## Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury

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

Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection		
A For the 2022 calen		ne 2022 calen	dar year, or tax year beginning , 2022, and ending						, 20			
В	Check	if applicable:	C Name of organization Chapin We Care Center						D Employer identification number			
	Addres	ss change	Doing business as We Care						31-1744064			
	Name	lame change Number and street (or P.O. box if mail is not delivered to street address) Room/s					/suite	ite E Telephone number				
	Initial r		P.O. Box 491					Jone	803-345-3244			
$\Box$	Final re	inal return/terminated City or town, state or province, country, and ZIP or foreign postal code										
V		Amended return  Chapin, South Carolina 29036							<b>G</b> Gross receipts \$ 2.058,386			
П		ation pending	F Name and address of princip	SECTION ENGINEE				LI (a) la thia a arr		or subordinates? Y		
		anon pending								tes included?		
ī	Tax-ex	empt status:								ist. See instructions		
J									up exemption number			
ĸ	_	Form of organization: Corporation Trust Association Other L Year of formation: 1986							of legal domicile:	SC		
Ï	art I	Summa		sociationOther		L Year of for	mation:	1300	w State	or legal domicile.	- 55	
·	_	Briefly describe the organization's mission or most significant activities:										
Activities & Governance	100 120	We Care serves those living with the burden of poverty in Chapin and the surrounding communities. We do so with dignity and compassion,										
		providing food and other essentials, seeking to show the love of Christ to our neighbors in need										
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
	3	Number of voting members of the governing body (Part VIII) in a talk							s net assets.	14		
	4	Number of	Number of voting members of the governing body (Part VI, line 1a)					3		14		
	5	Total numb	umber of independent voting members of the governing body (Part VI, line 1b)					4		2		
	6		al number of individuals employed in calendar year 2022 (Part V, line 2a)						5		250	
	7a		otal number of volunteers (estimate if necessary)						6	×		
	b							7a				
	b	The state of the s				10000 33550	7b					
Revenue	8							Prior Year	00 217	Current Ye	.058.386	
	9	5						1,03	98,317		006,000	
	10		estment income (Part VIII, line 2g)						54			
	11		r revenue (Part VIII, column (A), lines 3, 4, and 7d)						0		58	
	K 5500									050.444		
	12								98,371		,058,444	
s Expenses			rants and similar amounts paid (Part IX, column (A), lines 1–3)						07,047	1,	,786,143	
	14								-		05.750	
	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)						33,650		95,758	
	16a		nal fundraising fees (Part IX, column (A), line 11e)								0	
	_b		raising expenses (Part IX, column (D), line 25)						20.550		0	
	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)					163,559 1,554,256			94,598	
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)							1,	,976,499	
	19	Revenue les							14,115		81,945	
Net Assets or Fund Balances			(D . I V II				Begin	ning of Curre	TO THE REAL PROPERTY.	End of Yea		
	20		(Part X, line 16)				767		7,596		849,541	
	21		otal liabilities (Part X, line 26)						0		0	
								7,596		849,541		
	rt II										-	
Und	er penal	ties of perjury, I	declare that I have examined to Declaration of preparer (other to	his return, including	accompanying sche	edules and sta f which prepa	tement	s, and to the	best of n	ny knowledge and	belief, it is	
uue,	CONTECT	, and complete.	Decide attorner or proper or your or a	nari omoci, io basco		r willon prepa	ici iias	arry Kriowiedo	je.			
Sign		Signature of officer Date										
ler	e											
		Type or print na	me and title									
aio	1	Print/Type pr	reparer's name	Preparer's signa	ature		Date		Check [	if PTIN		
								self-employed				
	oarer		ame Firm's						EIN			
se	Only	7 (10) ST ST	Firm's address Phone									
lay 1	the IRS		s return with the prepare	r shown above?	? See instructio	ns				. TYes	□No	