Taxpayer Copy TIN: 47-2022203

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

Servic									
A F	or th	ne 2021 c	alendar year, or tax year beginn	ning 07-01-2021 , and endi	ng 06-30	-2022			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return			C Name of organization OUT OF THE COLD CENTRE COUNTY				D Employe	r identif	ication number
		-					47-2022	203	
		-	Doing business as						
		ırn/terminated					E Talanhana		
		ed return	Number and street (or P.O. box if mai	il is not delivered to street address)	Room/suit	е	E Telephone	Hulliber	
○ Ap	plicat	ion pending					(814) 23	8-0822	
			City or town, state or province, count State College, PA 16801	ry, and ZIP or foreign postal code					
							G Gross rec	eipts \$ 46	56,613
			F Name and address of principal Kendra Gettig	officer:		H(a) Is this	a group ret	urn for	
			318 S Atherton St				linates?		☐Yes ✓No
			State College, PA 16801			H(b) Are all include		es	☐ Yes ☐No
I Tax	k-exe	mpt status:	✓ 501(c)(3)	nsert no.) \square 4947(a)(1) or \square	527				nstructions.
J W	ebsi	i te: 🕨 out	ofthecoldcc.org			H(c) Group	exemption i	number	•
-						1		Maria	
K Forr	n of c	organization	: 🗸 Corporation 🗌 Trust 🔲 Associ	iation Other 🕨		L Year of format	tion: 2015	M State	of legal domicile: PA
	suf. I	- Cum							
Pa	art I		mary scribe the organization's mission or	most significant activities					
œ	_		nelter for homeless individuals	most significant activities.					
ě									
ш									
Governance	2	Chack th	is box $lacktriangle$ if the organization disc	continued its operations or dispo	osed of m	ore than 25%	of its not as	cotc	
Ğ	3	Number	of voting members of the governing	body (Part VI, line 1a)			or its fiet as	3	14
	4	Number	of independent voting members of t	the governing body (Part VI, line	e 1b) .			4	14
Activities &	5	Total nun	nber of individuals employed in cale	endar year 2021 (Part V, line 2a)			5	19
M	6		nber of volunteers (estimate if nece		-			6	700
Aci	7a		elated business revenue from Part \	• •			7a	0	
			lated business taxable income from					7b	0
	_						r Year		Current Year
	8	Contribut	tions and grants (Part VIII, line 1h)				346,46	54	466,613
Revenue	9		service revenue (Part VIII, line 2g)				5.07.1		0
Š		-	ent income (Part VIII, column (A), lir						0
æ			venue (Part VIII, column (A), lines 5		•				0
			enue—add lines 8 through 11 (mus			346,46	54	466,613	
			nd similar amounts paid (Part IX, co						0
			paid to or for members (Part IX, col	, ,,					0
			other compensation, employee ber		90,546 193,9				
88		·	, , , ,		90,3	+0	193,910		
8	_		onal fundraising fees (Part IX, colum						
Expenses			raising expenses (Part IX, column (D), lines 1		271.0	27	210 546		
			penses (Part IX, column (A), lines 1	•	•		271,83	_	210,546
	18	-	enses. Add lines 13–17 (must equa			362,383		404,456	
, w	19	Revenue	less expenses. Subtract line 18 from	m line 12	•		-15,9:		62,157
Net Assets or Fund Balances						Beginning o	of Current Ye	аг	End of Year
set	20	Total ass	ets (Part X, line 16)				123,80)9	866,983
t As	21		ilities (Part X, line 26)				7,05	_	689,383
Š			ts or fund balances. Subtract line 2:		_		116,75	_	177,600
Pa	rt II		ature Block						
Unde	per	nalties of p	erjury, I declare that I have examir						
		e and belie ledge.	ef, it is true, correct, and complete.	Declaration of preparer (other t	than office	er) is based or	all informa	tion of v	which preparer has
uny k	110 ***	****	**			202	3-11-06		
Sign			ture of officer			Date			
Here		Konda	on Cattin Chair of Board						
			ra Gettig Chair of Board or print name and title						
			Print/Type preparer's name	Preparer's signature	Da	ite		TIN	
Paid	1	[]	. Ab - bb			Chec	:k □ if		
Pre		or F	Firm's name	<u>I</u>			employed 's EIN		_
Use Only			irm's address			Phor	ne no.		
May t	he II	RS discuss	this return with the preparer show	n above? (see instructions)				□ Y	es 🗆 No

Form	n 990 (2021)				Page 2
Pa	art III Statement of Program	Service Accompl	ishments		
	Check if Schedule O contain	ns a response or note t	o any line in this Part III .		\square
1	Briefly describe the organization's r	mission:			
provi	ide shelter for homeless individuals				
2	Did the organization undertake any	significant program s	ervices during the year whic	ch were not listed on	
	the prior Form 990 or 990-EZ? $. $				🗆 Yes 🛂 No
	If "Yes," describe these new service	es on Schedule O.			
3	Did the organization cease conduct	_			
	services?				🗌 Yes 💆 No
	If "Yes," describe these changes on	Schedule O.			
4	Describe the organization's program Section 501(c)(3) and 501(c)(4) or and revenue, if any, for each program	rganizations are requir			
4a	(Code: 0) (Expens	ses \$ 388,68	37 including grants of \$) (Revenue \$	466,613)
	provide shelter for homeless individuals				
4b	(Code:) (Expens	ses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expens	ses \$	including grants of \$) (Revenue \$)
			<u> </u>		
4d	Other program services (Describe	in Schedule ())			
- •	(Expenses \$	including grants	of \$) (Revenue \$)
4e	Total program service expense		8,687		<u> </u>

	. ,			. 490
Pai	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 ? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

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

Form **990** (2021)

No

20b

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Form 990 (.2021)		Pa
Part IV	Checklist of Required Schedules (continued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	· ,		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes						
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No					
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?	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	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								
	Enter the amount of reserves on hand			Al -					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b							
	parachute payment(s) during the year?	15		No					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No					
17									

Form 990 (2021) Page **6**

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to ines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 14 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 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? No Did the organization delegate control over management duties customarily performed by or under the direct supervision No of officers, directors or trustees, or key employees to a management company or other person? . $\ \, \text{Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?} \, \, \textbf{.}$ 4 No 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No Did the organization have members or stockholders? 6 No 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No 7b No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Yes No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . 10a No If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a No **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a No Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c 13 No 13 Did the organization have a written document retention and destruction policy? 14 No 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official . . No 15b No If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a No 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 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 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 in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19

policy, and financial statements available to the public during the tax year.

►Kendra Gettig 318 S Atherton St State College, PA 16801 (814) 852-8864

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State the name, address, and telephone number of the person who possesses the organization's books and records:

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 no	or any related o	rganiza	tion c	omp	ens	sated a	ny o	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on son is	e bot	t ch οx, ι h ar	eck mountess office trustee) Highest compensated	r	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Sarah Potter	30.00									
Program Director	0.00				Х			15,816	0	C
(2) Phil Jones Vice Chair	5.00			х				0	0	C
(3) Virginia Poorman Case Worker	20.00				х			7,984	0	0
(4) Steve Brown	20.00				Х			11 421	0	
Shelter Coordinator	0.00				^			11,421	0	
(5) Kendra Gettig Chair	5.00			х				0	0	C
(6) Laurel Martinez Treasurer	5.00			x				0	0	C
(7) Sue Fetterman Secretary	5.00			x				0	0	C

Form 990 (2021) Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (**D**) Reportable **(E)** Reportable (A) Name and title **(B)** Average **(C)** Position (do not check more **(F)** Estimated hours per than one box, unless person compensation compensation amount of other from related organizations (Wweek (list is both an officer and a from the compensation organization (Wany hours for director/trustee) from the 2/1099-MISC/1099-NEC) 2/1099-MISC/1099-NEC) related organization and Officer Highest compensated employee Former Individual trustee or director related organizations Institutional below dotted organizations employee line) Trustee 1b \blacktriangleright Sub-Total . c Total from continuation sheets to Part VII, Section A . \blacktriangleright 35,221 d 0 Total (add lines 1b and 1c) . \blacktriangleright Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0 2 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 No 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 No 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 No

Section B. Independent Contractors	5
------------------------------------	---

1	Complete this table for	your five highest	compensated independ	ient contractors tha	t received more tha	n \$100,000 of compensation
	from the organization	Donort compones	tion for the calendar ve	ar anding with or w	ithin the organization	on's tay year

(B)
Description of services (A) (C)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ightharpoonup 0

Part	t V									
		Check if Sched	iuie	<u>O contain</u>	is a resp	onse or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s 2	1:	a Federated campaig	ıns		1a					
Gifts, Grants		b Membership dues			1b					
P. G		c Fundraising events		•	1c					
ifts, ar A		d Related organization	ons		1d					
© ∺		e Government grants (d	ontri	butions)	1e	27,904				
Contributions, Gift and Other Similar		f All other contributions and similar amounts r above			1f	438,709				
ntribu 2 Oth		g Noncash contributions lines 1a - 1f:\$	incl	uded in	1g					
Cont		h Total. Add lines 1a	1-1f			•	466,613			
						Business Code				
	2	a								
nne										
e ve		b								
9		c								
ervi										
Š		d								
Program Service Revenue		е								
Pro										
		f All other program	serv	ice reven	ue.					
		9 Total. Add lines 2	2a−2	f	>					
	3	3 Investment income similar amounts) .				interest, and othe	er			
	4	4 Income from invest				ond proceeds	•			
		5 Royalties					>			
				(i)	Real	(ii) Personal				
		5a Gross rents	6a							
		Less: rental					_			
		expenses	6b							
	(Rental income or (loss)	6с							
		d Net rental income	or ((loss) .						
				(i) Sed	curities	(ii) Other				
	7	7a Gross amount from sales of	7a							
		assets other								
	Ł	than inventory Less: cost or other basis and	7b							
	١.	sales expenses Gain or (loss)	7c							
	1	d Net gain or (loss)								
	8	3a Gross income from fu			_		<u> </u>			
ne		(not including \$contributions reported	d on		of					
Other Revenue		See Part IV, line 18	•		8a					
æ		b Less: direct expen	ses		. 8b					
Je.		c Net income or (los	s) fr	om fundr	aising ev	vents 🕨				
8										
	9	a Gross income from See Part IV, line 19	gam: •	ing activiti	es. 9a					
		b Less: direct expen	ses			_				
		c Net income or (los				ties				
	1	OaGross sales of inverteurns and allowa	ntor	ry, less	10a					
		b Less: cost of good	s sol	ld	10b	_	_			
		c Net income or (los			<u> </u>	_				
		Miscellaneo			01 1111011	Business Code	2			
	1	11a								
		b				+				
		с								
		d All other revenue			ı	-				
		e Total. Add lines 1								
	١,	12 Total revenue S	:		_					<u> </u>

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to an	ny line in this Part IX	<u> </u>		🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		,		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	35,221	35,221		
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	144,909	144,909		
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,780	13,780		
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	3,463	3,463		
	Lobbying		·		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	292	292		
13	Office expenses	7,545	7,545		
14	Information technology	3,251	3,251		
15	Royalties				
16	Occupancy	44,971	44,971		
17	Travel	19,511	19,511		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,769	15,769		
23	Insurance	16,855	16,855		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Guest Support-Rooms & Supplies	88,902	88,902		
	b Utilities	9,987	9,987		
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	404,456	404,456	0	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2021) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			123,809	1	267,752
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disqualit section $4958(f)(1)$), and persons described in section $4958(f)(1)$				6	
S	7	Notes and loans receivable, net				7	
ë	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	615,000			
	ь	Less: accumulated depreciation	10b	15,769		10c	599,231
	11	Investments—publicly traded securities .	1			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		
	16	Total assets. Add lines 1 through 15 (must equ	ual line	33)	123,809	16	866,983
	17	Accounts payable and accrued expenses			7,059	17	3,279
	18	Grants payable			18		
	19	Deferred revenue				19	62,183
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete P	art IV o	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	outor, c	or 35% controlled entity		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	623,921
	24	Unsecured notes and loans payable to unrelated		· —		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	<u> </u>		25		
	26	Total liabilities. Add lines 17 through 25 .			7,059	26	689,383
or Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere ▶ □ and		27	
Ba	28	Net assets with donor restrictions			28		
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, c	heck here 🕨 🗹 and			
o	29	Capital stock or trust principal, or current funds				29	
ste	30	Paid-in or capital surplus, or land, building or eq	uipmei	nt fund		30	
Net Assets	31	Retained earnings, endowment, accumulated in	come, o	or other funds	116,750	31	177,600
t A	32	Total net assets or fund balances			116,750	32	177,600
Ne	33	Total liabilities and net assets/fund balances .			123,809	33	866,983
				!			Farms 000 (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			466,613
2	Total expenses (must equal Part IX, column (A), line 25)	2			404,456
3	Revenue less expenses. Subtract line 2 from line 1	3	- ,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			116,750
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			-1,307
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			177,600
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both:	asis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 in Sched	lule O.		<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin-Audit Act and OMB Circular A-133?	gle	3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	ed	3b		
			F	orm 99	0 (2021)

Taxpayer Copy

SCHEDULE A (Form 990 or 990EZ)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information. TIN: 47-2022203 OMB No. 1545-0047

Open to Public Inspection

Depai Treas	tment o	of the	•	Go to <u>www.irs</u>	s.gov/Form990 for i	nstructions and	the latest info	ormation.	Open to Public Inspection
		ne o Egaridea COLD CENTRE						Employer identif	cation number
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COLD CLIVING	COONTT					47-2022203	
	rt I				us (All organization			See instructions.	
_	organız		•		e it is: (For lines 1 thro				
1		·		•	ssociation of churches			(A)(i).	
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ).)		
3		A hospital of	or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,		inization operat	ed in conjunction with	a hospital descri	bed in section 1	170(b)(1)(A)(iii).	Enter the hospital's
5		170(Ď)(1)	(A)(iv). (Co	mplete Part II.		,	, 3		ribed in section
6		•	•	-	governmental unit de				
7	\checkmark			rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	nit or from the gene	ral public described in
8					n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
10		from activit investment	ies related to income and	its exempt fur unrelated busir	(1) more than 331/3% nctions—subject to cer ness taxable income (le pmplete Part III.)	tain exceptions, a	and (2) no more	than 33 1/3% of its	
11		An organiza	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	tion 509(a)(2). See section 509 (he purposes of one or (a)(3). Check the box
а		organizatio	n(s) the pow		appoint or elect a major				y giving the supported anization. You must
b		manageme	nt of the sup		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio ions). You must com				ated with, its
d		functionally	integrated.	The organizatio	d. A supporting organ n generally must satis	fy a distribution	requirement and	th its supported orga an attentiveness re	nnization(s) that is not quirement (see
е					ved a written determin		RS that it is a Ty	pe I, Type II, Type I	II functionally
f	Enter			d organizations	integrated supporting	•			0
g				•	upported organization(_	·
	(i) N	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			0						0 0

If the organization failed to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 224.920 50,000 105,889 346,464 466,613 membership fees received. (Do not 1.193.886 include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . The value of services or facilities furnished by a governmental unit to the organization without charge.. 50,000 105,889 224,920 346,464 466,613 1,193,886 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 0 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 1,193,886 line 4 Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 50,000 105,889 224,92 346,464 466,613 1,193,886 Amounts from line 4. . Gross income from interest, dividends, payments received on 0 securities loans, rents, royalties and income from similar sources. . . Net income from unrelated business 0 0 activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital n 0 0 assets (Explain in Part VI.). 11 Total support. Add lines 7 through 1,193,886 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 100.000 % 15 Public support percentage for 2020 Schedule A, Part II, line 14 0 % 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ightharpoons17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.

Schedule A (Form 990 or 990-EZ) 2021

Schedule A (Form 990 or 990-EZ) 2021 Page 3 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 vear (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 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 Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) Amounts from line 6. . Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .

13	3 Total support. (Add lines 9, 10c, 11, and 12.).				
14		501(c)(3) organ	nization,	-
	check this box and stop here			▶□	
S	ection C. Computation of Public Support Percentage				Ī
15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15			
16	Public support percentage from 2020 Schedule A, Part III, line 15	16			
S	ection D. Computation of Investment Income Percentage				
17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17			
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18			
19	a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33	1/3%, a	nd line	17 is not	
ļ	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more				;

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use .	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	(A) // // // / / / / / / / / / / / / / /	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
	Schedule A (Form 990		0-EZ)	2021

Ра	supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a			
b	A family member of a person described in 11a above?	11b			
c					
S	VI. ection B. Type I Supporting Organizations				
	7 7		Yes	No	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2			
_					
	ection C. Type II Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of				
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
	ection D. All Type III Supporting Organizations			1	
	ection b. An Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's				
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing				
	documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
		2			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3			
S	ection 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 instruction)	ons) :			
;	The organization satisfied the Activities Test. Complete line 2 below.				
ı	The organization is the parent of each of its supported organizations. Complete line 3 below.				
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Vec	N-	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		Yes	No	
•	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 in line 2a, above constitute activities that, but for the organization's involvement, one or more	2a			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.				
,		2b		<u> </u>	
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	3a			
	the supported organizations? If "Yes" or "No", provide details in Part VI.				
ı	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.	21			
		3b	L		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organiz			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions	ntegrat	ted Type III supporting o	organization (see

e Excess from 2021.

Schedule A (Form 990 or 990-EZ) 2021					Pa	ige 7
Part V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizatio	ns (co	ntinued)		
Section D - Distributions				Cı	ırrent Year	
1 Amounts paid to supported organizations to assemblish	overnt nurneces		1			
Amounts paid to supported organizations to accomplish	· · ·		-			
2 Amounts paid to perform activity that directly furthers e organizations, in	exempt purposes of supported		2			
excess of income from activity	-					
Administrative expenses paid to accomplish exempt pur	noses of supported organization	one	3			
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	UIIS	3			
4 Amounts paid to acquire exempt-use assets			4			
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	5			
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6			
7 Total annual distributions. Add lines 1 through 6.			7			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8			
9 Distributable amount for 2021 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	Underdis	i) tributio 2021		(iii) Distributable Amount for 2021	
1 Distributable amount for 2021 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019						
(reasonable cause required explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2021:						
a From 2016						
b From 2017						
c From 2018						
d From 2019						
e From 2020						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2021 distributable amount						
 Carryover from 2016 not applied (see instructions) 						
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4 Distributions for 2021 from Section D, line 7:						
Applied to underdistributions of prior years						
b Applied to 2021 distributable amount						
c Remainder. Subtract lines 4a and 4b from line 4.						
5 Remaining underdistributions for years prior to						
2021, if any. Subtract lines 3g and 4a from line 2.						
If the amount is greater than zero, explain in Part VI .						
See instructions. 6 Remaining underdistributions for 2021. Subtract						
lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.						
7 Excess distributions carryover to 2022. Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2017						
b Excess from 2018						
c Excess from 2019						
d Excess from 2020.	I	Ī				

Schedule A (Form 990 or 990-EZ) (2021)

Return Reference

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).
	Facts And Circumstances Test

Explanation

Schedule A (Form 990 or 990-EZ) 2021

Taxpayer Copy

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

OMB No. 1545-0047

TIN: 47-2022203

Open to Public Inspection

Na	ne of the organization OF THE COLD CENTRE COUNTY		Employer identification number
001	OF THE COLD CENTRE COUNTY		47-2022203
Pa	rt I Organizations Maintaining Donor Advi Complete if the organization answered "Ye		r Accounts.
	complete if the organization answered Te	(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 advisor organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose o	
Pa	t II Conservation Easements.		3 165 G NG
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the orga	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	or education) Preservation of an	historically important land area
	Protection of natural habitat	lacksquare Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	rm of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements . $% \left(1\right) =\left(1\right) \left(1\right) $		2b
c	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservation	n easement is located 🕨	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations,
	Staff and volunteer hours devoted to monitoring, inspec		☐ Yes ☐ No
6	<u> </u>		- ,
7	Amount of expenses incurred in monitoring, inspecting, \$ \begin{align*} \text{*} \\ \text{*} \end{align*}	handling of violations, and enforcing conser-	vation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar Assets.
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	C 958, not to report in its revenue statemen lic exhibition, education, or research in furth	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		• \$
	i) Assets included in Form 990, Part X		
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.	cal treasures, or other similar assets for fina	· ———
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		

Sche		(Form 990) 2021 Organizations Maintaining Col	llections of Art.	Histor	ical T	reas	sures, or	Other	Similar	Assets (con	Page
3	Using	the organization's acquisition, accession (check all that apply):									
а		Public exhibition		d		Loa	ın or excha	nae pro	arams		
b				e				•			
		Scholarly research				Oth	ier				
С		Preservation for future generations									
4	Provi Part)	de a description of the organization's col	llections and explain	how the	ey furt	her t	he organiz	ation's e	xempt purp	oose in	
5		g the year, did the organization solicit of s to be sold to raise funds rather than to								☐ Yes	□ No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		rm 990	, Part	IV,	line 9, or	reporte	ed an amo	ount on Forr	m 990, Part X
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?								☐ Yes	□ No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	ollowing	table:	:				Amount	
c	Begin	ning balance						1c			
d	Addit	ions during the year						1d			
е	Distri	butions during the year						1e			
f	Endin	g balance						1f			
2a	Did tl	ne organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	w or c	custodial a	ccount li	ability?	. 🗌 Yes	□ No
b	If "Ye	s," explain the arrangement in Part XIII	. Check here if the e	explanat	ion ha	s bee	n provided	in Part	XIII	. 🗆	
Pa	rt V	Endowment Funds.		•			<u> </u>				
		Complete if the organization answ							T		
1-	Rogina	ing of year balance	(a) Current year	(b)	Prior ye	ar	(c) Two ye	ars back	(d) Three y	rears back (e)	Four years back
	-	ing of year balance									
		vestment earnings, gains, and losses									
		or scholarships									
		expenditures for facilities									
		ograms									
f	Admini	strative expenses									
g	End of	year balance									
2		de the estimated percentage of the curre		e (line 1	g, colu	ımn ((a)) held as	S:			
а	Board	designated or quasi-endowment 🕨									
b		anent endowment 🕨									
С	Term	endowment ►									
	The p	ercentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3а		nere endowment funds not in the posses nization by:	ssion of the organiza	ition tha	t are h	neld a	and admini	stered fo	or the		Yes No
	(i) U	nrelated organizations								3a(i))
b		elated organizations s" on 3a(ii), are the related organization		on Sche	edule F					3a(ii)
4		ribe in Part XIII the intended uses of the								<u> </u>	1 1

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

(b) Cost or other basis (other) (c) Accumulated depreciation

615,000

Part VI Land, Buildings, and Equipment.

Description of property

1a Land **b** Buildings

d Equipment
. . . .
e Other . .

c Leasehold improvements

(a) Cost or other basis (investment)

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

599,231 Schedule D (Form 990) 2021

(d) Book value

599,231

15,769

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 99	0, Part IV,	line 11b.See For	m 990, Pa	art X, line 12.
(a) Description of security or category (including name of security)	(b) Book	Cost	(c) Method	of valuation: year market value
(4) Financial desirabitors	value			
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 99	0, Part IV,	line 11c. See For	rm 990, P	art X, line 13.
(a) Description of investment		(b) Book value	(c)	Method of valuation: end-of-year market value
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990), Part IV,	line 11d. See Forn	n 990, Part	
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				b
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990), Part IV,	line 11e or 11f.Se	ee Form 9	990, Part X, line 25.
1. (a) Description of liability				(b) Book value
(1) Federal income taxes (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D (Form 990) 2021		Page (
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
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:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 980, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 980, Part I, line 12.)	5	
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er 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:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.) 2d		
	Add Para Da Marrich Dd		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII		

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.

Supplemental Information

Schedule D (Form 990) 2021

Taxpayer Copy

SCHEDULE 0 (Form 990 or 990Supplemental 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 990-EZ.

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

OMB No. 1545-0047

TIN: 47-2022203

Department of the Treasury Name of the reason out of the cold centre county

Open to Public Inspection Employer identification number

47-2022203

Return Reference	Explanation
Part VI, Line 19	All documentation and financial information is available for public review upon request

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2021