the year .....	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		8
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? .....		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 .....	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders .....	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? .....		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	13b	
c	Enter the amount of reserves on hand .....	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	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	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	17	
If "Yes," complete Form 6069.			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ..... **1a** **10**  
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent ..... **1b** **10**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... **2** **X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... **3** **X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... **4** **X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... **5** **X**

6 Did the organization have members or stockholders? ..... **6** **X**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... **7a** **X**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... **7b** **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? ..... **8a** **X**

b Each committee with authority to act on behalf of the governing body? ..... **8b** **X**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... **9** **X**

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

10a Did the organization have local chapters, branches, or affiliates? ..... **10a** **X**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... **11a** **X**

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. ..... **12a** **X**

12b Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... **12b** **X**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... **12c** **X**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ..... **13** **X**

13 Did the organization have a written whistleblower policy? ..... **14** **X**

14 Did the organization have a written document retention and destruction policy? ..... **15** **X**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official ..... **15a** **X**

b Other officers or key employees of the organization ..... **15b** **X**

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ..... **16a** **X**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... **16b**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... **16b**

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records  
**PAM SAGE - 502-225-0351**  
**115 EAST ADAMS STREET, SUITE 1A, LAGRANGE, KY 40031**

**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**

12. 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.

- List all of the organization's current officers, directors, trustees, and employees who received compensation of \$1,000 or more during the year. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

Part II. If none, list the corporation's current key employees, if any. See the instructions for definition of "key employee."

- 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 \$10,000 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.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		Yes	No
3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NONE		

## Part VIII

## Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Grants and Other Similar Amounts	1 a Federated campaigns .....	1a			
	b Membership dues .....	1b			
	c Fundraising events .....	1c	157,228.		
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e			
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	94,908.		
	g Noncash contributions included in lines 1a-1f .....	1g \$			
	h Total. Add lines 1a-1f .....		252,136.		
Program Service Revenue	2 a		Business Code		
	b				
	c				
	d				
	e				
	f All other program service revenue .....				
	g Total. Add lines 2a-2f .....				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....			2,204.	2,204.
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6 a Gross rents .....	(i) Real 6a	(ii) Personal		
		52,186.			
	b Less: rental expenses .....	6b	0.		
	c Rental income or (loss) .....	6c	52,186.		
	d Net rental income or (loss) .....			52,186.	52,186.
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities 7a	(ii) Other		
	b Less: cost or other basis and sales expenses .....	7b			
	c Gain or (loss) .....	7c			
	d Net gain or (loss) .....				
	8 a Gross income from fundraising events (not including \$ 157,228. of contributions reported on line 1c). See Part IV, line 18 .....	8a	27,607.		
	b Less: direct expenses .....	8b	7,558.		
	c Net income or (loss) from fundraising events .....			20,049.	20,049.
	9 a Gross income from gaming activities. See Part IV, line 19 .....	9a			
	b Less: direct expenses .....	9b			
	c Net income or (loss) from gaming activities .....				
	10 a Gross sales of inventory, less returns and allowances .....	10a			
	b Less: cost of goods sold .....	10b			
	c Net income or (loss) from sales of inventory .....				
Miscellaneous Revenue	11 a MISCELLANEOUS .....	Business Code 900099	2,638.		2,638.
	b				
	c				
	d All other revenue .....				
	e Total. Add lines 11a-11d .....		2,638.		
	12 Total revenue. See instructions .....		329,213.	52,186.	0. 24,891.

**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 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 .....	28,916.	28,916.		
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 .....	61,810.	30,905.	24,724.	6,181.
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 .....	49,347.	39,976.	9,371.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....	8,329.	5,318.	2,550.	461.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	305.	122.	122.	61.
c Accounting .....	4,436.	1,775.	1,774.	887.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	742.	297.	297.	148.
12 Advertising and promotion .....	837.	335.	335.	167.
13 Office expenses .....	9,771.	3,908.	3,909.	1,954.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	93,331.	85,354.	7,977.	
17 Travel .....	1,531.	612.	613.	306.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	109.	109.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	45,554.	39,649.	5,905.	
23 Insurance .....	1,295.	518.	518.	259.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) .....				
a MISCELLANEOUS .....	2,208.	883.	883.	442.
b REPAIR AFFAIR .....	1,500.	1,500.		
c BANK FEES .....	19.		19.	
d .....				
e All other expenses .....				
25 Total functional expenses. Add lines 1 through 24e .....	310,040.	240,177.	58,997.	10,866.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	226,947.	1	175,078.
	2 Savings and temporary cash investments .....	217,980.	2	318,184.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,900,589.		
	b Less: accumulated depreciation .....	10b 479,512.	10c 1,454,807.	10c 1,421,077.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	15 12,415.	15 13,624.	
	16 Total assets. Add lines 1 through 15 (must equal line 33) .....	16 1,912,149.	16 1,927,963.	
Liabilities	17 Accounts payable and accrued expenses .....		17	
	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	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	23 18,728.	23 15,674.	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	25 7,085.	25 6,780.	
	26 Total liabilities. Add lines 17 through 25 .....	26 25,813.	26 22,454.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	27 1,882,718.	27 1,902,791.	
	28 Net assets with donor restrictions .....	28 3,618.	28 2,718.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	32 1,886,336.	32 1,905,509.	
	33 Total liabilities and net assets/fund balances .....	33 1,912,149.	33 1,927,963.	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	329,213.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	310,040.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	19,173.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	1,886,336.
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	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	1,905,509.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

2023

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

GOOD NEWS SHELTER CORPORATION

Employer identification number

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

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)  
3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_  
10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  
a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

6. Enter the number of supported organizations.

- Enter the number of supported organizations .....
- Provide the following information about the supported organization(s)

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

### Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.") .....	283,834.	236,861.	574,036.	465,152.	252,136.	1,812,019.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	283,834.	236,861.	574,036.	465,152.	252,136.	1,812,019.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						702,349.
<b>6 Public support.</b> Subtract line 5 from line 4.						1,109,670.

### Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4 .....	283,834.	236,861.	574,036.	465,152.	252,136.	1,812,019.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	234.	45,533.	49,474.	188.	2,204.	97,633.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						1,909,652.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

### Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	58.11	%
15 Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	63.36	%
16a <b>33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

## V Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Yes	No
11a	
11b	
11c	

## Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Yes	No
1	
2	

## Section C. Type II Supporting Organizations

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

Yes	No
1	

## Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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.

Yes	No
1	
2	
3	

## Section E. Type III Functionally Integrated Supporting Organizations

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

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

## 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.

Yes	No
2a	
2b	

## 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

Yes	No
3a	
3b	

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
e <b>Discount</b> 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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>		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 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the 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		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	<b>Total</b> 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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	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	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

## 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.)

## **Identification of Excess Contributions Included on Part II, Line 5**

2023

\*\* Do Not File \*\*  
\*\*\* Not Open to Public Inspection \*\*\*

Total Excess Contributions to Schedule A, Part II, Line 5 .....

702,349.

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**GOOD NEWS SHELTER CORPORATION**

Employer identification number

**61-1334374**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

GOOD NEWS SHELTER CORPORATION

61-1334374

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICK AND LUCKY LUCAS C/O GOOD NEWS SHELTER CORP. LAGRANGE, KY 40031	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HEAD FAMILY TRUST 201 E MAIN ST, FLOOR 2 LOUISVILLE, KY 40202	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TERESA MITCHEN C/O GOOD NEWS SHELTER CORP. LAGRANGE, KY 40031	\$ 8,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COMMUNITY FOUNDATION OF LOUISVILLE 325 W MAIN STREET, SUITE 1110 LOUISVILLE, KY 40202	\$ 99,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KAREN AND ALAN SALVADENA C/O GOOD NEWS SHELTER CORP. LAGRANGE, KY 40031	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LARRY AND SUE RUEFF C/O GOOD NEWS SHELTER CORP. LAGRANGE, KY 40031	\$ 8,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GOOD NEWS SHELTER CORPORATION

Employer identification number

61-1334374

## Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	OLDHAM COUNTY FISCAL COURT 100 WEST JEFFERSON STREET, SUITE 4 LAGRANGE, KY 40031	\$ 7,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BARRY & CHARLOTTE DAWSON C/O GOOD NEWS SHELTER CORP. LAGRANGE, KY 40031	\$ 7,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	OHIO VALLEY UNITED CHARITIES, INC. P. O. BOX 528 CARROLLTON, KY 41008	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GOOD NEWS SHELTER CORPORATION

Employer identification number

61-1334374

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

**GOOD NEWS SHELTER CORPORATION**

61-1334374

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

GOOD NEWS SHELTER CORPORATIONEmployer identification number  
61-1334374**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included on line 2a .....

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....  
b Assets included in Form 990, Part X ..... \$ .....

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

Schedule D (Form 990) 2023

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a  Public exhibition      d  Loan or exchange program  
b  Scholarly research      e  Other \_\_\_\_\_  
c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V** **Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

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

a Board designated or quasi-endowment \_\_\_\_\_ %  
b Permanent endowment \_\_\_\_\_ %  
c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule P?

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

## Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>409,151.</b>		<b>409,151.</b>
<b>b</b> Buildings .....		<b>1,391,981.</b>	<b>395,007.</b>	<b>996,974.</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>2,816.</b>	<b>2,816.</b>	<b>0.</b>
<b>e</b> Other .....		<b>96,641.</b>	<b>81,689.</b>	<b>14,952.</b>
<b>Total. Add lines 1a through 1e.</b> (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>1,421,077.</b>

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).)

1,421,077.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))</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 end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))</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.

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

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PAYROLL TAX LIABILITY</b>	<b>3,316.</b>
(3) <b>CLIENT DEPOSITS</b>	<b>3,464.</b>
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b>	<b>6,780.</b>

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

## **Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

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

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

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

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

**Part XIII** Supplemental Information

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

**SCHEDULE G**  
**(Form 990)**

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2023

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
61-1334374

## GOOD NEWS SHELTER CORPORATION

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total**

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....	13a	%
b An outside facility .....	13b	%

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV Supplemental Information (continued)**



## GOOD NEWS SHELTER CORPORATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990. Part W, line 22.

(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
TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES	145	28,916.	0	AMOUNTS PAID FOR MAINTENANCE, UTILITIES, TRANSPORTATION, AND OTHER SERVICES	

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

GOOD NEWS SHELTER CORPORATION

Employer identification number  
61-1334374

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

ARE USUALLY FAMILIES, MOST OFTEN SINGLE WOMEN WITH THEIR CHILDREN, AND  
THEY ARE STAYING ANYWHERE THEY CAN. THE FACT THAT THEY HAVE NO HOME OF  
THEIR OWN MEANS THEY HAVE NO STABILITY OR FUTURE FOR THEMSELVES AND  
THEIR CHILDREN. WHEN GOOD NEWS IS ABLE TO HELP A FAMILY, THE RESULT IS  
LIFE-CHANGING.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

GRANTS TO OTHER ORGANIZATIONS

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

THE ORGANIZATION PROVIDES THE INFORMATION FOR THE 990. IT IS  
PROFESSIONALLY PREPARED. THE RETURN IS REVIEWED BY THE SIGNATOR, PRIOR TO  
SIGNING. THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE FORM 990 TO  
REVIEW AT A SUBSEQUENT BOARD MEETING.

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

ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND  
FINANCIAL STATEMENTS AVAILABLE UPON WRITTEN REQUEST.

## 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND													
4	LAND - FIRST STREET APT BLDG	06/15/99	L			33,500.					33,500.		0.	
7	LAND - TRIMBLE COUNTY	06/15/04	L			13,826.					13,826.		0.	
19	COMMERCIAL LOT	01/14/09	L			172,000.					172,000.		0.	
22	LAND - 1112 WAINO COURT	07/26/10	L			25,000.					25,000.		0.	
27	LAND - 115 EAST ADAMS STREET	12/26/11	L			32,300.					32,300.		0.	
29	EASEMENT BY FIRE STATION	01/22/14	L			14,500.					14,500.		0.	
52	LAND - ANCHOR AVENUE	07/01/22	L			83,025.					83,025.		0.	
55	LAND - 102 SAUER AVE	12/22/22	L			35,000.					35,000.		0.	
* 990	PAGE 10 TOTAL LAND					409,151.					409,151.		0.	
* 990	PAGE 10 TOTAL - BUILDINGS					409,151.					409,151.		0.	
2	FIRST STREET APT. BLDG., LAGRANGE	10/15/01	SL	39.00	MM17	163,483.					163,483.	97,248.	4,192.	101,440.
8	APARTMENT BUILDING - TRIMBLE COUNTY	03/15/06	SL	39.00	MM17	194,496.					194,496.	87,686.	4,987.	92,673.
11	PLAYGROUND EQUIPMENT ADDITIONS - TRIMBLE COUNTY	05/22/06	200DB	7.00	HY17	2,000.					2,000.	2,000.	0.	2,000.
13	APARTMENTS	08/30/07	SL	39.00	MM17	71,725.					71,725.	28,275.	1,839.	30,114.
18	ROSEHAVEN II	01/14/09	SL	39.00	MM17	175,000.					175,000.	62,631.	4,487.	67,118.
23	HOUSE - 1112 WAINO COURT	07/26/10	SL	39.00	MM17	48,000.					48,000.	15,336.	1,231.	16,567.

## 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Year Deduction	Current Sec 179 Expense	Ending Accumulated Depreciation
28	OFFICE BUILDING - 115 EAST ADAMS STREET SHED CONSTRUCTED FOR TRIMBLE ESG	12/26/11	SL	39.00	MM17	157,700.			2,295.	2,295.	44,652.	4,044.	48,696.	
30		04/30/14	200DB	7.00	HY17	4,590.					2,295.	0.	2,295.	
37	RENOVATION - WAINO COURT	04/28/15	SL	39.00	MM17	7,535.			7,535.	1,524.		193.	1,717.	
53	BUILDING - ANCHOR AVENUE	07/01/22	SL	27.50	MM17	332,100.			332,100.	5,535.		12,076.	17,611.	
54	IMPROVEMENTS - ANCHOR AVENUE	07/01/22	SL	27.50	MM17	235,352.			235,352.	3,923.		8,558.	12,481.	
* 990	PAGE 10 TOTAL BUILDINGS					1,391,981.			2,295.	1,389,686.	351,105.	41,607.	392,712.	
	FURNITURE & FIXTURES													
10	FURNISHINGS - WATERS HOUSE	03/31/06	200DB	7.00	HY17	6,159.			6,159.	6,159.		0.	6,159.	
14	WASHER & DRYER	06/14/07	200DB	7.00	HY17	633.			633.	633.		0.	633.	
15	LAWN MOWER	08/18/08	200DB	7.00	HY17	350.			350.	350.		0.	350.	
ROSEHAVEN FURNITURE &														
20	FIXTURES	01/14/09	200DB	7.00	HY17	40,000.			40,000.	40,000.		0.	40,000.	
26	CHEST	03/22/11	200DB	7.00	HY17	199.			199.	199.		0.	199.	
31	FLOORING OLDHAM SHP 1ST #3	05/12/15	200DB	7.00	HY17	2,100.			2,100.	2,100.		0.	2,100.	
32	FLOORING OLDHAM SHP 1ST #4	09/02/15	200DB	7.00	HY17	2,150.			2,150.	2,150.		0.	2,150.	
33	HEAT PUMP - OLDHAM SHP #4	08/29/15	200DB	7.00	HY17	4,360.			4,360.	4,360.		0.	4,360.	
34	FLOORING TRIMBLE ESG #2	02/25/15	200DB	7.00	HY17	2,045.			2,045.	2,045.		0.	2,045.	
35	WATER HEATER - RHII	07/30/15	200DB	7.00	HY17	970.			970.	970.		0.	970.	
WASHER & DRYER - WATNO														
36	COURT	02/25/15	200DB	7.00	HY17	776.			776.	776.		0.	776.	

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No. v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Current Sec 179 Deduction	Beginning Accumulated Depreciation	Ending Accumulated Depreciation
41	FLOORING TRIMBLE ESG #3	04/21/15	200DB	7.00	HY17	2,145.			2,145.	2,145.	0.	2,145.
44	FURNACE OLDHAM SHP 1ST #2	05/03/16	200DB	7.00	HY17	4,330.		2,165.	2,165.	2,068.	97.	2,165.
45	FLOORING TRIMBLE ESG #1	01/26/16	200DB	7.00	HY17	2,145.		1,073.	1,072.	1,024.	48.	1,072.
46	FLOORING TRIMBLE ESG #4	02/17/16	200DB	7.00	HY17	2,145.		1,073.	1,072.	1,024.	48.	1,072.
49	FURNACE/AC UNIT - OLDHAM SHP	05/30/18	200DB	7.00	HY17	3,850.		3,850.	2,991.	344.	3,335.	
51	HVAC REPLACEMENT - ADAMS	06/19/19	200DB	7.00	HY17	5,400.		5,400.	3,714.	482.	4,196.	
56	HVAC REPLACEMENT - TRIMBLE ESG	05/02/22	200DB	7.00	HY17	5,060.		5,060.	723.	1,239.	1,962.	
57	FLOORING - ADAMS	02/10/23	200DB	7.00	HY19C	7,166.			7,166.		1,024.	
58	SAFE - ADAMS	03/13/23	200DB	7.00	HY19C	2,487.			2,487.		355.	355.
59	SWING SET - OLDHAM SHP	05/12/23	200DB	7.00	HY19C	2,171.			2,171.		310.	310.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					96,641.		4,311.	92,330.	73,431.	3,947.	77,378.
	MACHINERY & EQUIPMENT											
39	COMPUTER - OFFICE	03/19/15	200DB	5.00	HY17	424.			424.	424.	0.	424.
40	COMPUTER - ADMIN	03/19/15	200DB	5.00	HY17	718.			718.	718.	0.	718.
42	COMPUTER - HMIS	02/12/16	200DB	5.00	HY17	710.			355.	355.	0.	355.
43	PRINTER - HMIS	02/12/16	200DB	5.00	HY17	456.			228.	228.	0.	228.
48	PRINTER - HMIS	02/12/16	200DB	5.00	HY17	508.			254.	254.	0.	254.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					2,816.		837.	1,979.	1,979.	0.	1,979.

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

990 FORM 990 PAGE 10 990

3328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization  
(Including Information on Listed Property)

990

OMB No. 1545-0172

2023

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

GOOD NEWS SHELTER CORPORATION

FORM 990 PAGE 10

61-1334374

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.		Business or activity to which this form relates	Identifying number
1 Maximum amount (see instructions)		1	1,160,000.
2 Total cost of section 179 property placed in service (see instructions)		2	
3 Threshold cost of section 179 property before reduction in limitation		3	2,890,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0-		4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	8
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Don't include listed property. See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2023	17	43,865.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

## Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		11,824.	7 YRS.	HY	200DB	1,689.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

## Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	45,554.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use .....

25

**26** Property used more than 50% in a qualified business use:

⋮	⋮	%						
⋮	⋮	%						
⋮	⋮	%						

**27** Property used 50% or less in a qualified business use:

⋮	⋮	%				S/L -		
⋮	⋮	%				S/L -		
⋮	⋮	%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....

28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (don't include commuting miles) .....	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
		Yes	No										
31	Total commuting miles driven during the year .....												
32	Total other personal (noncommuting) miles driven .....												
33	Total miles driven during the year. Add lines 30 through 32 .....												
34	Was the vehicle available for personal use during off-duty hours? .....												
35	Was the vehicle used primarily by a more than 5% owner or related person? .....												
36	Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

<b>Part VI</b> Amortization	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2023 tax year: .....

⋮	⋮	⋮	⋮	⋮	⋮	⋮
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**43** Amortization of costs that began before your 2023 tax year .....

43

**44** **Total.** Add amounts in column (f). See the instructions for where to report .....

44

## 2024 DEPRECIATION AND AMORTIZATION REPORT

## - NEXT YEAR FEDERAL - GOOD NEWS SHELTER CORPORATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
LAND									0.
4LAND - FIRST STREET APT BLDG	061599L				33,500.		33,500.		0.
7LAND - TRIMBLE COUNTY	061504L				13,826.		13,826.		0.
19COMMERCIAL LOT	011409L				172,000.		172,000.		0.
22LAND - 1112 WAINO COURT	072610L				25,000.		25,000.		0.
27LAND - 115 EAST ADAMS STREET	122611L				32,300.		32,300.		0.
29EASEMENT BY FIRE STATION	012214L				14,500.		14,500.		0.
52LAND - ANCHOR AVENUE	070122L				83,025.		83,025.		0.
55LAND - 102 SAUER AVE	122222L				35,000.		35,000.		0.
* 990 PAGE 10 TOTAL LAND					409,151.		409,151.		0.
* 990 PAGE 10 TOTAL -					409,151.		409,151.		0.
BUILDINGS									
2FIRST STREET APT. BLDG ., LAGRANGE	101501SL				163,483.		163,483.		101,440.
8APARTMENT BUILDING - TRIMBLE COUNTY	031506SL				194,496.		194,496.		92,673.
11PLAYGROUND EQUIPMENT -	052206200DB7.00				2,000.		2,000.		2,000.
ADDITIONS - TRIMBLE COUNTY									0.
13APARTMENTS									
083007SL					39,00	71,725.	71,725.	30,114.	4,192.
011409SL					39,00	175,000.	175,000.	67,118.	4,987.
072610SL					39,00	48,000.	48,000.	16,567.	1,231.
18ROSEHAVEN II									
23HOUSE - 1112 WAINO COURT									
OFFICE BUILDING - 115 EAST ADAMS									
28STREET									
30SHED CONSTRUCTED FOR TRIMBLE ESG	043014200DB7.00				4,590.	2,295.	2,295.	2,295.	0.
37RENOVATION - WAINO COURT	042815SL				7,535.	7,535.	7,535.	1,717.	193.
53BUILDING - ANCHOR AVENUE	070122SL				332,100.	332,100.	332,100.	17,611.	12,076.
54IMPROVEMENTS - ANCHOR AVENUE	070122SL				235,352.	235,352.	235,352.	12,481.	8,558.
* 990 PAGE 10 TOTAL BUILDINGS					1,391,981.	2,295.	1,389,686.	392,712.	41,607.
FURNITURE & FIXTURES									
10FURNISHINGS - WATERS HOUSE	033106200DB7.00				6,159.		6,159.		0.
14WASHER & DRYER	061407200DB7.00				633.		633.		0.
15LAWN MOWER	081808200DB7.00				350.		350.		0.
20ROSEHAVEN FURNITURE & FIXTURES	011409200DB7.00				40,000.		40,000.		0.
26CHEST	032211200DB7.00				199.		199.		0.
31FLOORING OLDHAM SHP 1ST #3	051215200DB7.00				2,100.		2,100.		0.
32FLOORING OLDHAM SHP 1ST #4	090215200DB7.00				2,150.		2,150.		0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

## 2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

GOOD NEWS SHELTER CORPORATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
33	HEAT PUMP - OLDHAM SHP #4	08/29/15	200DB	7.00	4,360.		4,360.	0.	0.
34	FLOORING TRIMBLE ESG #2	02/25/15	200DB	7.00	2,045.		2,045.	0.	0.
35	WATER HEATER - RHI	07/30/15	200DB	7.00	970.		970.	0.	0.
36	WASHER & DRYER - WAINO COURT	02/25/15	200DB	7.00	776.		776.	0.	0.
41	FLOORING TRIMBLE ESG #3	04/21/15	200DB	7.00	2,145.		2,145.	0.	0.
44	FURNACE OLDHAM SHP 1ST #2	05/03/16	200DB	7.00	4,330.	2,165.	2,165.	0.	0.
45	FLOORING TRIMBLE ESG #1	01/26/16	200DB	7.00	2,145.	1,073.	1,072.	0.	0.
46	FLOORING TRIMBLE ESG #4	02/17/16	200DB	7.00	2,145.	1,073.	1,072.	0.	0.
49	FURNACE/AC UNIT - OLDHAM SHP	05/30/16	200DB	7.00	3,850.		3,850.	3,335.	343.
51	HVAC REPLACEMENT - ADAMS	06/19/19	200DB	7.00	5,400.		5,400.	4,196.	482.
56	HVAC REPLACEMENT - TRIMBLE ESG	05/02/22	200DB	7.00	5,060.		5,060.	1,962.	885.
57	FLOORING - ADAMS	02/10/23	200DB	7.00	7,166.		7,166.	1,024.	1,755.
58	SAFE - ADAMS	03/13/23	200DB	7.00	2,487.		2,487.	355.	609.
59	SWING SET - OLDHAM SHP	05/12/23	200DB	7.00	2,171.		2,171.	310.	532.
* 990	PAGE 10 TOTAL FURNITURE & FIXTURES				96,641.	4,311.	92,330.	77,378.	4,606.
39	MACHINERY & EQUIPMENT								
39	COMPUTER - OFFICE	03/19/15	200DB	5.00	424.		424.	0.	0.
40	COMPUTER - ADMIN	03/19/15	200DB	5.00	718.		718.	0.	0.
42	COMPUTER - HMIS	02/12/16	200DB	5.00	710.	355.	355.	0.	0.
43	PRINTER - HMIS	02/12/16	200DB	5.00	456.	228.	228.	0.	0.
48	PRINTER - HMIS	02/12/16	200DB	5.00	508.	254.	254.	0.	0.
* 990	PAGE 10 TOTAL MACHINERY & EQUIPMENT				2,816.	837.	1,979.	1,979.	0.
* 990	PAGE 10 TOTAL -				1,491,438.	7,443.	1,483,995.	472,069.	46,213.
* GRAND TOTAL	990 PAGE 10 DEPR				1,900,589.	7,443.	1,893,146.	472,069.	46,213.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of St**

**0462396**  
**Michael G. Adams**  
**KY Secretary of State**  
Received and Filed  
**2/15/2024 12:43:21 PM**  
**Fee receipt: \$15.00**

Michael G. Adams  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

**Annual Report  
Online Filing  
For the Year 2024**

ARP

**Company:** GOOD NEWS SHELTER CORPORATION  
**Company ID:** 0462396  
**State of origin:** Kentucky  
**Formation date:** 9/22/1998 12:00:00 AM  
**Date filed:** 2/15/2024 12:41:09 PM  
**Fee:** \$15.00

**Principal Office**

115 E ADAMS STREET, SUITE 1A  
LAGRANGE, KY 40031

**Registered Agent Name/Address**

Stephanie Skeens  
115 E. Adams St.  
LaGrange, KY 40031

**Current Officers**

Secretary	CHARLOTTE DAWSON	5111 MacIntosh, LaGrange, KY 40031
Treasurer	Karen Salvadalena	1507 Mahogany Run Dr. LaGrange, KY 40031
President	Tom Grace	4420 W. Hwy 524, Westport, KY 40077
Vice President	Rick Lucas	5704 W. Hwy 524 Westport, KY 40077

**Directors**

Director	Karen Salvadalena	1507 Mahogany Run Dr. LaGrange, KY 40031
Director	Rick Lucas	5704 W Hwy 524, Westport, KY 40077
Director	Charlotte Dawson	5111 MacIntosh, LaGrange, KY 40031
Director	Tom Grace	4420 W. Hwy 524 Westport, KY 40077
Director	Jon Dunlap	10 Wentworth Rd. Bedford, KY 40006
Director	Denise Hall	68 Wentworth Ave Bedford, KY 40006
Director	Elena Olguin	Oak Leaf Dr. LaGrange, KY 40031
Director	Gary Bricken	3102 Pin Oak Dr. LaGrange, KY 40031
Director	David Stoess	P.O. Box 259 Crestwood KY 40014
Director	Mary Ann Bowling	2182 Gills Ridge Rd. Bedford, KY 40006
Director	Robert Widman	4606 Sunny Hill Dr. Crestwood, KY 40014
Director	Stephanie Skeens	603 Scott Montfort Dr. LaGrange, KY 40031

County: Oldham  
Business size: Small  
Business type: Social Services

**Signatures**

**Signature** Stephanie Skeens  
**Title** Executive Director



## Board of Directors

Tom Grace, Chairman  
4420 W. Highway 524  
Westport, KY 40077  
Thomas.joseph.grace@gmail.com  
Retired Machinist

Rick Lucas, Vice-Chair  
5701 W. Hwy 524  
Westport KY 40077  
Ricklucas7734@gmail.com  
Retired Pastor

Karen Salvadalena, Treasurer  
1507 Mahogany Run Dr.  
LaGrange, KY 40031  
Karen.salvo@bellsouth.net  
Financial Officer

Charlotte Dawson, Secretary  
5111 MacIntosh  
LaGrange, KY 40031  
Cwdawson2631@gmail.com  
Retired educator

Jon Dunlap  
P.O. Box 161  
Bedford, KY 40006  
jdunlap@bedfordbank.com  
Bank President

Gary Bricken  
3102 Pin Oak Dr.  
LaGrange, KY 40031  
sugar\_brick@bellsouth.net  
Retired Police Officer

Bob Widman  
4606 Sunny Hill Dr.  
Crestwood, KY 40014  
rwidman@yourcomplete.com  
Contractor

Mary Ann Bowling  
2182 Gills Ridge Rd  
Bedford, KY 40006  
dcbowling@hotmail.com  
Community Member

David Stoess  
3712 Palmer Park Rd  
Crestwood, KY 40014  
Key2live@gmail.com  
Realtor / Property Manager

Susan Rueff  
6906 Briarhill Rd.  
Crestwood, KY 40014  
srueff@aol.com  
Retired social worker

Matthew Moore  
New board member Dec 2024

**Staff:**  
Executive Director – Stephanie Skeens  
Case Manager / Bookkeeper – Pamela Sage

J.D. Jones  
New board member Dec 2024

## Good News Homes

### Properties and Programs

\*\*We do not have an emergency shelter – we refer someone needing housing “tonight” either to the Prestonville Shelter in Carroll County or to the Jefferson County bed line at 502-637-BEDS for shelters in Louisville.

#### Transitional Housing Program (TH)

Previously this program was funded primarily through Kentucky Housing Corporation. In 2017, funding ended for transitional housing as HUD decided that transitional housing projects would not be their focus. Good News Homes, however, believes that transitional housing is a good fit for our community and will continue to run the program as God allows. Transitional housing gives families and individuals up to a year or more to get back on their feet after becoming homeless. Families will then transition to permanent housing. During this program families receive case management such as life skills counseling, job referral and assistance and other help as needed. As of now the program is funded solely on private donations and through fundraising.

#### Properties



**Smith Apartments located at 318 N. 1<sup>st</sup> St. LaGrange (TH):** The Smith apartments include four spacious three-bedroom apartments on land donated by Harold & Sue Smith, where families can live for up to a year while paying a low-cost graduated rental fee beginning at \$150 per month and increasing \$100 quarterly until they are paying \$450 in the last quarter. Good News Homes provides water, sewer, and trash as well as a washer and dryer for each unit. Good News Homes will also cover the electric for the first three months at which point families will put the electric in their name. Traditionally we have not asked residents to pay rent, but we have found that residents are more successful transitioning to permanent housing when they are accountable to pay their rent. Paying rent also gives them a year of good rental history if payments are made on time.

**Bedford Apartments located at 1088 Hwy 42 W in Bedford (TH):** Same set up as the Smith apartments.



**Anchor Inasmuch Campus located at 120 Anchor Avenue in LaGrange (TH).** The Anchor Inasmuch Campus, a six-unit, 2 BR, 2BA building was bought in 2021, with funds from the Inasmuch Fund of the Smith-Bottorff Family. Before GNH purchased, the units had been empty for 25 years. Volunteers gutted the interior and turned the units into modern, safe, apartments for singles or families.

**Anchor Inasmuch II located at 110 Anchor Avenue in LaGrange (TH).** We purchased this twelve-unit 2 BR 1 BA building in November of 2024. We will begin to remodel and repair units in 2025.





**RoseHaven 2 located at 100 N. 5<sup>th</sup> Street in LaGrange:** This duplex consists of a 1 BR apartment downstairs and a 2BR apartment upstairs. We inherited this building from The Center for Women in Crisis (Rosehaven) started by Betty Decker before 2009. This property is not included in our TH program at this time but we are considering it in the future. The 2 tenants who are in the units are considered permanent housing tenants and have been there for several years.

### Outreach

- Outreach services include: Providing referral information to those in need of housing
- Providing emergency supplies such as hygiene and toiletry items
- Housing / crises counseling

**Single Mom University (added 2019):** Program with curriculum designed for single mothers – developed by a single mother, Jennifer Maggio from Louisiana. Participants watch videos with case managers and completed quizzes and homework. Participants also must complete quarterly Life Skills Classes in order to “graduate.”

**Mentoring:** The Good News Homes’ Mentoring / Discipleship Program began in 2021. The purpose of the program is to walk alongside our families and model the love of Christ. The mentors are persons from local bodies of believers who build relationships with our families. We provide training for this program.

**GOOD NEWS SHELTER  
CASH POSITION**

**11/10/2024**

**Bank Statement 10/31/2024 Checking:** \$ 174,419.02

**Payroll:**

Stephanie Skeens	
Pam Sage	
<i>Payroll Subtotal:</i>	-
<b>Balance Sub-Total:</b>	174,419.02

**Payroll taxes:**

State	297.00
Federal	1,921.00
Retirement	583.00
Local	
AFLAC	199.00
<i>Payroll taxes Subtotal:</i>	3,000.00
<b>Balance Sub-Total:</b>	171,419.02

**Grant reimbursements coming & Deposits:**

Special Grants/Foundations	-
<i>Deposits</i>	6,931.00
<b>Balance Sub-Total:</b>	178,350.02

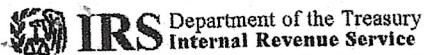
**Credit card purchases made for new billing cycle:**

Gas for van	45.00
TH Maintenance including mowing	1,190.00
Utilites	425.00
Cell phones	40.00
Office supplies	457.00
Housing ins	3,200.00
Storage	75.00
<i>Total credit card coming:</i>	5,432.00
<b>Balance Sub-Total:</b>	172,918.02

**Accounts Payable:**

TH Maintenance	174
Legal fees	296.00
Client Services & screenings/IDA/Lifeskills	55.00
Utilities/Internet/Phone	\$2,240
KHC RH2 escrow	101.00
Vehicle/Housing & Other Insurances	131.00
<i>Accounts Payable Subtotal</i>	2,997.00
<b>Balance Sub-Total</b>	169,921.02

<b>Cash Balance Available as of 10/03/2024- Checking</b>	\$ 123,596.52
<b>Anchor II Donations as of 10/03/2024 - Checking</b>	\$ 46,324.50
<b>Certificate of Deposit</b>	\$ 210,786.53
<b>Cash Balance Available as of 06/30/2024 - Savings</b>	93,264.91
<b>TOTAL</b>	<b>\$ 473,972.46</b>



Cincinnati Service Center  
CINCINNATI OH 45999-0038

In reply refer to: 0256577227  
Feb. 21, 2023 LTR 4168C 0  
61-1334374 000000 00  
00015378  
BODC: TE

GOOD NEWS SHELTER CORPORATION  
% HAROLD R SMITH  
115 E ADAMS STREET  
LA GRANGE KY 40031

025981

Employer ID number: 61-1334374  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Feb. 13, 2023, about your tax-exempt status.

We issued you a determination letter in March 1999, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

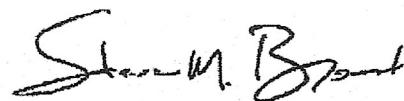
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GOOD NEWS SHELTER CORPORATION  
% HAROLD R SMITH  
115 E ADAMS STREET  
LA GRANGE KY 40031

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Steve M. Brown, Operations Manager  
Operations 3-CIN