

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2024 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
LAWRENCE COMMUNITY SHELTER, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3655 E 25TH STREET

City or town, state or province, country, and ZIP or foreign postal code
LAWRENCE KS 66046

D Employer identification number
74-2848203

E Telephone number
785-832-8864

G Gross receipts \$ **4,232,570**

F Name and address of principal officer:
CHARLIE BRYAN
3655 E 25TH STREET
LAWRENCE KS 66046

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

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

J Website: **WWW.LAWRENCESSHELTER.ORG**

H(c) Group exemption number

L Year of formation: **1996** M State of legal domicile: **KS**

K Form of organization: Corporation Trust Association Other

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE LAWRENCE COMMUNITY SHELTER IS TO PROVIDE A SAFE SHELTER AND COMPREHENSIVE PROGRAMS THAT SET INDIVIDUALS AND FAMILIES FACING HOMELESSNESS ON A PATH TO A POSITIVE FUTURE.		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	95
	6 Total number of volunteers (estimate if necessary)	6	477
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,361,684	4,232,570
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,361,684	4,232,570
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,091	41,931
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,157,704	2,367,270
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 54,384		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	468,051	810,482
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,646,846	3,219,683
19 Revenue less expenses. Subtract line 18 from line 12	-285,162	1,012,887	
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)	3,047,265	4,323,004
	22 Net assets or fund balances. Subtract line 21 from line 20	369,256	554,957
		2,678,009	3,768,047

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: **CHARLIE BRYAN** Date: _____
Type or print name and title: **PRESIDENT**

Paid Preparer Use Only
Preparer's name: **GREG SCHMIDTLEIN, CPA** Preparer's signature: *G. Schmidtlein* Date: **7.30.25** Check if self-employed PTIN: **P01031194**
Firm's name: **CUMMINS, COFFMAN & SCHMIDTLEIN, CPA'S PA** Firm's EIN: **48-0910030**
Firm's address: **3706 SW TOPEKA BLVD STE 302 TOPEKA, KS 66609-1239** Phone no.: **785-267-2030**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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:

SEE SCHEDULE O

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 \$ **3,014,248** including grants of \$ **41,931**) (Revenue \$)

THE LAWRENCE COMMUNITY SHELTER IS THE ONLY EMERGENCY HOMELESS SHELTER SERVING LAWRENCE AND DOUGLAS COUNTY IN KANSAS. OUR MISSION IS TO PROVIDE A SAFE SHELTER AND COMPREHENSIVE SERVICES AND PROGRAMS IN ORDER TO SET PEOPLE EXPERIENCING OR AT RISK OF HOMELESSNESS ON A PATH TO A POSITIVE FUTURE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

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

4e Total program service expenses **3,014,248**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
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		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

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

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

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	95		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			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	3b			
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)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
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).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
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?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	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:				
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	Section 501(c)(12) organizations. 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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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.	13a			
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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
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			X
17	Section 501(c)(21) organizations. Did the trust, 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? If "Yes," complete Form 6069.	17			

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.

CHARLIE BRYAN
LAWRENCE

3655 E 25TH STREET

KS 66046

785-832-8864

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHACONIE BAKER	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) CHARLIE BRYAN	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) REBEKAH GASTON	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) CHRISTINA GENTRY	0.00									
TREASUER & SECRETARY	0.00	X		X			0	0	0	
(5) JOHN KREHBIEL	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) CHUCK MAGERL	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(7) SHANNON OURY	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) KIM BRABITS	0.00									
DEPUTY DIRECTOR	0.00			X			0	0	0	
(9) JAMES CHISELOM	0.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation

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 **0**

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, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,971,525			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	261,045			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			4,232,570			
	Program Service Revenue	2a		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)				
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	Gross rents		(i) Real	(ii) Personal		
			6a				
			b	Less: rental expenses	6b		
	c	Rental inc. or (loss)	6c				
	d		Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
			7a				
			b	Less: cost or other basis and sales exps.	7b		
	c	Gain or (loss)	7c				
	d		Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
8a							
b			Less: direct expenses	8b			
c		Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		b	Less: direct expenses	9b			
c		Net income or (loss) from gaming activities					
10a	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	11a		Business Code				
	b						
	c						
	d		All other revenue				
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			4,232,570	0	0	0	

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	41,931	41,931		
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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,028,688	1,907,484	116,261	4,943
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	163,565	150,480	9,323	3,762
10 Payroll taxes	175,017	161,016	9,976	4,025
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	32,109	29,540	803	1,766
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 Schedule O.)	55,728	51,270	1,393	3,065
12 Advertising and promotion				
13 Office expenses	17,924	16,490	448	986
14 Information technology				
15 Royalties				
16 Occupancy	266,180	244,885	6,655	14,640
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,736	6,539	178	1,019
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	174,847	160,859	4,371	9,617
23 Insurance	56,259	51,759	1,406	3,094
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 PROGRAM SUPPLIES	172,614	172,614		
b PROGRAM EXPENSES	7,596	7,596		
c STAFF DEVELOPMENT	7,256	6,676	186	394
d FUNDRAISING OTHER	7,013			7,013
e All other expenses	5,220	5,109	51	60
25 Total functional expenses. Add lines 1 through 24e	3,219,683	3,014,248	151,051	54,384
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	30,271	1	961,183
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	152,212
	4	Accounts receivable, net		4	11,173
	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	1,120	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,703,767		
	b	Less: accumulated depreciation	10b 1,508,602	10c	3,195,165
	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	433	15	3,271
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,047,265	16	4,323,004	
Liabilities	17	Accounts payable and accrued expenses		17	141,807
	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	
	24	Unsecured notes and loans payable to unrelated third parties	365,334	24	339,178
	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	3,922	25	73,972
	26	Total liabilities. Add lines 17 through 25	369,256	26	554,957
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	2,678,009	27	3,768,047
	28	Net assets with donor restrictions		28	
	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	2,678,009	32	3,768,047
33	Total liabilities and net assets/fund balances	3,047,265	33	4,323,004	

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	4,232,570
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,219,683
3	Revenue less expenses. Subtract line 2 from line 1	3	1,012,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,678,009
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	77,151
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,768,047

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? 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

LAWRENCE COMMUNITY SHELTER, INC.

Employer identification number

74-2848203

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.
 - f Enter the number of supported organizations
 - 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,787,125	2,308,237	1,348,520	1,361,684	4,232,570	11,038,136
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 Total. Add lines 1 through 3	1,787,125	2,308,237	1,348,520	1,361,684	4,232,570	11,038,136
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						11,038,136

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,787,125	2,308,237	1,348,520	1,361,684	4,232,570	11,038,136
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						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						11,038,136

12 Gross receipts from related activities, etc. (see instructions) 12 23,548

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 this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 100.00 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 100.00 %

16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2024. 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 organization

b 10%-facts-and-circumstances test — 2023. 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 supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 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 this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests — 2024. 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 — 2023. 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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.

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

SCHEDULE D
(Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LAWRENCE COMMUNITY SHELTER, INC.

Employer identification number

74-2848203

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
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	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	\$

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)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (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) ACCRUED PAYROLL	65,123
(3) PR TAX LIABILITY	8,726
(4) CURRENT LIABILITIES	123
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	73,972

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LAWRENCE COMMUNITY SHELTER, INC.

Employer identification number

74-2848203

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

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

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

SCHEDULE O
(Form 990)
(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LAWRENCE COMMUNITY SHELTER, INC.

Employer identification number

74-2848203

FORM 990 - ORGANIZATION'S MISSION

THE LAWRENCE COMMUNITY SHELTER IS THE ONLY EMERGENCY HOMELESS SHELTER
SERVING LAWRENCE AND DOUGLAS COUNTY IN KANSAS. OUR MISSION IS TO PROVIDE A
SAFE SHELTER AND COMPREHENSIVE SERVICES AND PROGRAMS IN ORDER TO SET PEOPLE
EXPERIENCING OR AT RISK OF HOMELESSNESS ON A PATH TO A POSITIVE FUTURE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE TREASURER REVIEWS AND APPROVES THE FORM 990 BEFORE IT IS FILED WITH
THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST POLICY IS EVALUATED ON A CASE BY CASE BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

BOARD APPROVES ALL PAY RATES ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

PRIOR YEAR ADJUSTMENTS \$ 77,151

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Identifying number
74-2848203

LAWRENCE COMMUNITY SHELTER, INC.

Business or activity to which this form relates

INDIRECT DEPRECIATION

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.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
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	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	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 2025. 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. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	174,845

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 2024	17	0
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 2024 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						
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2024 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 instructions	22	174,845
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	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
17	WASHER/DRYER UNIT	4/10/18	11,197		X	0	7 HY 200DB	11,197	0
18	CONVECTION OVEN/ FRIDGE	5/31/18	6,933		X	0	7 HY 200DB	6,933	0
19	BED BUG HEATERS	12/31/18	650		X	0	7 HY 200DB	650	0
20	GLASS DOOR	12/04/18	810		X	0	7 HY 200DB	810	0
53	Replacement Door	3/05/20	792		X	0	7 HY 200DB	792	0
			<u>20,382</u>			<u>0</u>		<u>20,382</u>	<u>0</u>
Other Depreciation:									
1	BUILDING	12/31/11	2,331,060			2,331,060	40 MO S/L	699,320	58,277
2	BUILDING	10/15/12	256,658			256,658	40 MO S/L	72,184	6,416
3	SERVER AND LASER PRINTER	12/06/12	4,155			4,155	7 MO S/L	4,155	0
5	PHONE SYSTEM	12/06/12	1,807			1,807	7 MO S/L	1,807	0
6	SERVER AND PRINTER COPIER	12/06/12	7,010			7,010	7 MO S/L	7,010	0
7	DINING ROOM TABLES/CHAIRS	12/14/12	4,551			4,551	10 MO S/L	4,551	0
8	PHONE SYSTEM	12/14/12	790			790	7 MO S/L	790	0
9	SOFTWARE	12/14/12	12,135			12,135	7 MO S/L	12,135	0
10	PHONE SYSTEM	12/14/12	12,135			12,135	7 MO S/L	12,135	0
12	SECURITY SYSTEM	12/14/12	9,993			9,993	7 MO S/L	9,993	0
13	KITCHEN, PLAYGROUND, LAUNDRY	7/01/13	205,764			205,764	15 MO S/L	144,679	13,717
14	CONSTRUCTION COSTS	7/01/13	479,706			479,706	40 MO S/L	125,923	11,993
15	CAREER DEVEL CENTER	1/01/16	69,663			69,663	40 MO S/L	13,932	1,742
21	BEDS & MATTRESSES	1/15/19	60,210			60,210	10 MO S/L	30,105	6,021
22	PAINT & SHEETROCK IMPROVEMENT	1/31/19	1,775			1,775	7 MO S/L	1,247	253
23	PAINT & SHEETROCK IMPROVEMENT	2/28/19	1,575			1,575	7 MO S/L	1,088	225
24	COUNTERTOPS & BATHROOM SINKS	2/27/19	18,500			18,500	7 MO S/L	12,774	2,643
25	SPRINKLER SYSTEM UPGRADES	6/05/19	3,129			3,129	7 MO S/L	2,049	447
26	SECURITY SYSTEM	8/31/19	8,253			8,253	7 MO S/L	5,109	1,179
27	SECURITY SYSTEM	9/30/19	4,785			4,785	7 MO S/L	2,905	683
28	DOUBLE OVEN	7/02/19	1,527			1,527	7 MO S/L	982	218
29	DISHWASHER	7/02/19	968			968	7 MO S/L	622	139
30	ELECTRIC STRIKE EQUIPMENT	11/19/19	962			962	7 MO S/L	561	138
31	PARKING LOT REPAVE	12/22/20	39,856			39,856	15 MO S/L	7,971	2,657
32	ROOF	12/30/20	154,825			154,825	40 MO S/L	11,612	3,871
33	BATHROOM/SHOWER REMODEL	12/31/20	262,127			262,127	40 MO S/L	19,660	6,553
34	EGRESS PLATFORM	12/07/20	5,800			5,800	40 MO S/L	447	145
35	COMMERCIAL WATER HEATER	1/15/20	6,412			6,412	40 MO S/L	641	160
36	COMMERCIAL HEATER UNITS	12/15/20	10,678			10,678	40 MO S/L	823	267
37	2019 FORD PASSENGER VAN	12/17/20	33,296			33,296	5 MO S/L	19,978	6,659
38	SECURITY CAGE	11/18/20	4,241			4,241	7 MO S/L	1,868	606
39	DISHWASHER	11/24/20	10,292			10,292	7 MO S/L	4,534	1,470
40	INTERCOM	12/22/20	7,935			7,935	7 MO S/L	3,401	1,133
41	DRYER	11/19/20	2,196			2,196	7 MO S/L	967	314
42	WASHER	10/30/20	604			604	7 MO S/L	273	87
43	WASHER	11/19/20	4,392			4,392	7 MO S/L	1,935	627
45	LOCK INSTALLMENT	1/31/20	648			648	7 MO S/L	362	93
46	ELECTRIC STRIKE EQUIPMENT	3/10/20	1,680			1,680	7 MO S/L	920	240
47	KITCHEN IMPROVEMENTS	6/01/20	575			575	7 MO S/L	294	82
48	HVAC UNIT	6/01/20	1,961			1,961	7 MO S/L	1,004	280
49	OCCUPANCY SENSOR	7/14/20	615			615	7 MO S/L	307	88
50	WEBSITE DOMAIN	4/13/20	719			719	7 MO S/L	385	103
51	NETWORK INSTALLATION	12/07/20	6,146			6,146	7 MO S/L	2,707	878
52	CABLE INSTALLATION	12/16/20	1,815			1,815	7 MO S/L	778	259
54	EXCAVATION	1/28/21	36,550			36,550	15 MO S/L	7,107	2,437
55	LEASEHOLD IMPROVEMENTS	6/10/21	145,025			145,025	15 MO S/L	25,020	9,669
56	FENCE	8/25/21	8,083			8,083	15 MO S/L	1,257	539
57	PAVING	9/22/21	4,464			4,464	15 MO S/L	670	297
58	FIRE ALARM SYSTEM	12/31/21	891			891	5 MO S/L	356	178
59	Microwaves for Monarch Village	3/10/21	864			864	7 MO S/L	350	123
60	Refrigerators for Monarch Village	3/19/21	1,639			1,639	7 MO S/L	644	234
61	Benches for Monarch Village	3/30/21	2,833			2,833	7 MO S/L	1,113	405
62	Leasehold Improvements	4/07/21	6,210			6,210	15 MO S/L	1,139	414
63	Pallet Jack	7/12/21	656			656	7 MO S/L	234	94
64	Picnic Table	10/21/21	1,278			1,278	7 MO S/L	396	182
70	Heater Repairs	1/28/21	726			726	7 MO S/L	303	103
71	Bathroom Vanity	2/16/21	1,980			1,980	7 MO S/L	801	283
72	Heater Repairs	2/24/21	1,358			1,358	7 MO S/L	550	193
73	Plumbing Repairs	3/22/21	1,321			1,321	7 MO S/L	519	189

74-2848203

Federal Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
74	Thermostat Repairs	3/22/21	980			980	7 MO S/L	385	140
75	Water Heater	4/20/21	1,375			1,375	7 MO S/L	524	196
76	Main Entrance Interior	6/17/21	2,442			2,442	15 MO S/L	407	163
77	Water Heater	6/10/21	1,892			1,892	7 MO S/L	698	271
78	Plumbing Repairs	6/29/21	4,340			4,340	7 MO S/L	1,550	620
79	Washing Machine Hookups	6/29/21	3,500			3,500	7 MO S/L	1,250	500
80	Access Control System	7/29/21	2,870			2,870	15 MO S/L	462	192
81	Exhaust Fan Motor	7/12/21	1,176			1,176	7 MO S/L	420	168
82	Drywall Installation	8/25/21	1,250			1,250	7 MO S/L	417	178
83	Interior Painting	8/25/21	3,710			3,710	7 MO S/L	1,237	530
84	Alarm Repair	11/16/21	1,390			1,390	7 MO S/L	414	198
85	Video Surveillance System	6/28/22	34,941			34,941	15 MO S/L	3,494	2,330
86	Washer Equipment	4/06/22	24,858			24,858	7 MO S/L	6,215	3,551
87	Floor Scrubber	4/06/22	3,197			3,197	7 MO S/L	799	457
88	Water Heaters	7/19/22	28,000			28,000	7 MO S/L	5,667	4,000
89	Mixing Valves	8/24/22	5,319			5,319	7 MO S/L	1,013	760
90	Motor on Cook Exhaust	8/24/22	1,250			1,250	7 MO S/L	238	179
91	Windows	9/21/22	2,278			2,278	7 MO S/L	407	325
92	Intercom & Box	6/28/22	1,802			1,802	7 MO S/L	386	257
93	Pull station alarm	11/28/23	954			954	7 MO S/L	11	137
94	Video Camera	12/29/23	1,049			1,049	7 MO S/L	0	150
95	Computer	3/31/24	9,939			9,939	7 MO S/L	0	1,065
96	Folding tables & chairs	3/26/24	2,622			2,622	7 MO S/L	0	281
97	Refrigerator	3/25/24	2,900			2,900	7 MO S/L	0	311
98	Security Camera	3/19/24	49,414			49,414	7 MO S/L	0	5,294
99	Leasehold Improvements	3/31/24	39,350			39,350	7 MO S/L	0	4,216
100	Leasehold Improvements	3/31/24	3,296			3,296	7 MO S/L	0	353
101	Leasehold Improvements	4/30/24	11,350			11,350	40 MO S/L	0	189
102	Leasehold Improvements	6/01/24	5,750			5,750	7 MO S/L	0	479
103	Leasehold Improvements	12/31/24	16,810			16,810	7 MO S/L	0	0
104	Laptop	4/16/24	3,680			3,680	7 MO S/L	0	350
105	Desktops	12/10/24	4,973			4,973	7 MO S/L	0	59
106	Security camera system	12/10/24	2,523			2,523	7 MO S/L	0	30
107	Pallet 24 Addition	11/01/24	40,000			40,000	0 -- Memo	0	0
108	Pallet 24 Addition	11/20/24	6,100			6,100	0 -- Memo	0	0
109	Pallet 24 Addition	12/17/24	20,000			20,000	0 -- Memo	0	0
110	Pallet 24 Addition	12/18/24	53,220			53,220	0 -- Memo	0	0
111	Storage container	3/06/24	3,500			3,500	7 MO S/L	0	417
112	Mold remediation	4/23/24	1,400			1,400	7 MO S/L	0	133
113	Mold remediation	9/19/24	8,185			8,185	7 MO S/L	0	292
114	Refrigerator	9/17/24	2,000			2,000	7 MO S/L	0	71
	Total Other Depreciation		<u>4,683,387</u>			<u>4,683,387</u>		<u>1,313,376</u>	<u>174,845</u>
	Total ACRS and Other Depreciation		<u>4,683,387</u>			<u>4,683,387</u>		<u>1,313,376</u>	<u>174,845</u>
	Grand Totals		4,703,769			4,683,387		1,333,758	174,845
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>4,703,769</u>			<u>4,683,387</u>		<u>1,333,758</u>	<u>174,845</u>

74-2848203

Bonus Depreciation Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
17	WASHER/DRYER UNIT	4/10/18	11,197		0	0	11,197	0
18	CONVECTION OVEN/ FRIDGE	5/31/18	6,933		0	0	6,933	0
19	BED BUG HEATERS	12/31/18	650		0	0	650	0
20	GLASS DOOR	12/04/18	810		0	0	810	0
22	PAINT & SHEETROCK IMPROVEMENTS	1/31/19	1,775		0	0	0	1,775
23	PAINT & SHEETROCK IMPROVEMENTS	2/28/19	1,575		0	0	0	1,575
53	Replacement Door	3/05/20	792		0	0	792	0
55	LEASEHOLD IMPROVEMENTS	6/10/21	145,025		0	0	0	145,025
Grand Total			<u>168,757</u>		<u>0</u>	<u>0</u>	<u>20,382</u>	<u>148,375</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

74-2848203

Future Depreciation Report**FYE: 12/31/25**

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
17	WASHER/DRYER UNIT	4/10/18	11,197	0	0
18	CONVECTION OVEN/ FRIDGE	5/31/18	6,933	0	0
19	BED BUG HEATERS	12/31/18	650	0	0
20	GLASS DOOR	12/04/18	810	0	0
53	Replacement Door	3/05/20	792	0	0
			<u>20,382</u>	<u>0</u>	<u>0</u>

Other Depreciation:

1	BUILDING	12/31/11	2,331,060	58,276	0
2	BUILDING	10/15/12	256,658	6,417	0
3	SERVER AND LASER PRINTER	12/06/12	4,155	0	0
5	PHONE SYSTEM	12/06/12	1,807	0	0
6	SERVER AND PRINTER COPIER	12/06/12	7,010	0	0
7	DINING ROOM TABLES/CHAIRS	12/14/12	4,551	0	0
8	PHONE SYSTEM	12/14/12	790	0	0
9	SOFTWARE	12/14/12	12,135	0	0
10	PHONE SYSTEM	12/14/12	12,135	0	0
12	SECURITY SYSTEM	12/14/12	9,993	0	0
13	KITCHEN, PLAYGROUND, LAUNDRY	7/01/13	205,764	13,718	0
14	CONSTRUCTION COSTS	7/01/13	479,706	11,992	0
15	CAREER DEVEL CENTER	1/01/16	69,663	1,742	0
21	BEDS & MATTRESSES	1/15/19	60,210	6,021	0
22	PAINT & SHEETROCK IMPROVEMENTS	1/31/19	1,775	254	0
23	PAINT & SHEETROCK IMPROVEMENTS	2/28/19	1,575	225	0
24	COUNTERTOPS & BATHROOM SINKS	2/27/19	18,500	2,643	0
25	SPRINKLER SYSTEM UPGRADES	6/05/19	3,129	447	0
26	SECURITY SYSTEM	8/31/19	8,253	1,179	0
27	SECURITY SYSTEM	9/30/19	4,785	684	0
28	DOUBLE OVEN	7/02/19	1,527	218	0
29	DISHWASHER	7/02/19	968	138	0
30	ELECTRIC STRIKE EQUIPMENT	11/19/19	962	137	0
31	PARKING LOT REPAVE	12/22/20	39,856	2,657	0
32	ROOF	12/30/20	154,825	3,870	0
33	BATHROOM/SHOWER REMODEL	12/31/20	262,127	6,553	0
34	EGRESS PLATFORM	12/07/20	5,800	145	0
35	COMMERCIAL WATER HEATER	1/15/20	6,412	161	0
36	COMMERCIAL HEATER UNITS	12/15/20	10,678	267	0
37	2019 FORD PASSENGER VAN	12/17/20	33,296	6,659	0
38	SECURITY CAGE	11/18/20	4,241	606	0
39	DISHWASHER	11/24/20	10,292	1,470	0
40	INTERCOM	12/22/20	7,935	1,134	0
41	DRYER	11/19/20	2,196	314	0
42	WASHER	10/30/20	604	86	0
43	WASHER	11/19/20	4,392	627	0
45	LOCK INSTALLMENT	1/31/20	648	93	0
46	ELECTRIC STRIKE EQUIPMENT	3/10/20	1,680	240	0
47	KITCHEN IMPROVEMENTS	6/01/20	575	83	0
48	HVAC UNIT	6/01/20	1,961	280	0
49	OCCUPANCY SENSOR	7/14/20	615	88	0
50	WEBSITE DOMAIN	4/13/20	719	103	0
51	NETWORK INSTALLATION	12/07/20	6,146	878	0
52	CABLE INSTALLATION	12/16/20	1,815	259	0
54	EXCAVATION	1/28/21	36,550	2,436	0
55	LEASEHOLD IMPROVEMENTS	6/10/21	145,025	9,668	0
56	FENCE	8/25/21	8,083	539	0
57	PAVING	9/22/21	4,464	298	0
58	FIRE ALARM SYSTEM	12/31/21	891	179	0
59	Microwaves for Monarch Village	3/10/21	864	123	0
60	Refrigerators for Monarch Village	3/19/21	1,639	234	0
61	Benches for Monarch Village	3/30/21	2,833	404	0
62	Leasehold Improvements	4/07/21	6,210	414	0
63	Pallet Jack	7/12/21	656	94	0
64	Picnic Table	10/21/21	1,278	183	0
70	Heater Repairs	1/28/21	726	104	0

Asset	Description	Date In Service	Cost	Tax	AMT
71	Bathroom Vanity	2/16/21	1,980	283	0
72	Heater Repairs	2/24/21	1,358	194	0
73	Plumbing Repairs	3/22/21	1,321	188	0
74	Thermostat Repairs	3/22/21	980	140	0
75	Water Heater	4/20/21	1,375	197	0
76	Main Entrance Interior	6/17/21	2,442	163	0
77	Water Heater	6/10/21	1,892	270	0
78	Plumbing Repairs	6/29/21	4,340	620	0
79	Washing Machine Hookups	6/29/21	3,500	500	0
80	Access Control System	7/29/21	2,870	191	0
81	Exhaust Fan Motor	7/12/21	1,176	168	0
82	Drywall Installation	8/25/21	1,250	179	0
83	Interior Painting	8/25/21	3,710	530	0
84	Alarm Repair	11/16/21	1,390	199	0
85	Video Surveillance System	6/28/22	34,941	2,329	0
86	Washer Equipment	4/06/22	24,858	3,551	0
87	Floor Scrubber	4/06/22	3,197	457	0
88	Water Heaters	7/19/22	28,000	4,000	0
89	Mixing Valves	8/24/22	5,319	760	0
90	Motor on Cook Exhaust	8/24/22	1,250	178	0
91	Windows	9/21/22	2,278	326	0
92	Intercom & Box	6/28/22	1,802	258	0
93	Pull station alarm	11/28/23	954	136	0
94	Video Camera	12/29/23	1,049	150	0
95	Computer	3/31/24	9,939	1,420	0
96	Folding tables & chairs	3/26/24	2,622	375	0
97	Refrigerator	3/25/24	2,900	414	0
98	Security Camera	3/19/24	49,414	7,060	0
99	Leasehold Improvements	3/31/24	39,350	5,621	0
100	Leasehold Improvements	3/31/24	3,296	471	0
101	Leasehold Improvements	4/30/24	11,350	284	0
102	Leasehold Improvements	6/01/24	5,750	822	0
103	Leasehold Improvements	12/31/24	16,810	2,401	0
104	Laptop	4/16/24	3,680	526	0
105	Desktops	12/10/24	4,973	711	0
106	Security camera system	12/10/24	2,523	360	0
107	Pallet 24 Addition	11/01/24	40,000	0	0
108	Pallet 24 Addition	11/20/24	6,100	0	0
109	Pallet 24 Addition	12/17/24	20,000	0	0
110	Pallet 24 Addition	12/18/24	53,220	0	0
111	Storage container	3/06/24	3,500	500	0
112	Mold remediation	4/23/24	1,400	200	0
113	Mold remediation	9/19/24	8,185	1,170	0
114	Refrigerator	9/17/24	2,000	286	0
Total Other Depreciation			<u>4,683,387</u>	<u>183,928</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>4,683,387</u>	<u>183,928</u>	<u>0</u>
Grand Totals			<u>4,703,769</u>	<u>183,928</u>	<u>0</u>

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

Name **LAWRENCE COMMUNITY SHELTER, INC.** Taxpayer Identification Number **74-2848203**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	321,151	261,045	-60,106
	2. Membership dues and assessments			
	3. Government contributions and grants	1,040,533	3,971,525	2,930,992
	4. Program service revenue			
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	1,361,684	4,232,570	2,870,886
Expenses	13. Grants and similar amounts paid	21,091	41,931	20,840
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	1,157,704	2,367,270	1,209,566
	17. Professional fundraising fees			
	18. Other professional fees	83,433	87,837	4,404
	19. Occupancy, rent, utilities, and maintenance	177,168	266,180	89,012
	20. Depreciation and Depletion	149,969	174,847	24,878
	21. Other expenses	57,481	281,618	224,137
	22. Total expenses. Add lines 13 through 21	1,646,846	3,219,683	1,572,837
	23. Excess or (Deficit). Subtract line 22 from line 12	-285,162	1,012,887	1,298,049
Other Information	24. Total exempt revenue	1,361,684	4,232,570	2,870,886
	25. Total unrelated revenue			
	26. Total excludable revenue			
	27. Total assets	3,047,265	4,323,004	1,275,739
	28. Total liabilities	369,256	554,957	185,701
	29. Retained earnings	2,678,009	3,768,047	1,090,038
	30. Number of voting members of governing body	9	9	
31. Number of independent voting members of governing body	9	9		
32. Number of employees	80	95		
33. Number of volunteers	477	477		

Form 990	Tax Return History	2024
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Name LAWRENCE COMMUNITY SHELTER, INC.	Employer Identification Number 74-2848203
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	1,787,125	2,308,237	1,348,520	1,361,684	4,232,570	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	7,989	3,879				
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	1,795,114	2,312,116	1,348,520	1,361,684	4,232,570	
Grants and similar amounts paid	132,763	253,655	197,384	21,091	41,931	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	737,473	981,058	933,478	1,157,704	2,367,270	
Professional fees	38,227	138,852	80,711	83,433	87,837	
Occupancy costs	110,359	145,533	208,084	177,168	266,180	
Depreciation and depletion	107,121	140,264	155,938	149,969	174,847	
Other expenses	189,480	283,965	105,514	57,481	281,618	
Total expenses	1,315,423	1,943,327	1,681,109	1,646,846	3,219,683	
Excess or (Deficit)	479,691	368,789	-332,589	-285,162	1,012,887	
Total exempt revenue	1,795,114	2,312,116	1,348,520	1,361,684	4,232,570	
Total unrelated revenue						
Total excludable revenue						
Total Assets	3,524,643	3,681,965	3,425,863	3,047,265	4,323,004	
Total Liabilities	416,722	399,789	384,225	369,256	554,957	
Net Fund Balances	3,107,921	3,282,176	3,041,638	2,678,009	3,768,047	

74-2848203

Federal Statements

FYE: 12/31/2024

Cash - EOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>
	PEOPLE'S BANK CHECKING	\$ 960,234
	DIRECT ASSISTANCE CHECKING	949
	FAMILY ASSISSTANCE CHECKING	
TOTAL		<u>\$ 961,183</u>

Prepaid expense - EOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>
	EMPLOYEE ADVANCES	\$
TOTAL		<u>\$ 0</u>

Unsecured notes - EOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>
	CITY OF LAWRENCE	\$ 339,178
TOTAL		<u>\$ 339,178</u>