Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Under section 501(c), 52	7. or 4947(a)(1) of th	e Internal Revenue Code	(except private foundations)
	, or io ir (a)(i) or ar		(except private realidatione)

Depar	ment of	the Treasury	Do not enter social security numbers on this form as it may be	made public.		Open to Public
		nue Service	Go to www.irs.gov/Form990 for instructions and the latest in	nformation.		Inspection
A	or the	e 2020 calenda	ar year, or tax year beginning 07-01, 2020, and	ending	06-	·30 , 20 21
B	heck if a	applicable:	C Name of organizatiorCommunity Health Services of Union Courses	nty, Inc. D	Employ	er identification number
	ddress	change		46-0495947		
l I	lame ch	ange	Telepho	ne number		
<u> </u>	nitial retu	urn				
- I	inal retu	urn/terminated	Gross r	eceipts		
	mended	d return	Monroe, NC 28112		\$	874,770
	pplicatio	on pending	F Name and address of principal officer: Jim Brewer	H(a) Is this a group	return for	subordinates? Yes X No
			Same as C above	H(b) Are all subo	ordinates	included? Yes No
	ax-exen	mpt status: X	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," atta	ch a list.	See instructions
٦ ۱	Vebsite:		.chsuc.org	H(c) Group exem	nption nu	imber 🕨
ĸ	orm of o	organization: X		2003 M State	e of legal	domicile: NC
Pa		Summary			0	
	1		, be the organization's mission or most significant activities: The Organizati	on's primary	exe	mpt purpose is
			le health services to the indigent and underserved in			
e			g community clinics, diabetes services, prescription			
lan		programs		abbibcance p	rogr	
/eri	2		If the organization discontinued its operations or disposed of more than 25%	6 of its net assets		
Governance	3		ting members of the governing body (Part VI, line 1a)	1	3	14
৵	4		dependent voting members of the governing body (Part VI, line 1b)	-	4	14
ies	5		of individuals employed in calendar year 2020 (Part V, line 2a)	_	5	2
Activities &					6	
Act	6		of volunteers (estimate if necessary)	-	-	30
				-	7a 7h	0
	d	Net unrelated	business taxable income from Form 990-T, Part I, line 11	•	7b	0
		Cantributiana		Prior Year		Current Year
~	8		and grants (Part VIII, line 1h)	491,0		861,280
Revenue	9	0	<i>i</i> ce revenue (Part VIII, line 2g)	34,0		9,388
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)	1,7		(2,268)
Ř	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,0		3,209
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	529,9	954	871,609
	13		imilar amounts paid (Part IX, column (A), lines 1-3)			0
	14	•	to or for members (Part IX, column (A), line 4)			0
s	15	,	er compensation, employee benefits (Part IX, column (A), lines 5-10)	146,7	26	142,052
Expenses			fundraising fees (Part IX, column (A), line 11e)			0
be			sing expenses (Part IX, column (D), line 25) ►0			
ñ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	449,3		728,970
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	596,0)39	871,022
	19	Revenue less	expenses. Subtract line 18 from line 12	(66,0)85)	587
P.				Beginning of Current	Year	End of Year
Net Assets or	20		(Part X, line 16)	358,3	304	574,175
Asse	21	Total liabilitie	s (Part X, line 26)	47,1	L60	262,444
	_		r fund balances. Subtract line 21 from line 20	311,1	44	311,731
Pa	rt II	Signatur	e Block			
			lare that I have examined this return, including accompanying schedules and statements, and to the best of m laration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ny knowledge and belief, i	it is	
		.Tim T	Prover			
Sia	^		Brewer			

Sign	Signature of officer Date								
Here	Jim Brewer, Pre	esident							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN					
Paid	Jeffrey K Younce		09-02-2021	self-employed P00063562					
Preparer	Firm's name S	impson & Younce, CPAs, PC	2	Firm's EIN 🕨					
Use Only	Firm's address ► 2	322 Katie Leigh Lane	Phone no.						
	M	onroe NC 28110		704-282-0159					
May the IRS	discuss this return with the p	preparer shown above? (see instruction	ns)						

Form	n 990 (2020) Community Health Services of Union County, Inc. 46-0495947	7 Page 2
Ра	rt 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:	
	The Organization's primary exempt purpose is to provide health services to the indigent	
	underserved in Union County, North Carolina by providing community clinics, diabetes se	rvices,
	prescription assistance programs and wellness programs.	
	Did the exercise time and state on similar transmost and is a during the user which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	<u>X</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	X 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 \$ 767,061 including grants of \$) (Revenue \$)
	The Organization provided health services to the indigent and underserved in Union Coun	ty, North
	Carolina by providing community clinics, diabetes services, prescription assistance pro	
	wellness programs.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A!	Other program convisoes (Describe on Schedule O)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
40		
<u>4e</u>		rm 990 (2020)
EEA	FO	

Forn	990 (2020) Community Health Services of Union County, Inc. 46-04959	47	F	Page 3
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		v
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			А
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		- 11	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	104		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		x
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		x x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-14		-
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		x
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		v
		21		х

Yes No. 22 Duit the organization report more than \$5,000 of grants or other assistance to of or domestic individuals on Part IX, outurm (A), like 21 /f "Yes," complete Schedule J. 22 X 23 Duit the organization nearce" this Part IX. Individuals on organization's ourent and former officers, directors, trustees, key empkyees, and highest compensated emphyses? If "Yes," complete Schedule J. 23 X 24 Duit the organization have a tax exompt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the yest, that was issued after December 31, 2002? If "Yes," answer lines 240 htmough 24 day and complete Schedule J. 244 X 25 Duit the organization mixed any proceeds of tax exempt bond isserve at any time during the year? 246 26 Duit the organization and serve an excount the first a feature schedule 1. 244 26 Section \$61(c)(3), \$01(c)(4), and \$61(c)(2) organizations. Duit the organization engage in an excess benefit transaction were that it angaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction any of the organization. Duit the organization engage in an excess benefit transaction were that it angaged in an excess penefit transaction with a disqualified person in a prior year, and the transaction worth or assistance to any current or former officer, director, transte, were amplyse, creator or transfer schedule 1. Part 1. 258 X 27 X Ub the organization rop			4959	947	Р	age 4
22 Did the organization append more than 55,000 of grants or other assistance to of to denestic individuals on Part X, lowed MP, Part J, and MU. 22 x 23 Did the organization awaye Tyes' to Part VI. Sector A, line 3, 4, of 3 aboxt compensation of the organization cameral of more dinces, directors, trauses, key employees, and higher compensated employees? If 'Yes', complete Schedule J. 23 x 24 Did the organization invest target the vasit issued at an Outstanding principal emore than 500,000 as of the last day of the year, that was issued at an Outstanding principal emore than 500,000 as of the last day of the year. That was issued at an Outstanding principal emore than 500,000 as of the last day of the year. That was issued at Deamher 31, 2002? If 'Yes', "answer lines 246 246 2 2 Did the organization invest target the year. The dires, the organization and the organization and the organization and the A BOI(X22) organizations. Did the organization is a dire organization and the 1 magged numbers sheefit transaction with a disquified person in a prior year, and that the transaction than to ben or poper do n any of the organization organization and the torganization or part of the organization organization and the organization organization report or 0 may, a that organization and the torganization or theory of these persons? If 'Yes', complete Schedule L, Part I. 246 26 3 Did the organization order and the individual standing the year in the organization and the substantial contributor or 3 with the organization or part of the organization order of the organization order and the organization order and the organization order and the organization order and the org	Pa	rt IV Checklist of Required Schedules (continued)				
Part IX, column (A), into 27 if "Yes," complete: Schedule / Parts 1 and U 22 x 20 bit the cognization assume? Twice "Dark VIS. Schedule J. 24 x 24 Did the cognization assume? Twice "Dark VIS. Schedule J. x 24 Did the cognization in them and former officers, directors, functers, key employees, and highest compensated z x 24 Did the cognization in them as in active account board lates beyond a temporary point deception". 24a x bit the cognization in them as increas account board beyond a temporary point deception". 24a x bit the cognization markin an active account of them a refunding at any time during the year? 24d 24d 25 Bection 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dut the dignizitide person in a prior year, and the them a refunding at any time during the year? 24d 26 Did the organization act as an other or yon'the year accomption S00 (SDD-E2?) 7 24d 26 Did the organization act as an other or yon'the account any time account any time during the year? 24d 25d 26 Did the organization act as any anot non Part X, line 5 or 22, for receivables from or paysheles to any current or the fundix subatarial combines and yon'the organization spontes any time spontespontable to account any of the acquization proteons					Yes	No
23 Did the organization arrower "Yes" to Part VII. Section A. Into 3. 4. or 5 about componsation of the organization content and former differse, directors, trustees, lay employees, and highest compensated employees? If "Yes," complete Schedule J. 23 x 243 Did the organization here a time-scenept bod is use with an outstonding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. 24a x 244 Did the organization investary proceeds of transverme bonds learning at any time during the year? 24d x 240 Did the organization and the off O(22) organization. Did the organization angle in an excess bacel transaction with a disquified person during the year? 24d x 25 Section 50((2), 50((2), 40((4), 40((4), 20((2), 40((4), 20((22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
organization current and former officers, directors, rustees, key employees, and highest compensated 2 24a Del the organization have a tax-exempt bond issue with an outsaming principal annount of more than 24a 25b 24b Del the organization invest any proceeds of them a standing escrove at any time during the year 24a 25b Del the organization markina an escrove account offer than a standing escrove at any time during the year? 24d 25c Del the organization markina an escrove account offer than a standing escrove at any time during the year? 24d 25c Del the organization markina an escrove account offer than a standing escrove at any time during the year? 24d 25c Del the organization markina an escrove account offer than a standing escrove at any time during the year? 24d 25c Sccion 501(c)(3) 501(c)(4), and 501(c)(2) organizations. Dot the organization angels in an excess benefit transaction with a disquilled person in a priot year. 24d 25c X In the organization account offer any organization standing any time during the year? 24d 25c X In the organization account offer any organizations priot Farma standing the year? 24d 25c X In the organization account any offer arganization standis accountibule any BOO e390-257 25d		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
ampletyees? If 'Yes,' complete Schedule J. 23 x 4 Do the organization have a two-sevenpt bord issue with an outstanding principal amount of more than 5100.000 a of the last day of the year, that was issued after December 31.2002? If 'Yes,'' answer lines 240 24a x b Do the organization invest any proceeds of the x-empt bonds beyond a temporary period exception?. 24b 24c c Did the organization invest any proceeds of the x-empt bonds beyond a temporary period exception?. 24c 24c c Did the organization and at as an "or behalf of issue for bonds outsianding at any time during the year? 24c 24c 25 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization angel in an excess benefit transaction with a disqualified person during the year? If 'Yes,'' complete Schedule L, Part I. 25c x 26 Did the organization report any annext to Part X. line 5 or 22, for receivables from or payables to any current or form of form. of form, or form, of form, o	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
24a Did the organization have a taxe-sempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer fixes 24b through 24d and complete Schedule K. If "No," go to line 25a. 24a x Did the organization invest any proceeds of tax-exempt bonds beyord a temporary period exception? 24b x Did the organization meast any account of the first and the organization on gaps in an excess benefit transaction with a disqualified person in a prior year, and the tar transaction so to been proposite Schedule I, Part I. 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations prior persofte Schedule I, Part I. 25b x 25b the organization raves that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction so not been prophyse for the organizations prior from 590 or 590-527 /f "ves" complete Schedule I, Part I. 25b x 25b the organization prior explaints on the organizations prior for ms 930 or 590-527 /f "ves" complete Schedule I, Part II. 26c x 25b the organization prior explaints on the organizations prior for ms 930 or 590-527 /f "ves" complete Schedule I, Part II. 26c x 25b the organization prior explaints on the organization prior for ms 930 or 590-577 /f "ves" complete Schedule I, Part II. 27c x		organization's current and former officers, directors, trustees, key employees, and highest compensated				
\$100,000 as of the list day of the year, that was issued after December 31, 2002? If 'Yea,'' answer /ines 24b x b Did the organization invest my proceeds of tax-exempt bonds beyond a temporary period exception? 24a x c Did the organization invest my proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d c Did the organization aniham an escow account other than a refunding escow at any time duing the year 24d 24d d Did the organization and as an 'on behalf of 'issuer for bonds outsign duing the year? 24d 24d 25 Section 50(16(2)8, 501(4(2)4), and 501(2)(2) organizations. Did the organization ange in an excess benefit transaction with a disqualified person in a pior 25d x 16 Is the organization any ent the targaget in an excess benefit transaction with a disqualified person in a pior 25b x 26 Did the organization provide a grant or other assistance to any current or forms efficient, fusets, key employee, creator or founder, subtainial contributor, or 35% 26c x 27 Did the organization provide a grant or other assistance to any current or forme efficient, fives, 'complete Schedule, Part I 27c x 28 Was the organization provide a grant or other assistance to any current or founder, subtaintial contributor, and assistance to any current or founder, or a subtaintial contributor, and exece		employees? If "Yes," complete Schedule J		23		х
through 244 and complete Schedule K. If Mo. ⁺ on to line 256. 244 x b Did the organization means an escow account other than a refunding series at any time during the year to delease any tax-exempt bords? 246 c Did the organization means an escow account other than a refunding series at any time during the year? 246 23 Section Str(c(3), Soft(c(4), and Str(c(2)(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 246 24 Section Str(c(3), Soft(c(4), and Str(c(2)(3) organizations prof the Schedule L. Part I. 255 x b Is the organization rate on the energoted on any of the organizations prof to mess 900 or 990-272 11 7%s. ⁺ Complete Schedule L. Part I. 256 x 27 Did the organization sport of mome measures that an engage in an excess benefit transaction with one of the assistance to any current or former officer, director, trustee, key emptyse, creator or founder, substantial contributor, or 35%, controlled entity of taniju member or any othese person? If %'s. ⁺ complete Schedule L. Part II 26 x 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, theread, a grant selection committee member, or on othese organization nearbor of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, cheard of aninii member oray or these organization nearbor any durebeactor,	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
b Define organization ministra up proceeds of tax-exempt bonds beyond a temporary period exception? Yeb c Define organization mains an escrow account other than a refunding escrow at any time during the year? Zed d Define organization mains and an escrow account other than a refunding escrew at any time during the year? Zed d Define organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? Zed d Define organization access benefit transaction with a disquilled person during the year? M'res, 'complete Schedule L, Part I. Zea d Define organization aware BHL, Part I. Zea d Define organization exposed to any amount on Part X, line 5 or 22, for receivables fram or payables to any current or ordiner officer, director, trustee, key employee, creator or founder, subtantial contributor, or 35% zea d Define organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, subtantial contributor, or 35% zea d Ness, 'complete Schedule L, Part II Zea x d Vises, 'complete Schedule L, Part II Zea x d Vises, 'complete Schedule L, Part II Zea x d Vises, 'complete Schedule L, Par		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
c Did the organization maintain an escrow account other then a refunding escrow at any time during the year 246 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 246 23 Section Str(Lq(X), Str(Lq(X), and Str(Lq(X) organizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? 246 24 Line organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a sin or bene proported on any of the organization prior Forms 900 or 900-E2? Z55 x 25 Did the organization aware that it engaged in an excess banefit transaction with a disqualified person in a prior year, and that the transaction with and son bear proported on any of the organization prior Forms 900 or 900-E2? Z56 x 26 Did the organization prior Formary amount on Part X. Ins 5 or 22. (or receivables from or payables to any current or form of theor, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ortanging an employee thereol, a grant selection committee member, or to a 35% controlled entity of ortanging an employee thereol, a grant selection committee member, or to a 35% controlled entity of ortanging an employee thereol, a grant selection committee member, or to a 35% controlled entity of ortanging and engage and or order assochation and or the following parties (see Schedule L, Part I). Z6 x 27 X Main member of any individual described i		through 24d and complete Schedule K. If "No," go to line 25a		24a		х
to defease any tax-exempt bords? Z4c d Did the organization acts as in obsehil of issuer for bords outstanding at any time during the year? Z4d d Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. Z5a d Is the organization aware that the transaction that access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. Z5b d Ud 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 emptyvee, creator or founder, substantial contributor, or 35%, controlled entity of ramity member or any of these persons? If "Yes," complete Schedule L, Part II. Z6 d Ud the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, and yot these persons? If "Yes," complete Schedule L, Part II. Z6 d Was the organization party to a business transaction with or or the following parties (see Schedule L, Part IV, Networks, "Complete Schedule L, Part IV, instructors, for applicable filing thresholds, conditions, and exceptions): Z8a X d A auriter to former officer, director, trustee, we yemptyvee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, . Z6a X d A strongenetizer, director, trustee, we yemptyvee, creator or founder, substantial contributor	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
d Did the organization act as an 'one behalf of' issue for bonds outstanding any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2)0 organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction time and bene topoted on any of the organization person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction vith a disqualified person in a prior year, and that the transaction vith a disqualified person in a prior year, and that the transaction vith a disqualified person in a prior year, and that the transaction vith and person the organization prior forms 900 or 905-E2? X 25b x Did the organization provid any anomut on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator of founder, substantial contributor or 35% controlled entity for humping an embyce thereol or garnt selection committee member, or to a 35% controlled entity (inclusing an embyce thereol or family member of any of these persons? If "Yes, "complete Schedule L, Part II. Z6 x 27 x Was the organization privide any of these person or quality and these of any of these persons? If "Yes, "complete Schedule L, Part IV. Z8 x 28 Was the organization privide and the schedul time 281? If "Yes," complete Schedule L, Part IV. Z86 x 29 X A family member of any individual described in line 282 / II "Yes," complete Schedule L, Part IV. Z86 x	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
25a Section 501(c)(3), 501(c)(42) organizations. Did the organization engage 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 from 590 or 990-E27 If Yes, 'complete Schedule L, Part I Z5b X 26 Did the organization aware that it engaged in an excess benefit transaction style or ganization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director trustes, key employee, creator or founder, substantial contributor or 376, section 526, section 5		to defease any tax-exempt bonds?		24c		
25a Section 501(c)(3), 501(c)(42) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? II "Yes," complete Schedule L, Part I. 25a x b Is the organization aware that it engage 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-E27 11 Yes, "complete Schedule L, Part I 25b x 25 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, truste, key engroyse, creator or founder, substantial contributor or 36N, substantial contributor or any summer former officer, director, trustee, key engroyse, creator or founder officer, director, trustee, key engroyse, creator or founder, substantial contributor or any summer of any of these persons? II "Yes," complete Schedule L, Part II. 26 x 28 Was the organization party to a business transaction with ore of the following parties (see Schedule L, Part II. 27 x 28 A current or former officer, director, trustee, key employse, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a x 29 Dd the organization receive more than y 25,000 in non-cash contributions? II "Yes," complete Schedule L, Part IV. 28a x 29 Dd the organization receive more than 252,000 in non-cash contributions? II "Yes," complete Schedule L, Part IV. 28a	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
transaction with a disqualified person during the year/I II "Yes," complete Schedule L, Part I. 25a x b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b x D Dit the organization report any amount on Part X, line 5 of 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 including an employee thereol, a grant selection committee member, or to a 35%, controlled entity including an employee thereol, a grant selection committee member, or to a 35%, controlled entity including an employee, creator or founder, substantial contributor? II Yes 28 Was the organization provide ling thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II Yes, "complete Schedule L, Part III. Zea X 29 M as the organization provide ling thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II Yes, "complete Schedule L, Part III. Zeb X 20 M as the organization ceekwe more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. Zeb X Zeb X <td< th=""><td>25a</td><td></td><td></td><td></td><td></td><td></td></td<>	25a					
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year. and that the transaction has not been reported on any of the organization's prior Forms 390 or 390-EZ? year. 26 bit 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 or any of these persons? If "Yes," complete Schedule L, Part II. 26 x 27 Did the organization report as 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 employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member or any of these persons? If "Yes," complete Schedule L, Part II. 27 x 28 Was the organization a paylo to a business transaction with one of the following parties (see Schedule L, Part IV. 28a x 29 Did the organization receive more than \$25,000 in non-cash contributors? If "Yes," complete Schedule L, Part IV. 28b x 20 Did the organization receive more than \$25,000 in non-cash contributors? II "Yes," complete Schedule L, Part IV. 28c x 20 Did the organization receive contributions of n. historical transures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule L, Part IV. 28c x 20 Did the organization receive dissolve and cease operations? II "Yes," complete Schedule M. 20 30 x	b					
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 x 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 x 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 x 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 x 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a x 36 Was the organization. So of the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b 35a x 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 x 38 x Did the organization conduct more than 5% of its activities thr				-		x
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2						х
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a			35a		x
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related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2		controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	• • •	35b		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
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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. 1a 16 16 b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and 1b 0 1	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
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Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 16 1a 16 b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable. 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and 1a 1b 0	Par					
1a 1a 16 b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			<u></u> .	<u></u>	<u></u>	
b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and 1 0					Yes	No
b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and 1 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	16			
c Did the organization comply with backup withholding rules for reportable payments to vendors and	b		0			
	с		_			
		reportable gaming (gambling) winnings to prize winners?		1c	x	

Form	990 (2020) Community Health Services of Union County, Inc. 46-04959	47	Р	Page 5						
Par	art 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 2									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x							
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).									
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,	4-								
ь.	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 Socient region for filing requirements for FinceN Form 114, Report of Foreign Bank and Financial Accounts (FRAR)									
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	50		v						
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		x						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	50 50		x						
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		<u> </u>						
ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		v						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ua		x						
b	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	00								
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
a	and services provided to the payor?	7a		x						
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			<u> </u>						
•	required to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			x						
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
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 Q	14b		ļ						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x						
	If "Yes," complete Form 4720, Schedule O.									

Form	990 (2020) Community Health Services of Union County, Inc. 46-04959	47	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
4-	Established with a second second the second state and of the terrors and the second state of the terrors and terr		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 in 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?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		v
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
000	tion D. Tonoics (This Section D requests information about policies not required by the internal Nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Iva		-
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		L
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		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 L	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tua		x
D.	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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 I 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			
	Michele Sarno (704)296-0909, 1338-C East Sunset, Monroe, NC 28112			

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	Form 990 (20	20) Community Health Services of Union County, Inc.	46-0495947	Page 7							
Check if Schedule O contains a response or note to any line in this Part VII	Part VII		ompensated Employe	es, and							
	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	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.	•		or within the								

• 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

	di di ganizat			04.00	. a ,		-			
				(C)						
(A)	(B)	(4)		Positi				(D)	(E)	(F)
Name and title	Average		not cheo unless					Reportable	Reportable	Estimated amount
	hours		er and					compensation	compensation	of other
	per week (list any							from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Insti	Office	Key	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	recto	nstitutional trustee	ĕŗ	Key employee	loye	ner			related organizations
	organizations	or if the	nalt		loye	e				
	below dotted line)	stee	uste		æ	oens				
	dotted line)		e			ated				
(1) Cindy Cole	40.00									
Executive Director					x			79,468	0	16,766
(2) Vint Tilson	2.00									
Board Member		х						0	0	0
(3) Carrie Stroud	2.00									
Board Member		х						0	0	0
(4) Brandon Reeves	2.00									
Board Member		х						0	0	0
(5) Martin Kreshon	2.00									
Board Member		х						0	0	0
(6) Laura Alison	2.00									
Board Member		х						0	0	0
(7) Althea Richardson	2.00									
Board Member		х						0	0	0
(8) Surluta Anthony	2.00									
Board Member		х						0	0	0
(9) Tony Keith	2.00									
Board Member		х						0	0	0
(10)Gwendolyn Perkins	2.00									
Board Member		х						0	0	0
(11)Jason Walle	2.00									
Secretary		х		x				0	0	0
(12)Jim Brewer	2.00									
President		х		x	\perp			0	0	0
(13)Roy Blank	8.00									
Vice President		х		x	\perp			0	0	0
(14)Clara Wiggins	2.00									
Treasurer		х		х				0	0	0
FEA										Form 990 (2020)

	90 (2020) Community Hea										6-0495	947	P	9age 8
Part	VII Section A. Officers, Directors, T	rustees, Key Emp	loyee	s, ar	nd H	lighe	est Co	omp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week (list any	box, offic	unles er and	Pos eck m ss per d a dir	rson is rector	han one s both ai /trustee))	(D) Reportable compensation from the organization	(E) Reporta compensa from rela organiza	able ation ated	cor	(F) ated am of other mpensati rom the	r
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-I	VISC)	-	nization d organiz	
(15)														
(16)														
<u>(17)</u>														
(18)														
(19)														
(20)														
<u>(21)</u>														
(22)														
(23)														
(24)														
(25)														
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	•	· · · ·	•••	•••	••• •••	· · · ·	· Þ · Þ	79,468		0		16,	766
2	Total number of individuals (including but n reportable compensation from the organiza	ot limited to those I								of				c
3	Did the organization list any former officer employee on line 1a? <i>If "Yes," complete S</i>	r, director, trustee,					-					3	Yes	No X
4	For any individual listed on line 1a, is the su organization and related organizations gre	eater than \$150,000)? If "Y	'es, "	con	nplei	te Sch	edu	lle J for such					
5	individual	accrue compensatio	on from	any	unr	elate	ed org	aniz	ation or individual	 	 	4 5		x x
	on B. Independent Contractors													
1	Complete this table for your five highest con compensation from the organization. Repor										ax year.			
	(A) Name and busines	ss address							(B) Description of servic	es		(C) Compens	ation	
2	Total number of independent contractors (i	ncludina but not lim	ited to	thos	e lis	ted :	above) wh	10					
	received more than \$100,000 of compensa	-						,						

Form 9	<u>`</u>	,			1 Sei	rvices of Uni	on County,	Inc.	46-04959	947 Page 9
Part	VIII	Statement of Rev								_
		Check if Schedule O cc	ontain	s a respons	e or n	ote to any line in thi	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	_ 1a	Federated campaigns .	•••		1a	92,302				
s a	b	Membership dues	••		1b					
rant	С	Fundraising events	••		1c	278				
, G	d	Related organizations .	•••		1d					
Gifts ar A	е	Government grants (contr	ibutio	ons)	1e	53,225				
, sc imil	f	·····,3	-							
er S		and similar amounts not in	nclud	ed above	1f	715,475				
Othur	g									
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g					
0.0	h	Total. Add lines 1a-1f	• •			•	861,280			
						Business Code				
ø	2a	Program Service f	ees			900099	9,388	9,388		
Program Service Revenue	b									
Ser	C									
am	d									
- Bo	е	·								
Ϋ́		All other program service								
	g	Total. Add lines 2a-2f .	••		• • •	•••••	9,388			
	3	Investment income (includi								
		other similar amounts) .				-	893	893		
	4	Income from investment of		•	•					
	5	Royalties	· · ·							
		•		(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6c							
	d	Net rental income or (loss)				· · · · · · •				
	7a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
-	b	Less: cost or other basis								
nue		and sales expenses				3,161				
evel		Gain or (loss)				(3,161)	(2.1.61)	(2.1.61)		
Other Revenue		Net gain or (loss)			•••	· · · · · · ►	(3,161)	(3,161)		
the	8a	Gross income from fundrai	-	0.7.0						
0		events (not including \$			-					
		of contributions reported o 1c). See Part IV, line 18			8a					
	h	Less: direct expenses .			8b					
		Net income or (loss) from f				′ <u> </u>				
		Gross income from gaming		along even						
	Ju	activities, See Part IV, line	-		9a					
	h	Less: direct expenses .			9b					
		Net income or (loss) from				· · · · · · •				
			-	ng dolivilloo	· ·					
	10a	Gross sales of inventory, le returns and allowances .			10a					
	Ь	Less: cost of goods sold			10k					
		Net income or (loss) from s								
						Business Code				
Ś	11a	Other receipts				900099	3,209	3,209		
Miscellanous Revenue	b						5,205	3,205		
ent /ent	c						<u> </u>			
Rev	-	All other revenue								
ž		Total. Add lines 11a-11d					3,209			
		Total revenue. See instru					871,609		0	0
								,		

Form 990 (2020) Community Health Set Part IX Statement of Functional Expenses Community Health Services of Union County, Inc.

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organ	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to a				<u>.</u> X
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	79,468	52,449	27,019	
6	Compensation not included above, to disqualified	///100	52,115	277015	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,833	13,884	6,949	
8	Pension plan accruals and contributions (include	20,033	10,004	0,545	
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	33,204	22,147	11 057	
9 10	Payroll taxes	33,204 8,547		11,057	
10	Fees for services (nonemployees):	ŏ,54/	5,701	2,846	
a ⊾					
b		0.000		0.000	
C		8,889		8,889	
d					
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.)	278,171	262,703	15,468	
12	Advertising and promotion				
13	Office expenses	12,098	6,875	5,223	
14	Information technology				
15	Royalties				
16		46,841	38,234	8,607	
17	Travel				-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	586	391	195	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,279	4,790	489	
23		9,072	7,134	1,938	
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.)				
а	Medical supplies	342,841	342,841		
b	Dues and subscriptions	3,215	3,215		
С	Repairs and maintenance	12,914	4,108	8,806	
d	Taxes and licenses	3,696	1,231	2,465	
е	All other expenses	5,368	1,358	4,010	
25	Total functional expenses. Add lines 1 through 24e	871,022	767,061	103,961	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Par	990 (20 t X	D20) Community Health Services of Union County Balance Sheet	<u>,</u>	6-049594	7 Page 1 ⁻
		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u>	[
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	84,303	1	5,028
	2	Savings and temporary cash investments	211,816	2	462,694
	3	Pledges and grants receivable, net	••	3	
	4	Accounts receivable, net	••	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	•••	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\hfill \ .$.	•••	6	
	7	Notes and loans receivable, net	••	7	
Assets	8	Inventories for sale or use	45,328	8	73,557
As	9	Prepaid expenses and deferred charges	2,444	9	12,329
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 39, 8	314		
	b	Less: accumulated depreciation 10b 23,8	343 14,413	10c	15,971
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	4,596
	16	Total assets. Add lines 1 through 15 (must equal line 33)	358,304	16	574,175
	17	Accounts payable and accrued expenses	19,615	17	12,444
	18	Grants payable		18	
	19	Deferred revenue		19	250,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	27,545	25	
	26	Total liabilities. Add lines 17 through 25	47,160	26	262,444
		Organizations that follow FASB ASC 958, check here			
6		and complete lines 27, 28, 32, and 33.			
Cei	27	Net assets without donor restrictions	311,144	27	311,731
alar	28	Net assets with donor restrictions		28	
ä		Organizations that do not follow FASB ASC 958, check here			
ņ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\SS(31	Retained earnings, endowment, accumulated income, or other funds		31	
et⊿	32	Total net assets or fund balances		32	311,731
Ź	33	Total liabilities and net assets/fund balances	358,304	33	574,175

EEA

Form 990 (2020)

Form	990 (2020) Community Health Services of Union County, Inc.	6-049594	7	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		871,	,609
2	Total expenses (must equal Part IX, column (A), line 25)	2		871,	,022
3	Revenue less expenses. Subtract line 2 from line 1	3			587
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		311,	,144
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		311,	,731
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
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	<u></u> .	3b		
EEA			Form	990 (2020)

50	нег	OULE A		uhlia Charit	v Status and D	.hlia C			OMB No. 1545-0047
(Form 990 or 990-EZ)					y Status and Pu				2020
			Complete if the organiz						
•		of the Treasury	N (24)	Attach to Form 990 or Form 990-EZ. o www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
		enue Service e organization		lo www.irs.gov/rd	orm990 for instructions	and the la	atest infor	Employer identifica	
		-	Services of U	nion County.	TDC.			46-04959	
	rt I				rganizations must c	omplete	this part		
		•			s 1 through 12, check onl			/	
1		A church, conv	vention of churches, or	r association of chu	urches described in sect	ion 170(b)	(1)(A)(i).		
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).)		
3		A hospital or a	cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(1)(A)(iii). Enter the	
_		•	e, city, and state:	<i>e. e</i>					
5		-		-	university owned or opera	ated by a g	overnmenta	al unit described in	
6		•)(1)(A)(iv). (Complete		init described in section	170(b)(1)	Δ)(γ)		
7	x		•	•	of its support from a gov			the general public	
-		•	ection 170(b)(1)(A)(vi						
8		A community t	rust described in secti	ion 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultural	research organization	n described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction w	vith a land-grant colle	ege
		or university or	a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, cit	y, and state	e of the college or	
	_	university:							
10		-	-		3 1/3% of its support from				S
		•		•	subject to certain exception		,		
					siness taxable income (le section 509(a)(2). (Com		,	UIII DUSINESSES	
11			•		test for public safety. Se		,		
12	П	•	•	•	the benefit of, to perform			carry out the purpose	es
		•	•		bed in section 509(a)(1)				
		Check the box	in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd complete	e lines 12e, 12f, and	12g.
	а	Type I. As	supporting organizatio	n operated, superv	ised, or controlled by its	supported	organizatio	on(s), typically by giv	ving
			0 ()		appoint or elect a major	rity of the d	lirectors or 1	trustees of the	
		•	•		IV, Sections A and B.				
	b			•	ontrolled in connection w		-	.,	
			on(s). You must com		on vested in the same per			lanage the supported	1
	с	-	• •		anization operated in cor	nnection w	ith. and fun	ctionally integrated	with.
	-				u must complete Part I				,
	d	Type III no	on-functionally integr	rated. A supporting	g organization operated i	n connecti	on with its	supported organizat	on(s)
		that is not f	functionally integrated.	The organization g	generally must satisfy a d	istribution r	equirement	and an attentivenes	6
		requireme	nt (see instructions). Y	'ou must complet	e Part IV, Sections A a	nd D, and	Part V.		
	е		0		determination from the IF		a Type I, T	ype II, Type III	
	4			-	ntegrated supporting orga				
	f g		oer of supported organ					••••	••••
) Name of supported	-	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(-			(1)	(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E) Tota									
									1

		Health Serv				46-049594	
Pa	rt II Support Schedule for Organiza						
	(Complete only if you checked th	e box on line	5, 7, or 8 of F	Part I or if the	organization	failed to quali	fy under
	Part III. If the organization fails to	o qualify under	the tests list	ed below, ple	ase complete	e Part III.)	
	ction A. Public Support					i	
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	536,546	545,115	656 , 170	525,146	870 , 668	3,133,645
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	536,546	545,115	656,170	525 , 146	870,668	3,133,645
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)						1,380,469
6	Public support. Subtract line 5 from line 4						1,753,176
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	536,546	545,115	656,170	525 , 146	870,668	3,133,645
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	2,334	2,567	2,588	1,725	893	10,107
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.)	21,110	18,509	3,377	3,083	48	46,127
11	Total support. Add lines 7 through 10						3,189,879
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or	ganization's firs	t, second, thire	d, fourth, or fift	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here						· · · · ► 🗌
Se	ction C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6, c	olumn (f), divide	ed by line 11, c	column (f))		14	54.96 %
15	Public support percentage from 2019 Sched	ule A, Part II, lir	ne 14		[15	52.18 %
16a	33 1/3% support test - 2020. If the organiza	tion did not che	ck the box on	line 13, and lin	e 14 is 33 1/3	% or more, che	ck this
	box and stop here. The organization qualifier	s as a publicly	supported orga	anization			► x
k	33 1/3% support test - 2019. If the organization	tion did not che	ck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more	, check
	this box and stop here. The organization qu	alifies as a publ	icly supported	organization .			►
17a	10%-facts-and-circumstances test - 2020.	If the organizat	ion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 14	is
	10% or more, and if the organization meets t	he facts-and-ci	rcumstances te	est, check this	box and stop	here. Explain in	1
	Part VI how the organization meets the facts	-and-circumstar	nces test. The	organization q	ualifies as a p	ublicly supporte	d
	organization						
k	o 10%-facts-and-circumstances test - 2019.	If the organizat	ion did not che	eck a box on lir	ne 13, 16a, 16l	o, or 17a, and li	ne
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization			-	-		_
18	Private foundation. If the organization did n	ot check a box	on line 13, 16a	a, 16b, 17a, or	17b, check thi	s box and see	
	instructions						

Sche	dule A (Form 990 or 990-EZ) 2020 Community	Health Ser	rvices of U	nion County	, Inc.	46-04959	47 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization failed	d to qualify ur	der Part II.
	If the organization fails to qualify	vunder the te	ests listed bel	ow, please co	omplete Part	II.)	
Sec	ction A. Public Support				•	,	
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513.						
4	Tax revenues levied for the						-
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
e	Total. Add lines 1 through 5						
6 70	Amounts included on lines 1, 2, and 3						
1 d							
h	received from disqualified persons Amounts included on lines 2 and 3						
D							
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
-	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	() 00 (0	(1) 00 (7	() 00/0	(1) 00 (0	() 0000	(0 T)
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						⊳ [_
	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c					15	%
	Public support percentage from 2019 Sched					16	%
Sec	ction D. Computation of Investment Inc						
17	Investment income percentage for 2020 (line	e 10c, column	(f), divided by I	ine 13, column	(f))	17	%
18	Investment income percentage from 2019 Set					18	%
19a	33 1/3% support tests - 2020. If the organiz	ation did not o	check the box c	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	e. The organiza	ation qualifies a	as a publicly su	pported organi	zation 🕨 🗌
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	box and stop	here. The orga	anization qualif	ies as a publicl	y supported or	ganization 🕨 🗌
20	Private foundation. If the organization did n	ot check a bo	x on line 14, 19	a, or 19b, che	ck this box and	l see instruction	ns 🕨 🗌

	In A (Form 990 or 990-EZ) 2020 Community Health Services of Union County, Inc. 46-04959 to Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete and B. If you checked how 12b, Part I, complete Sections A and C. If you checked how 12b, Part I.	e Sec	tions	
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete			
Sect	ion A. All Supporting Organizations		Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
D	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
U	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Vu		
	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	_		
~	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	0		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ju		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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1

2

1

3

Yes No

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 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting orga 	ig trust or	n Nov. 20, 1970 <i>(expla</i>	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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-functional	lv integra	ted Type III supporting	organization

Schedule A (Form 990 or 990-EZ) 2020

Schedu Par	t V Type III Non-Functionally Integrated 509(a)(3			95947 Page 7
Sec	tion D - Distributions	· · · · · · · · ·		Current Year
1	Amounts paid to supported organizations to accomplish exem	npt 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	s of supported organizat	ions 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
EEA			Sch	edule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

J	Attach to Form 990, Form 990-EZ, or Form 990-PF.
►	Go to www.irs.gov/Form990 for the latest information.

2020

Internal I	Revenue	e Service
Namo	of the	organization

Name of the organization	Employer identification number
Community Health Services of Union County, Inc.	46-0495947
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of org	anization		Employ	/er ident		
Community Health Services of Union County, Inc.						
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space	ce is ne	eded.		
(a)	(b)	(c)				

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	United Way Of Central Carolinas 301 S Brevard Street Charlotte NC 28202	\$ <u>90,634</u>	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	James R and Bonnie Braswell Trust 300 East Wade Street Wadesboro NC 28170	\$100,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	NC Pro PO Box 25893 Winston Salem NC 27104	\$ <u>190,608</u>	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foundation for Healthy Carolina 220 North Tryon Street Charlotte NC 28202	\$ <u>25,000</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	Leon Levine Foundation 6000 Fairview Rd Charlotte NC 28210	\$40,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	City of Monroe PO Box 69 Monroe NC 28111	\$20,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Employer identification number 46-0495947

EEA

Name of organization

Community Health Services of Union County, Inc.

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

		•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Novo Nordisk 800 Scudders Mill Plainsboro NJ 08536	\$185,159	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Sisters of Mercy 101 Mercy Dr Belmont NC 28012	\$50,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 46-0495947

Community Health Services of Union County, Inc.

46-0495947 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Faill	Noncash Property (see instructions). Ose duplicate copi		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Medical supplies		
7			
		\$ 185,159	12-31-2020
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		—	
		\$	
(a) No.		(c)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		—	
		\$	
(a) No.		(c)	
from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		_	
		\$	
(a) No.		(c)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncesh property given	(See instructions.)	Date received
		_	
		\$	
(a) No.			
from	(b)	(c) FMV (or estimate)	(d) Data reasived
Part I	Description of noncash property given	(See instructions.)	Date received
		_	
		—	
		\$	

Employer identification number

SCHEDULE D		Supplemen	tal Financial Stat	ements		OM	B No. 1545	5-0047
(Fo	rm 990)	 Complete if the organization answered "Yes" on Form 990, 					202	0
		Part IV, line 6, 7, 8, 9, 7	7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
Department of the Treasury Attach to Form 990.						pen to F		
	Internal Revenue Service For many for instructions and the latest information.						spectio	n
	of the organization	Services of Union County,	The		46-04	tification numb	er	
		ions Maintaining Donor Advised Fu				33347		
Iu		if the organization answered "Yes" on			•			
			(a) Donor advised		(b)	Funds and othe	r accounts	
1	Total number at en	d of year			. ,			
2	Aggregate value of	f contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4		end of year						
5	-	n inform all donors and donor advisors in w	-				1	—
~	•	nization's property, subject to the organizati	•			••••	Yes	No
6	•	n inform all grantees, donors, and donor ad purposes and not for the benefit of the dono	• •					
		ssible private benefit?				Г	Yes	No
Pa		vation Easements.	<u> </u>			••••		
		e if the organization answered "Yes" o	n Form 990, Part IV, line	e 7.				
1		ervation easements held by the organizatio						
	Preservation o	f land for public use (e.g., recreation or edu	cation)	Preservation of a his	storically	important la	nd area	
	Protection of n	atural habitat		Preservation of a ce	rtified hi	storic structu	re	
	Preservation o							
2		nrough 2d if the organization held a qualified	conservation contribution i	n the form of a conserv				
-		st day of the tax year.				Held at the Er	nd of the	Tax Year
a h					2a 2b			
b c	-	icted by conservation easements vation easements on a certified historic strue	ture included in (a)		20 20			
d		vation easements included in (c) acquired a			20			
ŭ					2d			
3		vation easements modified, transferred, rele			tion duri	ng the		
	tax year ►		-			-		
4	Number of states w	where property subject to conservation ease	ement is located					
5	Does the organizat	ion have a written policy regarding the perio	odic monitoring, inspection, I	handling of		_	_	
	,	preement of the conservation easements it h				· · · · L	Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enf	orcing conservation ea	sements	s during the y	/ear	
-	•		a of violations and onforcin					
7	Amount or expense ► \$	es incurred in monitoring, inspecting, handlir	ig of violations, and enforcing	ng conservation easerr	ients dui	ring the year		
8		 vation easement reported on line 2(d) above	e satisfy the requirements of	f section 170(h)(4)(B)(i	i)			
•	and section 170(h)					Г	Yes	No
9	()	be how the organization reports conservation						
	balance sheet, and	include, if applicable, the text of the footnot	e to the organization's finan	cial statements that de	scribes t	the		
		ounting for conservation easements.						
Pa		zations Maintaining Collections			r Simil	ar Assets	S.	
		e if the organization answered "Yes" of						
1a	-	elected, as permitted under FASB ASC 958						
		asures, or other similar assets held for publi			or public	0		
b		Part XIII the text of the footnote to its finan elected, as permitted under FASB ASC 958				ks of		
5	-	ures, or other similar assets held for public e						
		ig amounts relating to these items:			P 3010 0			
	•	ded on Form 990, Part VIII, line 1				▶ \$		
		d in Form 990, Part X						
2		received or held works of art, historical trea						
	following amounts	required to be reported under FASB ASC 9	-					
а								
b	Assets included in	Form 990, Part X			ו	▶ \$		

	ule D (Form 990) 2020 Community Health						46-049		Page 2
Pa	rt III Organizations Maintaining (Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, accession,	and other records,	check any	of the follo	owing that ma	ake signif	icant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange	program	S		
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they fu	urther the o	organization's	s exempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit or re	eceive donations of	art, historio	al treasur	es, or other s	imilar			
	assets to be sold to raise funds rather than to b	e maintained as pa	art of the or	ganization	's collection?			. 🗌 Yes	No
Pa	rt IV Escrow and Custodial Arran	gements.							
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	9, or re	ported an am	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contri	butions or	other assets	not			
	included on Form 990, Part X?							🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII ar								
			-				Ar	nount	
с	Beginning balance					. 1c			
d	Additions during the year					. 1d			
е	Distributions during the year								
f	Ending balance					. 1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 2	21, for escro	ow or cust	odial account	liability?		. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation ha	as been pr	ovided on Pa	art XIII .			
Pa	rt V Endowment Funds.								
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	10.			
		(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	t year end balance	(line 1g, co	lumn (a))	held as:	•			
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possess	ion of the organizat	tion that are	held and	administered	for the		_	
	organization by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Sche	dule R?.				. 3b	
4	Describe in Part XIII the intended uses of the o	rganization's endo	wment fund	s.					
Pa	rt VI Land, Buildings, and Equipn	nent.							
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	11a. S	ee Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or oth	er basis	(b) Cost o	or other basis	(c)	Accumulated	(d) Book	value
		(investm	ent)	(other)	de	preciation		
1a	Land	•							
b	Buildings	•							
C	Leasehold improvements	•							
d	Equipment	•			39,814		23,843		15,971
e	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	rt X, colum	n (B), line	10.c.,			:	15,971

Schedule D (Form 990) 2020

EEA

Schedule D (Form	990) 2020 Community Health Serv:	ices of	E Union County,	Inc.	46-0495947	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Yes'	" on For	m 990, Part IV, lin	e 11b. See Fo	orm 990, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book value	С	(c) Method of valuation ost or end-of-year market v	
(1) Financial of						
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G) (H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII	Investments - Program Related.	••••				
i ait tiii	Complete if the organization answered "Yes'	" on For	m 990. Part IV. lin	e 11c. See Fo	orm 990. Part X.	line 13.
	· · ·	00.				
	(a) Description of investment		(b) Book value	с	(c) Method of valuation ost or end-of-year market v	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13.)	🕨				
Part IX	Other Assets.	.				1
	Complete if the organization answered "Yes'	on For	m 990, Part IV, IIn			
(4)- 7	(a) Description				(b) Bo	ok value
(1)Sales t	ax rec					4,596
(2)						
<u>(3)</u> (4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)				•	4,596
Part X	Other Liabilities.					
	Complete if the organization answered "Yes'	" on For	m 990, Part IV, lin	e 11e or 11f.	See Form 990, I	Part X,
	line 25.		1			
<u>1.</u>	(a) Description of liability	(b) Book v	value			
(1) Federal i	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Total (Column)	(b) must equal Form 990, Part X, col. (B) line 25.) .					
	uncertain tax positions. In Part XIII, provide the text of the	footnote t	the organization's find	incial statements	that reports the	
	liability for uncertain tax positions under FASB ASC 740. C		-			П
EEA						····
					Solicadie D (

Sched	ule D (Form 990) 2020 Community Health Services of Union County, Inc.	46-0495947	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	I	
1	Total revenue, gains, and other support per audited financial statements	1	871,609
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	871,609
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		871,609
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	871,022
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	871,022
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	871,022
Pa	rt XIII Supplemental Information.		

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

Noncash Contribut	ions
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►	Complete if the organizatio	ns answered "Yes'	' on Form 990	, Part IV, lines 29 or 30.
---	-----------------------------	-------------------	---------------	----------------------------

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instruct

OMB No. 1545-0047

	5 25 01 00.	
		Open to Public
tions and the latest information	•	Inspection
	Employer identification	number
	46-0495947	

Community	Hoalth	Services	of	Union	County
Community	неаттп	Services	OL	Union	County

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Comm	unity Health Services of U	nion Cou	nty, Inc.	46-0495	5947			
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			-
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation				-			
14	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Food inventory							
20	Drugs and medical supplies	v	152	255 840	ENG Z			
	Taxidermy	X	152	255,840	FMV			
21 22	-							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()			 	<u> </u>			
29	Number of Forms 8283 received by the	•	• •					
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29		V	NI -
00-		· · · · · · · · · · · · · · · · · · ·	1	Death Free A three at			Yes	No
30a	During the year, did the organization rece	-		-				
	28, that it must hold for at least three yea							
	to be used for exempt purposes for the e	-				30a		
b	If "Yes," describe the arrangement in Pa		last as a data data di d	a sector of a set				
31	Does the organization have a gift accept							
• •						31		
32a	Does the organization hire or use third p							
						32a		
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amoun describe in Part II.	nt in column	(c) for a type of property for whi	ich column (a) is checked,				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

46-0495947

Community Health Services of Union County, Inc.

01. Form 990 governing body review (Part VI, line 11)

990 is reviewed by appropriate level board members prior to filing.

02. Form 990 availability to public (Part VI, line 18)

Available upon request.

03. Governing documents, etc, available to public (Part VI, line 19)

Available upon request

04. List of other fees for services expenses (Part IX, line 11g)

Nursing, translation and office

Form	4562		-	ciation a					(OMB No. 1545-0172
			(Includi	ng Informatio			operty)			2020
•	nent of the Treasury			Attach to y	•					Attachment
	Revenue Service (99) shown on return	►G	o to www.irs.go	ov/Form4562 for	r Instruction Business or activi			mation.	_	Sequence No. 179 iying number
	,		-f 11-i							-0495947
Par	t I Flection			operty Under	FORM 99				40-	-0495947
1 01		-		, complete Part			olete Part I.			
1	Maximum amount				-		-		1	
2	Total cost of sectio	,							2	
3	Threshold cost of s								3	
4	Reduction in limitat								4	
5	Dollar limitation for	tax year. Subtra	ct line 4 from line	e 1. If zero or less	s, enter -0 If	married	filing			
	separately, see ins	tructions		<u></u>					5	
6		(a) Description of pr	operty	((b) Cost (busine	ss use only	/) (c)	Elected cost		
7	Listed property. En									
8	Total elected cost			```					8	
9	Tentative deductio								9	
10	Carryover of disall		,						10	
11	Business income li					,			11	
12	Section 179 expen					91.1.		• • • • • •	12	
13 Notor	Carryover of disall						13			
Par	Don't use Part II o			e and Other D		on (D	on't include l	isted proper	ty So	e instructions)
14	Special depreciation							isted proper	ly. 00	
14	during the tax year		,						14	
15	Property subject to								15	
16	Other depreciation								16	4,279
Par				clude listed pro						_,
		•	`		ction A					
17	MACRS deduction	s for assets plac	ed in service in t	tax years beginnii	ng before 20	20			17	
18	If you are electing	to group any ass	sets placed in se	rvice during the t	ax year into c	ne or m	ore general			•
	asset accounts, ch	eck here						►		
	Section	n B - Assets P	laced in Serv	vice During 202	20 Tax Yea	r Using	g the Genera	al Depreciat	ion S	ystem
	(a) Classification of r	roportu	(b) Month and year placed in	(c) Basis for depresent (business/investmesting)		Recovery	(a) Convention	(f) Method	(7)	Depresiation deduction
	(a) Classification of p	oroperty	service	only-see instruct		period	(e) Convention	(f) Method	(g)	Depreciation deduction
19a	3-year property									
b	5-year property	Statement	#567							1,000
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
<u>g</u>	25-year property					5 yrs.		S/L		
h	Residential rental					.5 yrs.	MM	S/L		
	property	1				.5 yrs.	MM	S/L		
i	Nonresidential real	I			3	9 yrs.	MM	S/L		
	property Soction C		l ood in Service	e During 2020	Tax Veer '	leine +	MM Altornativ	S/L	tion C	vetom
20-		- ASSEIS PIR			Tax Tear U	ising ti	ie Alternativ	-		ystem
20a b	Class life					2 vrc		S/L S/L		
	12-year					2 yrs. 0 yrs	MM	S/L S/L		
c d	30-year 40-year					0 yrs. 0 yrs.	MM	S/L S/L		
Par		ary (See instr	Luctions)	1	4	o yrs.	IVIIVI	3/L		
21	Listed property. Ei		1						21	
22	Total. Add amoun			17. lines 19 and	20 in column	(a), and	line 21 Ente	••••• r		
	here and on the ap		-						22	5,279
23	For assets shown			•	•				_	
	portion of the basis	•		о ,	-		23			

97

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. OMB No. 1545-0184

2020	
Attachment	_

	rtment of the Treasury nal Revenue Service	► Go to www.ir		to your tax return.	d the latest informati	on	A S	ttachment Sequence No. 27
Name	e(s) shown on return					Identifying nu	mber	
	munity Health Serv:	ices of Union	County, Inc	٦.		46-0495		
1	Enter the gross proceeds fr substitute statement) that yo	om sales or exchance	ges reported to yo	u for 2020 on Form(s) 1099-B or 1099-S (o	r	1	
Pa	rt I Sales or Exchai	nges of Proper	ty Used in a T	rade or Busine	ss and Involunta (ear (see instructi	ry Convers	ions	From Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or othe basis, plus improvements a expense of sal	nd	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
Sta	tement #603				22,181	25,	342	(3,161)
3	Gain, if any, from Form 468	4. line 39					3	
4	Section 1231 gain from inst					-	4	
5	Section 1231 gain or (loss)						5	
6	Gain, if any, from line 32, fro						6	
7	Combine lines 2 through 6.						7	(3,161)
'	-						•	(3,101)
	Partnerships and S corpo line 10, or Form 1120S, Sch		0 ()	0	is for Form 1065, Sch	edule K,		
8 9	losses, or they were recapt Schedule D filed with your r Nonrecaptured net section Subtract line 8 from line 7. I 9 is more than zero, enter th capital gain on the Schedul	retum and skip lines 1231 losses from pri f zero or less, enter ne amount from line 8	8, 9, 11, and 12 be or years. See instr -0 If line 9 is zerc 3 on line 12 below	elow. uctions o, enter the gain from and enter the gain fr	line 7 on line 12 belov om line 9 as a long-ter	v. If line m	8	
Pa	rt II Ordinary Gains							
10	Ordinary gains and losses r	not included on lines	11 through 16 (inc	lude property held 1	year or less):			
11	Loss, if any, from line 7 .						11	(3,161)
12	Gain, if any, from line 7 or a	mount from line 8, if	applicable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form	n 4684, lines 31 and	38a				14	
15	Ordinary gain from installme	ent sales from Form	6252, line 25 or 36	;			15	
16	Ordinary gain or (loss) from	like-kind exchange	s from Form 8824			[16	
17	Combine lines 10 through 1	6				[17	(3,161)
18	For all except individual retu	ums, enter the amou	nt from line 17 on t	he appropriate line c	of your return and skip	lines a		
	and b below. For individual	returns, complete lin	es a and b below.					
а	If the loss on line 11 include	es a loss from Form 4	1684, line 35, colur	nn (b)(ii), enter that p	part of the loss here. E	nter the loss		
	from income-producing prop	perty on Schedule A	(Form 1040), line	16. (Do not include a	any loss on property us	ed as an		
	employee.) Identify as from	"Form 4797, line 18a	a." See instructions				18a	
b	Redetermine the gain or (lo	oss) on line 17 exclud	ling the loss, if any	, on line 18a. Enter h	nere and on Schedule	1		
	(Form 1040), Part I, line 4						18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

EEA

Form 8879-EO		ignature Authorization xempt Organization		OMB No. 1545-0047
		ing 07-01-2020 , and ending 06-	30-2021	
Department of the Treasury	Do not send	to the IRS. Keep for your records.		2020
Internal Revenue Service	► Go to www.irs.gov/F	orm8879EO for the latest information.		
Name of exempt organization or pe	rson subject to tax		Taxpayer identif	ication number
Community Health	Services of Union County,	Inc.	46-049594	17
Name and title of officer or person s	subject to tax			
Jim Brewer, Presi	dent			
Part I Type of R	eturn and Return Information (Whole Dollars Only)		
blank, then leave line 1b, 2	2b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable line below. Do not complete a applicable line below. Do not complete b Total revenue, if any (Form b Total revenue, if any (Form b Total revenue, if any (Form c here b Total tax (Form 112 e b Tax based on investment	amount on that line for the return being file plicable, blank (do not enter -0-). But, if yo more than one line in Part I. 990, Part VIII, column (A), line 12) orm 990-EZ, line 9) 0-POL, line 22)	ou entered -0- or	1b 871,609 2b
6a Form 990-T check her	b Total tax (Form 990-T, I	Part III, line 4)		6b
7a Form 4720 check here	b Total tax (Form 4720, F	art III, line 1)		7b
		of Officer or Person Subject to		
Under penalties of perjury,	I declare that I am an officer of the	above organization or I am a person	subject to tax wit	h respect to
(name of organization)		, (EIN) and that I I	have examined a	CODV
I consent to allow my interr to receive from the IRS (a) processing the return or re Agent to initiate an electror software for payment of the a payment, I must contact th (settlement) date. I also au confidential information neo identification number (PIN) PIN: check one box only X I authorize <u>simp</u> on the tax year 202 state agency(ies) r	nediate service provider, transmitter, or el an acknowledgement of receipt or reaso fund, and (c) the date of any refund. If ap nic funds withdrawal (direct debit) entry to federal taxes owed on this retum, and the ne U.S. Treasury Financial Agent at 1-888 thorize the financial institutions involved ir essary to answer inquiries and resolve is as my signature for the electronic retum a son & Younce, CPAs, PC ERO firm name	above is the amount shown on the copy of ectronic retum originator (ERO) to send the on for rejection of the transmission, (b) the oplicable, I authorize the U.S. Treasury an the financial institution account indicated in a financial institution to debit the entry to this 3-353-4537 no later than 2 business days p in the processing of the electronic payment of sues related to the payment. I have selected and, if applicable, the consent to electronic to enter my PIN <u>95947</u> Enter five numbers, b do not enter all zeros ated within this return that a copy of the ret //State program, I also authorize the aforem	e return to the IR reason for any o d its designated n the tax preparat s account. To rev prior to the paym of taxes to receive d a personal funds withdrawa	S and delay in Financial tion voke ent ve I. ture with a
As an officer or pe electronically filed	rson subject to tax with respect to the orga retum. If I have indicated within this returr	anization, I will enter my PIN as my signatu a that a copy of the return is being filed with will enter my PIN on the return's disclosure	n a state agency(ies)
Signature of officer or person subje		Date	▶ 08-23-2	021
	ion and Authentication			
	ur six-digit electronic filing identification		4662 00-	C 0
number (EFIN) followed by	your five-digit self-selected PIN.	56	4663 887 Do not	60 enter all zeros
that I am submitting this re IRS <i>e-file</i> Providers for Bu	turn in accordance with the requirements	e on the 2020 electronically filed retum ind of Pub. 4163 , Modernized e-File (MeF) In	icated above. I c nformation for Au	onfirm uthorized
ERO's signature		Date	▶ 09-02-2	U21
For Paperwork Reduction		This Form - See Instructions to the IRS Unless Requested To	Do So	Form 8879-EO (2020)
ι σι ι αρσιωσικ κευυσίοι	- ACLINOLICE, SEE 11130 UCIUIIS.			1 0111 001 3-EU (2020)

Name(s) as shown on retu	urn	Federal Supporting S	statements	2020 PG01 Tax ID Number
_Community	v Health Serv	ices of Union Cou	unty, Inc.	46-0495947
		Form 4562 - Line	e 19b	Statement #56
Basis 1,797 3,921 3,080 1,200	RP 5 5 5 5 5	СV НҮ НҮ НҮ НҮ	Method SL SL SL SL	Deduction 180 392 308 120
Total				1,000

	Federal Supporting Statements			2	020 _{PG01}	
Name(s) as shown on return				Tax	ID Number	
Community Health Services of Union County, Inc.					46-0495947	
	Form 4797 - Part 1				Statement #6	03
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Clinic Refrigerator	10-26-2005	12-31-2020	00	193	193	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
EKG Machine	06-29-2010	12-31-2020	0	2,952	2,952	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Cholestech LDX w/ printer	06-05-2012	12-31-2020	00	2,000	2,000	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Phlebotomy chair	01-01-2012	12-31-2020	00	810	896	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
5 BP Monitors w/ stethos	01-01-2012	12-31-2020		500	500	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
2 Pulse Ox	01-01-2012	12-31-2020	0	342	342	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
2 thermometers	01-01-2012	12-31-2020	0	466	466	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Misc Med Eq	01-01-2012	12-31-2020	00	859	859	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Misc	06-30-2011	12-31-2020	00	666	666	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Room divider & table	10-15-2005	12-31-2020	00	115	115	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Shelving	12-30-2005	12-31-2020	00	2,000	2,000	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Server	12-31-2006	12-31-2020	00	4,380	4,380	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
24" base & wall cabinet	01-01-2012	12-31-2020	00	262	294	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Keurig Platinum	12-15-2011	12-31-2020	00	175	175	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
Keyboard for admin asst	07-25-2012	12-31-2020	0	50	50	
Description	Acquired	Sold	Sale Price	Depr.	Cost/Basis	Ne
HP computer	09-19-2012	12-31-2020	0	1,008	1,008	

	Federal Supporting Statements			2	020 PG02	
Name(s) as shown on return					ID Number	
Community Health Services of Union County, Inc.					46-04959	17
	Form 4797 - Part 1				Statement :	\$603
Description	Acquire	d Sold	Sale Price	Depr.	Cost/Basis	Ne
Dell PC for admin asst	09-19-201	2 12-31-2020	0	467	467	
Description	Acquire	d Sold	Sale Price	Depr.	Cost/Basis	Ne
Hemocue HB fast start Prn	09-24-201	3 12-31-2020	0	327	327	
Description	Acquire	d Sold	Sale Price	Depr.	Cost/Basis	Ne
Toshiba laptop	11-12-201	3 12-31-2020	0	559	559	
Description	Acquire	d Sold	Sale Price	Depr.	Cost/Basis	Ne
Windows server 2012 software	04-08-201	12-31-2020	0	707	707	
Description	Acquire	d Sold	Sale Price	Depr.	Cost/Basis	Ne
Dell stand alone server	07-09-201	12-31-2020	0	861	861	
Description	Acquire	d Sold	Sale Price	Depr.	Cost/Basis	Ne
2 Dell 780 Desktops	02-28-201	3 12-31-2020	0	304	506	(20
Description	Acquire	d Sold	Sale Price	Depr.	Cost/Basis	Ne
Seimens Clinitek	10-24-201	12-31-2020	0	510	850	(34
Description	Acquire	d Sold	Sale Price	Depr.	Cost/Basis	Ne
I Stat Caridge	10-08-201	3 12-31-2020	0	1,436	3,589	(2,15
Description	Acquire	d Sold	Sale Price	Depr.	Cost/Basis	Ne
optiplex Micro PC	10-17-201	3 12-31-2020	0	232	580	(34
Total			0	22,181	25,342	(3,16

Form	990
Work	sheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

	(Keep for your records)	2020
Name(s) as shown on return		Tax ID Number
Community Health	Services of Union County, Inc.	46-0495947

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2016	2017	2018	2019	2020	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
United Way Of Central Carolinas	124,054	116,101	121,995	102,244	90,634	555,028	491,230
James R and Bonnie Braswell Trust	50,000	50,000	100,000	100,000	100,000	400,000	336,202
NC Pro	51,840	18,400	11,632	20,000	190,608	292,480	228,682
Foundation for Healthy Carolina	20,000	25,000	35,000	10,000	25,000	115,000	51,202
Leon Levine Foundation	25,000	35,000	35,000	35,000	40,000	170,000	106,202
City of Monroe	5,000	5,000	6,000	20,000	20,000	56,000	
Novo Nordisk				45,590	185,159	230,749	166,951
Sisters of Mercy					50,000	50,000	

Total_____

____1,380,469

Depreciation	Detail	Listing
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2020

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for Section 199A calculations. See "UBIA" in lower right corner.

Program Services For your records only

* Item is included in UBIA

Name(s) as shown on return											Social se	curity number/Ell	4	
Community Health Servio	es of Unio	on County,	Inc.						1		46	-0495947		
No. Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
4 Autoclave	01012012	599		100.00			599	10	SL HY	10	510	60	570	60
9 Ritter Exam Table	03122012	125		100.00			125	5		0	125		125	
37 Cholestech LDX Machin	10242017	1,595		100.00			1,595	5	SL HY	20	798	319	1,117	319
38 I Stat Analyzer	10242017	8,255		100.00			8,255	5	SL HY	20	4,128	1,651	5,779	1,651
39 Stat Chrager	10242017	500		100.00			500	5	SL HY	20	250	100	350	100
40 Stat Printer	10242017	550		100.00			550	5	SL HY	20	275	110	385	110
41 Defibrillator AED 350	12052017	1,225		100.00			1,225	5	SL HY	20	613	245	858	245
42 4 Dell Micro Computer	06262019	2,380		100.00			2,380	5	SL MQ	20	536	476	1,012	476
43 2 Dell Vostro 15.6 La	06162019	1,129		100.00			1,129	5	SL MQ	20	254	226	480	226
44 Dell XPS 13.3	06262019	1,030		100.00			1,030	5	SL MQ	20	232	206	438	206
47 3 Dell Vostra Laptops	11092020	1,797		100.00			1,797	5	SL HY	10		180	180	180
48 2 Spot Vs 4400 BP and	12032020	3,921		100.00			3,921	5	SL HY	10		392	392	392
49 4 Dell Laptops	12162020	3,080		100.00			3,080	5	SL HY	10		308	308	308
50 2 Dell Desktops	12162020	1,200		100.00			1,200	5	SL HY	10		120	120	120
Assets Sold/Abandoned														
2 EKG Machine	06292010	2,952		100.00			2,952	5		0	2,952		2,952	
7 2 Pulse Ox	01012012	342		100.00			342	5		0	342		342	
8 2 thermometers	01012012	466		100.00			466	5		0	466		466	
10 Misc Med Eq	01012012	859		100.00			859	5		0	859		859	
36 Seimens Clinitek	10242017	850		100.00			850	5	SL HY	20	425	85	510	85
45 I Stat Caridge	10082018	3,589		100.00			3,589	5	SL MQ	20	1,167	269	1,436	269
46 optiplex Micro PC	10172018	580		100.00			580	5	SL MQ	20	189	43	232	43
Totals		37,024					37,024				14,121	4,790	18,911	4,790

Depreciation	Detail	Listing
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2020

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for Section 199A calculations. See "UBIA" in lower right corner.

Management & General For your records only

* Item is included in UBIA

	(s) as shown on return												Social sec	curity number/Ell	N	
,	Community Health Servio	es of Unio	on County,	Inc.									46	-0495947		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life		Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
12	File cabinet and 10 c	09132005	175		100.00			175	7			0	175		175	
13	Telephone systems	09152005	3,000		100.00			3,000	7			0	3,000		3,000	
15	2 returns desks & cha	06292006	4,795		100.00			4,795	7			0	4,795		4,795	
18	Office Furniture	09112006	335		100.00			335	7			0	335		335	
19	Kenmore refrigerator	08252011	570		100.00			570	10	SL	НҮ	10	504	57	561	57
25	Donated lateral file	03282013	322		100.00			322	5			0	322		322	
26	Project mgr desk	08152013	80		100.00			80	5			0	80		80	
29	Dell Power edge serve	06302014	861		100.00			861	5			0	860		860	
32	Frigidare refrigerato	05042016	588		100.00			588	5	SL	MQ	20	492	96	588	96
33	Blinds	02072017	1,153		100.00			1,153	10	SL	HY	10	403	115	518	115
34	Whirlpool Refrigerato	06062017	549		100.00			549	5	SL	НҮ	20	385	110	495	110
	Assets Sold/Abandoned															
1	Clinic Refrigerator	10262005	193		100.00			193	7			0	193		193	
3	Cholestech LDX w/ pri	06052012	2,000		100.00			2,000	5			0	2,000		2,000	
5	Phlebotomy chair	01012012	896		100.00			896	10	SL	HY	10	765	45	810	45
6	5 BP Monitors w/ stet	01012012	500		100.00			500	6			0	500		500	
11	Misc	06302011	666		100.00			666	5			0	666		666	
14	Room divider & table	10152005	115		100.00			115	7			0	115		115	
16	Shelving	12302005	2,000		100.00			2,000	7			0	2,000		2,000	
17	Server	12312006	4,380		100.00			4,380	5			0	4,380		4,380	
20	24" base & wall cabin	01012012	294		100.00			294	10	SL	HY	10	247	15	262	15
21	Keurig Platinum	12152011	175		100.00			175	5			0	175		175	
22	Keyboard for admin as	07252012	50		100.00			50	5			0	50		50	
23	HP computer	09192012	1,008		100.00			1,008	5			0	1,008		1,008	
24	Dell PC for admin ass	09192012	467		100.00			467	5			0	467		467	
27	Hemocue HB fast start	09242013	327		100.00			327	5			0	327		327	
28	Toshiba laptop	11122013	559		100.00			559	5			0	559		559	
30	Windows server 2012 s	04082014	707		100.00			707	3			0	707		707	
31	Dell stand alone serv	07092014	861		100.00			861	5			0	861		861	
30	Windows server 2012 s	04082014		707	707	707 100.00	707 100.00	707 100.00	707 100.00 707	707 100.00 707 3	707 100.00 707 3	707 100.00 707 3	707 100.00 707 3 0	707 100.00 707 3 0 707	707 100.00 707 3 0 707	707 100.00 707 3 0 707 707

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Social security number/EIN

for Section 199A calculations. See "UBIA" in lower right corner.

Management & General For your records only

Name(s) as shown on return

* Item is included in UBIA

				Basis	Business	Section	-	Depresiehle					Prior	Current	Accumulated	AMT
	Description	Date	Cost	Adjustment	percentage	179	Bonus depreciation	Depreciable Basis	Life	Ν	Vethod	Rate	Depreciation	Depreciation	Accumulated Depreciation	Curren
2	2 Dell 780 Desktops	02282018	506		100.00			506	5	SL	НҮ	20	253	51	304	
	Totals		28,132					28,132		-		-	26,624	489	27,113	

Depreciation Reconciliation for Community Health Services of Union County, Inc.

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	55,158	55,158	4,279	45,024	
Placed in Service in Current Year	9,998	9,998	1,000	1,000	
Removed from Service in Current Year	25,342	25,342	508	22,181	
End of Year	39,814	39,814	4,771	23,843	