

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2022
Open to Public Inspection**A For the 2022 calendar year, or tax year beginning 10/01/22, and ending 09/30/23**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="text-align: center; font-weight: bold; font-size: 1.2em;">SOLUS CHRISTUS INC</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="display: flex; justify-content: space-between;"> PO BOX 416 </div> City or town, state or province, country, and ZIP or foreign postal code <div style="display: flex; justify-content: space-between;"> EAST BEND NC 27018 </div>	D Employer identification number <div style="font-size: 1.2em; font-weight: bold;">26-1124908</div> E Telephone number <div style="font-size: 1.2em; font-weight: bold;">336-813-3007</div> G Gross receipts \$ <div style="font-size: 1.2em; font-weight: bold;">768,188</div>
F Name and address of principal officer: <div style="font-weight: bold; font-size: 1.1em;">DONALD BUNKER</div> <div style="font-weight: bold; font-size: 1.1em;">157 TULLYRIES LANE</div> <div style="font-weight: bold; font-size: 1.1em;">LEWISVILLE NC 27023</div>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.SOLUSCHRISTUSINC.ORG		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: M State of legal domicile: NC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <div style="font-weight: bold; font-size: 0.9em;">SOLUS CHRISTUS STRIVES TO MEET THE EMOTIONAL AND SPIRITUAL NEEDS OF WOMEN EXPERIENCING HOMELESSNESS, TRAUMA AND ADDICTION, AS WELL AS SUPPLYING THEIR PHYSICAL NEEDS OF FOOD, CLOTHING AND SHELTER.</div>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 355,322	Current Year 330,840
	9	Program service revenue (Part VIII, line 2g)	14,080	17,797
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,601	154,574
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,404	60,911
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	443,205	564,122
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	200,490	179,729
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25)	14,528	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	179,102	199,478
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	379,592	379,207
	19	Revenue less expenses. Subtract line 18 from line 12	63,613	184,915
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 926,248	End of Year 896,707
	21	Total liabilities (Part X, line 26)	219,978	5,522
	22	Net assets or fund balances. Subtract line 21 from line 20	706,270	891,185

Part II Signature Block

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

Sign Here	 Signature of officer	Date 12/16/23			
	JULIA LONG Type or print name and title	TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ERNEST V LOGEMANN	ERNEST V LOGEMANN	11/16/23		P00084054
	Firm's name	Firm's EIN			
	Gray, Callison & Jones CPA, PC	81-4888848			
	3813 Forrestgate Dr				
	Firm's address	Phone no.			
	Winston Salem, NC 27103	336-760-3210			

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