PKF O'CONNOR DAVIES, LLP 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905

> ST. CATHERINE CENTER FOR SPECIAL NEEDS, INC. 760 TAHMORE DRIVE FAIRFIELD, CT 06825

III....II..I..I..I.I.I.I.I.I.I.I

| | | | ** PUBLIC DISCLOSURE COPY * | | |
|---------------------------|-------------------------|-------------------------------|---|---|------------------------------|
| | 0 | 00 | Return of Organization Exempt From | | OMB No. 1545-0047 |
| For | m 🕽 | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e | | ZUZ I |
| Depa | rtment | of the Treasury | Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the late | | Open to Public Inspection |
| | | enue Service e 2021 calend | | JUN 30, 2022 | inspection |
| _ | Check if | | f organization | D Employer identifica | tion number |
| 2 | pplicab | | CATHERINE CENTER FOR SPECIAL NEEDS, | | |
| | Addre | INC. | | | |
| | 2 | | | | |
| | Initial | Number | and street (or P.O. box if mail is not delivered to street address) Room/su | | |
| | Final | | TAHMORE DRIVE | 203-540-53 | |
| _ | termii ated | City or t | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 4,603,374. |
| | Amer returr Appli | FAIN | FIELD, CT 06825 | H(a) Is this a group retu | |
| | tion pendi | F Name a | nd address of principal officer: HELEN BURLAND | for subordinates? | |
| | - | empt status: [| | H(b) Are all subordinates inclu | |
| | | | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 5 STCATHERINECENTER.ORG | 527 If "No," attach a lis H(c) Group exemption r | |
| | | | | ear of formation: 2014 M | |
| | art I | Summary | | | |
| | 1 | Briefly describ | be the organization's mission or most significant activities: TO FOSTER | R THE EDUCATION | IAL, |
| Governance | | SPÍRITU | AL & SOCIAL WELL BEING OF INDIVIDUALS | WITH DISABILIT | IES. |
| nar | 2 | | x x if the organization discontinued its operations or disposed of me | | |
| Nel | 3 | Number of vo | ting members of the governing body (Part VI, line 1a) | 3 | 15 |
| ğ | 4 | Number of ind | lependent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| es 8 | 5 | Total number | of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 51 |
| vitie | 6 | | of volunteers (estimate if necessary) | | 35 |
| Activities & | | | d business revenue from Part VIII, column (C), line 12 | | 0. |
| _ | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | 0. |
| | | | | Prior Year | Current Year |
| ne | 8 | | and grants (Part VIII, line 1h) | <u>6,848,132.</u> 150,315. | 4,243,760. 210,275. |
| Revenue | 9 | • | ce revenue (Part VIII, line 2g) | 64,342. | 61,438. |
| Be | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | 264. | 58,497. |
| | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,063,053. | 4,573,970. |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | 131,100. | 189,880. |
| | | | to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 40 | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,920,866. | 2,124,300. |
| Expenses | 16a | | undraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| per | b | | ing expenses (Part IX, column (D), line 25) | | |
| ш | 17 | Other expens | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 587,560. | 646,796. |
| | 18 | Total expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,639,526. | 2,960,976. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | 4,423,527. | 1,612,994. |
| t Assets or d Balances | | | ļ | Beginning of Current Year | End of Year |
| ssets | 20 | Total assets (I | | 10,377,548. | 11,322,185. |
| at As | - | | (Part X, line 26) | 470,276. | 242,818. |
| Ž | art II | | fund balances. Subtract line 21 from line 20 | 9,907,272. | 11,079,367. |
| | | - | I declare that I have examined this return, including accompanying schedules and state | amonte and to the heat of my li | owledge and helief it is |
| | - | | Declaration of preparer (other than officer) is based on all information of which prepa | | ונוס מווע טפוולו, וג וס |

| Sign Here | | | officer BURLAND , t name and title | EXECUTI | VE DIREC' | FOR | & TRE | EASURE | ER | Date | | |
|--------------|--|----------------|--|----------------|------------------|------|-------|--------|------|-------------------|-----------|----|
| | Prin | nt/Type prepar | er's name | | Preparer's signa | ture | | [| Date | Check |] PTIN | |
| Paid | GA | RRETT 1 | 4. HIGGINS | 5 | GARRETT | м. н | IGGI | NS 1 | 2/07 | /22 self-employed | P0054320 | 19 |
| Preparer | Firn | n's name 🕒 | PKF O'CO | NOR DAV | IES, LLP | | | | | Firm's EIN 🕨 27 | 7-1728945 | ; |
| Use Only | Firn | n's address 🖕 | 3001 SUM | IER STRE | ЕТ, 5ТН 🛛 | FLOO | R, EA | AST | | | | |
| | | - | STAMFORD | , СТ 069 | 05 | | | | | Phone no. 203 - | -323-2400 | 1 |
| May the IF | RS di | iscuss this re | turn with the prep | arer shown abo | ve? See instruct | ions | | | | | X Yes | No |
| 132001 12-0 | ¹³²⁰⁰¹ 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021) | | | | | | | | | | | |

| | ST. CATHERINE CENTER FOR SPECIAL NEEDS, |
|--------|---|
| | <u>1990 (2021)</u> INC. <u>47-2207552</u> Page 2 |
| Par | 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: ROOTED IN GOSPEL VALUES THAT AFFIRM THE DIGNITY OF EVERY PERSON, WE |
| | FOSTER THE EDUCATIONAL, SPIRITUAL, AND SOCIAL WELL-BEING OF PEOPLE |
| | WITH DISABILITIES THROUGH DIRECT SERVICES AT SAINT CATHERINE ACADEMY |
| | AND OUR ADULT SERVICES PROGRAM, AND SUPPORT FOR FAITH FORMATION AND |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| • | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$2,600,187. including grants of \$189,880.) (Revenue \$10,275.) |
| | THE CENTER PROVIDES PROGRAMS AND RESOURCES TO SUPPORT THE EDUCATIONAL, |
| | SPIRITUAL AND SOCIAL WELL-BEING OF INDIVIDUALS WITH DEVELOPMENTAL |
| | DISABILITIES. SAINT CATHERINE ACADEMY, ONE OF THE PROGRAMS WITHIN THE CENTER'S STRUCTURE, IS A STATE APPROVED, SPECIAL EDUCATION SCHOOL WITH |
| | AN ENROLLMENT OF 17 STUDENTS WHO HAVE A VARIETY OF DISABILITIES. DURING |
| | THIS PERIOD OF TIME, THE ACADEMY OFFERED BOTH FULL IN-PERSON AND FULL |
| | VIRTUAL OPTIONS TO SUPPORT THE STUDENTS' NEEDS THROUGH THE PANDEMIC. |
| | THE CENTER ALSO RUNS AN ADULT DAY PROGRAM FOR THE CT DEPARTMENT OF |
| | DEVELOPMENTAL DISABILITIES WITH AN ENROLLMENT OF 26 ADULTS. |
| | ADDITIONALLY, CENTER STAFF PROVIDED COMPREHENSIVE RESOURCES THROUGH THE |
| | CENTER'S WEBSITE TO SUPPORT FAMILIES DURING THE PANDEMIC. |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
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| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 2,600,187. |
| 132000 | Form 990 (2021) |
| 102002 | 3 |

09211207 756359 1413020.060

INC.

Part IV Checklist of Required Schedules

Form 990 (2021)

| | | | 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 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _X_ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 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 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 77 |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| - | Schedule D, Part III | 8 | | <u> </u> |
| 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? | | | х |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 40 | х | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | <u>_</u> | |
| 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. | | | |
| ~ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. | | | |
| а | | 11a | х | |
| h | Part VI | | - 23 | |
| U | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| 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 | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 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 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 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 | <u> </u> |
| 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 |
| 20a | | 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 approximation of the second secon | | | х |
| 10000 | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 990 | A (2021) |
| 132003 | 5 12-09-21 | LOUU | | (2021) |

132003 12-09-21

| Part IC Checklist of Required Schedules (continued) Yes, to any to the organization report more than 55,000 of parts or other assistance to or for domestic individuals on part is, column (b), iner 27 "/yes," complete Schedule / Part i and (b), iner 27 "/yes," complete Schedule / Part i and (b), iner 27 "/yes," complete Schedule / Part i and (b), iner 27 "/yes," complete Schedule / Part i and (b), iner 27 "/yes," complete Schedule / Part i and (b), iner 27 "/yes," answe ines 24b through 24d and compare to the schedule i and to dress of the organization have at two sends of the organization have at two sends of the organization is a schedule of the organization meet any proceed of take early to beyond a temporary period exception? And | | 990 (2021) INC. 47-2207 | 7552 | Р | age 4 |
|--|--------|---|------|-----|--------------|
| 22 Del the organization report more than \$5.000 of grants or other assistance to or domestic individuals on Part X. Complete Societable / Part I and M 22 X 23 Del the organization answer "Vest' to Part VII. Section A, Ins 3, 4, or 5, about compensation of the organization is current, and tomer offees, direction, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Societable / A 24 X 24 Del the organization invest any proceeds of tax-exempt boords beyond a temporary partical excentro? 24 X 25 Societable / Invest any proceeds of tax-exempt boords beyond a temporary partical excentro? 24 X 26 Del the organization invest any proceeds of tax-exempt boords beyond a temporary partical excentro? 24 X 26 Del the organization means an 'on behalf of issuer for boord suitable means any line during the year' to delease any line exampt boords? 26 26 26 26 Del the organization answer that II engaged in an excess benefit maximum of more flass if Nongo unrent of more flass. Societable J, Part I 25 25 X 26 Del the organization answer that II engaged in an excess benefit maximum or a gabbias to any current or frame disc. J, Part I 26 X 27 Z Del the organization answer that II engaged in an excess benefit maximum or a gabbias to any current or frameditag antipote thevelof or annin member of any | Par | t IV Checklist of Required Schedules (continued) | | | |
| Part K, coumm (A), Ime 21, if "Yes," complete Schedule (<i>Pert I and II</i>) 22 X 23 Did the organization answert with a fact Vii. Schedule (<i>Pert I and II</i>) is a classes expendence of the organization acument and former officer, directors, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exampt bond saue with an outstanding principal amount of mee than \$100,000 as of the last day of the yes, that was issued after December 31, 2002? If "Yes," answer fines 24b through 24d and complete 24a 24b 24b 25a X Did the organization mixes as "on behalf of issuer for bonds outstanding school and write weight in a weight of the organization acument and account of the organization and as a "on behalf of issuer for bonds outstanding tary time during the year to delease any tax exompt bonds? 24c 24d 25a Section 501(C(A), 501(C(A), and 501(C(A) organizations. Dut no organization engage in an excess benefit transaction with a diqualified period in a prior year, and that the transaction have the organization prior forms 800 804C21 // "yea", complete Schedule L, Part I 26a X 25 Did the organization provide a grant or there assistance to any current or former officer, director, trustee, key employse, creator or founder, mobalitation employse or there of organization provide a grant or other assistance to any current or former officer, director, trustee, key employse, creator or founder, mobalitation contributor, or 39% 26 X 27 X | | | | Yes | No |
| 23 Det the organization staves: "Ver" to Part VII, Section A, line 3, 4, of 5, about compensation of the organization is current and forms (fibers, directions, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J, If Yos," to part that was insued after December 31, 2002? If "Yes," <i>complete Schedule J, If Yos, " a complete Schedule J, If Yos," a trustees, key employees, and highest comparation and through 24 and and completed schedule J, If Yos," a trustees in the schedule J, If Yos," a complete Schedule J, If Yos, " a complete Schedule J, Part I 24a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 25a Section 50(16), 50(16), 40(16), </i> | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 2 24a Det the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the yes, "trut was issue datter. December 31, 2002? If "Yes," answer inse 24b through 24d and complete 24a 24b Det the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? 24a 25 Decide the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? 24a 25 Decide the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? 24a 25 Section \$01(c)(8), \$01(c)(4), and \$01(c)(20) organizations. Dot the organization engage in an excess benefit trussection has not been opticat and any of the organization in a prior year, and that the transaction has not been opticated on any of the organization with a disqualified periors in a prior year, and that the transaction has not been opticated on any of the organization in a prior year, and that the transaction has not been opticated on any other assistance to any current or former officer, director, trustee, key employee, creator or founder, subtantiat contributor, or 35% controlled entry of non-order as periods? 25a X 27 Del the organization reported on any other assistance to any current or former officer, director, trustee, key employee, creator or founder, subtantiat contributor, or 35% controlled entry of non-order as any current or former officer, director, trustee, key employee, creator or founder, subtantiat contributors, and association controlled entry of now controlled on entry | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| Schedule J 23 X 42 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule V. Mov. To be time 526. 24 42 Bit the organization meet any proceeds of tax exempt bonds beyond a temporary princip exception? 24 43 Bit the organization meet any proceeds of tax exempt bonds beyond a temporary princip exception? 240 44 Bit the organization meet any proceeds of tax exempt bonds outstanding scrow at any time during the year? 240 45 Bit the organization acts as "on behal of issue for bonds outstanding scrow at any time during the year? 244 55 Bit the organization account other than a refunding scrow at any time during the year? 244 56 Sector 30(5(5), 50(1(4)(4), and 501(2)(2) organizations. Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualitied person in a prior year, and that the transaction proof any amount on Part X, line 5 or 22, for recavables form or payables to any current or former office, director, trustee, level analyze unabilitied to the organization correlates and or there organization and the three organization and the tax is an 'on betreasoft or tounder, substantial contributor, or 35% controlled entity of camping method any of these persons? If 'Yes, 'complete Schedule L, Part II 26 X 27 Did the organization provide any and or office assistants and a contribution? If 'Yes, 'complete Schedule L, Part II 28 X 28 | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 24a Det the organization have a tax exempt bond issue with an outstanding principal enount of more than \$100,000 as of the last day of the year, that was lissue date: December 31, 2002? If 'Yea,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to five 25a 24a X 2 bit the organization invest any proceeds of tax-evempt bonds beyond a temporary period exception? 24a X 2 bit the organization invest any proceeds of tax-evempt bonds outstanding at any time during the year to defease any tax-evempt bonds? 24d 24d 2 bit the organization avaet in an ecrore vaccount other than a returned outstanding at any time during the year? 24d 24d 2 bit the organization avaet in an ecrore vaccount other than a returned outstanding at any time during the year? 24d 25a 2 bit the organization avae that the ongoed in an excess beenefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the person? If 'vea', complete Schedule L, Part I 25b X 2 bit the organization operating any summet on any of the organization commet member, or to a 35% controlled entity of rainy member of any of three persons? If 'vea', complete Schedule L, Part I 26b X 2 bit the | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| Lat day of the year, that was issued after December 31, 2002? If 'Yea,' answer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24d d Did the organization and tas an "on behal of" issuer for bonds outstanding at any time during the year? 24d 24d d Did the organization and the tart engaged man excess benefit transaction with a disqualified perion during the year? 24d 25a d Did the organization as not been reported on any of the organization sport Porms 900 or 900-27? If 'Yea,' complete Schedule L, Part I 25a d Did the organization aware that the sequent and are discussed with disqualified perion of the assistance to any current or forme office, directry truttes, key employee, creator of touder, substantial contributor, or 95% 26 X d Did the organization aper to target and on their assistance to any current or forme office, directry truttes, key employee thereod, a grant or other assistance to any current or forme office, directry truttes, key employee thereod, a grant or other assistance to any current or forme office, directry truttes, key employee, tereator or founder, directation key, bear NI, in store any assistance to any current or forme office, directry truttes, key employee thereod, a grant or tounder, substantial contributors? 27 d Did the organization aper to target assistance to any current or forme office, directry truttes, key employee, tereator or founder, directation key, and any di | | Schedule J | 23 | | X |
| Schedule K. If 'No,' go to line 23a 24a X b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24a 24a c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a 24a 25a Section 501(c)(3), 601(c)(4), and 501(c)(2)9 organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction any of the organization's plot Forms 960 or 990 E27. If "Yes,' complete Schedule L, Part I 25a 25 Did the organization reported on any of the organization's plot Forms 960 or 990 E27. If "Yes,' complete Schedule L, Part I 25a 25a X 25b 25b Did the organization reported on any of the organization's plot Forms 960 or 990 E27. If "Yes,' complete Schedule L, Part I 25b 25b Did the organization provid a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of charling an employee three(0 for a finity forme appricable line part I 25a 27b Did the organization provid a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part I 25b 27b Did the organization creave bear of the site schedule L, Part I 27b 28v | 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| b Det the organization minest any proceeds of tax-exempt bonds beyond a temporary parted exception? 246 c Det the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 246 d Det the organization acts as in "on bahaf of" issue for bonds outstanding at any time during the year? 246 258 Section 50(163), 501(24), 401(24), 401(24) and 501(2/29) organizations. Dit the organization engage in an excess benefit transaction with a disqualified person during the year? I "Yes," complete Schedule L, Part I 258 250 Det the organization access than that manaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 6 or 22, for receivables from or payables to any current or forms officer, director, thustes, level anylyee, creator or founder, substantial contributor or approaches chedule L, Part II 26 27 Det the organization provide a grant or other assistance to any current or forms officer, director, thustes, level anylyee, reator or founder, substantial contributor or agris devicion complete Schedule L, Part II. 26 27 Det the organization part biered or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 28 A current or former officer, director, thustes, level part all exceptions): 27 X 29 Was the organization apert or brain were proved or family member or any individual sander organization setters the asset or 280? If "Yes," complete Schedule L, Part II. 28 X 29 Det the organi | | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| c Did the organization maintain an encow account other than a refunding encow at any time during the year to defease any tax-wampt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2b) organizations. Did the organization regage in an excess benefit transaction with a disqualified person in a poir year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900-572 // 'rys, 'complete Schedule L, Part I 25a X 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employse, creator or founder, substantial contributor, or 35% controlled entity (including an employee) thereol i, a grant selection committee member, or to a 35% controlled entity (including an employee) thereol i, a grant selection committee member, or to a 35% controlled entity or family member of any current or founder, or substantial contributor or employee thereol i a relative thereol is a relative thereol is a relative to these persons? // 'rys, 'complete Schedule L, Part IV 28 A surrent or former officer, director, trustee, key employsee, creator or founder, or substantial contributor? If 'rys, 'complete Schedule L, Part IV 28a X 29 A damaly member of any individual described in line 28a? If 'rys, 'complete Schedule L, Part IV 28a X 29 A family member of any individual asched ore granization relative any individual described in line 28a? If ' | | Schedule K. If "No," go to line 25a | 24a | | X |
| any tax-exempt boods? 24c D bit the organization acts as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 25a Did the organization report at my amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part I 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 28 27 Did the organization party to a business transaction with one of the Schedule L, Part II 28 28 Was the organization party to a business transaction with one organization approximate, party to a business transaction with an exact any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part II 28 29 Was the organization neevice more than 4250.00 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV 28 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation controtinduitions of art, his | b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 256 Section 50(c)(8), 50(c)(4), and 50(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yea,' complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of any of the organization's por Forms B90 or 990-E27 If 'Yea,' complete Schedule L, Part I 25a 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of anily member of any of the erganization reports 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 agrin despection or payables to a part as leave the matheware, or to a 53% controlled entity (including an employee thereof) or family member of any of these parsons? If 'Yea,' complete Schedule L, Part II 26 X 20 Was the organization reports ear or founder, agrint selection committee member, or to a 53% controlled entity of anily member of any of the agrint and and/or organization described in line 28a? If 'Yea,' complete Schedule L, Part IV 27 X 20 Was the organization receive on the individual actorbutors? If 'Yea,' complete Schedule L, Part IV 28a X 20 Was the organization receive on the individual actorbutors? If 'Yea,' complete Schedule L, Part IV 28a | с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 256 Section 50(c)(8), 50(c)(4), and 50(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yea,' complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of any of the organization's por Forms B90 or 990-E27 If 'Yea,' complete Schedule L, Part I 25a 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of anily member of any of the erganization reports 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 agrin despection or payables to a part as leave the matheware, or to a 53% controlled entity (including an employee thereof) or family member of any of these parsons? If 'Yea,' complete Schedule L, Part II 26 X 20 Was the organization reports ear or founder, agrint selection committee member, or to a 53% controlled entity of anily member of any of the agrint and and/or organization described in line 28a? If 'Yea,' complete Schedule L, Part IV 27 X 20 Was the organization receive on the individual actorbutors? If 'Yea,' complete Schedule L, Part IV 28a X 20 Was the organization receive on the individual actorbutors? If 'Yea,' complete Schedule L, Part IV 28a | | any tax-exempt bonds? | 24c | | |
| transaction with a disqualified person during the yea? If 'Yes,' complete Schedule L, Part I 25a X b is the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of induring an employee thereof) or family of these persons? If 'Yes,' complete Schedule L, Part II 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV 27 X 28 Was the organization party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified benervation contributions? If 'Yes,' complete Schedule M 29 X 30 Did the organization receive contributors of ant, historical treasures, or other similar assets, or qualified conservation seconvation signified on servation | d | | 24d | | |
| 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 spinor Forms 900 or 930-E27 II "Yes," complete Schedule I, Part I Z60 260 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, trustes, ley employee, creator or founder, substantial contributor or 335% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Z6 X 270 Did the organization park to a buinses transaction with one of the following parties (see the Schedule L, Part II Z6 X 281 Was the organization approve thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV Z7 X 284 Was the organization approve thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV Z8 X 284 A current or former officer, director, trustes, ley employee, creator or founder, substantial contributors? If "Yes," complete Schedule L, Part IV Z88 X 29 Did the organization needwe more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 21 Did the organization needwe more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 20 Did the organizat | 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 /// "Yes," complete 25 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of fimily member of any of these persons? // Yes," complete Schedule L, Part IV. 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 29 Was the organization receive more than 256,000 in non-cash contributions? // Yes," complete Schedule L, Part IV. 28 29 X 28 X 20 Did the organization receive more than \$25,000 in non-cash contributions? // Yes," complete Schedule M. 28 20 Did the organization receive on thit MS: of an entity disregarded as separate from the organization receive on thit basits of at historical treasures, or other similar assets, or qualified conservation and the schedule M. Part II. 28 30 Did the organization receive any physite schedule B, Part II. 31 31 X 33 32 Did the organization receive on than 25% of the set assets? If 'Yes,' complete Schedule M. 30 X | | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folloar, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or ganization payte to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a </td <td>b</td> <td>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and</td> <td></td> <td></td> <td></td> | b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of namily member of any of these persons? If 'Yes,' 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, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 X 29 D A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV. 28a X 29 D A family member of any individual described in line 28a'? If 'Yes,' complete Schedule L, Part IV. 28b X 29 Did the organization receive more than S25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV. 28c X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule R, Part I. 30 X 31 Did the organization neeworth an S25,000 in non-cash contributions assets, or qualified con | | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| or former officer, furstee, key employee, creator or founder, substantial contribution, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or a 35% controlled entity (including an employee) thereol or fainly member of any of these persons? Y % x; complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III, instructions for applicable filing thresholds, conditions, and exceptions): a Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /// Z % % 29 Did the organization receive more than \$25,000 in non-cash contributions? (// Yes, ' complete Schedule L, Part IV Z % Z % 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? (// Yes, ' complete Schedule I, Part IV Z % X Z % 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of Its net assets? If 'Yes, ' complete Schedule N, Part I 30 X 31 X Sa Sa X Sa X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of Its net assets? If 'Yes, ' complete Schedule N, Part I </td <td></td> <td>Schedule L, Part I</td> <td>25b</td> <td></td> <td>X</td> | | Schedule L, Part I | 25b | | X |
| controlled entity or family member of any of these persons? If "Yes," 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, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II 28 X 29 Was the organization a party to a business transaction, and exceptions): a Acurrent or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 A family member of any individual described in line 28a? If "Yes," complete Schedule IL, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 30 Did the organization ilguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N 30 X 32 Did the organization receive on 512(bi(17)? <t< td=""><td>26</td><td>Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current</td><td></td><td></td><td></td></t<> | 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entry (including a employee). L Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Y 28 Mas the organization call described in line 28a? If 'Yes,' complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 X 29 Did the organization receive conthances chardle and cor organization described in line 28a or 28br? If "Yes," complete Schedule A. 29 X 20 Did the organization receive conthances of ant, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N. 20 X | | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X a A tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization neceive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of Is net assets? If "Yes," complete Schedule M 30 X 31 Did the organization neal to any taxexempt or taxable entity? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of Is net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization neal to any taxesempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X </td <td></td> <td>controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II</td> <td>26</td> <td></td> <td>X</td> | | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| entity (including an employee thereof) or family member of any of these persons? // *Yes,* complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicabelling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // /* 28 X b A family member of any individual described in line 28a? // *Yes,* complete Schedule L, Part IV 28a X c A 35% controlled entity of one or more individuals and/or organization secribe on more individuals and/or organization secribe on that \$25,000 in non-cash contributions? // *Yes,* complete Schedule N 29a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes,* complete Schedule N, Part I 30 X 31 Did the organization receive any than \$25,000 in non-cash contributions? // *Yes,* complete Schedule N, Part I 30 X 32 Did the organization indiudate, terminate, or dispose of, or transfer more than 25% of its net assets? // *Yes,* complete 30 X 33 Did the organization and econtrolled ontity within the meaning of section 512(b)(13)? 34 X 34 Was the organization related to any tax-exempt or taxable entity? // *Yes,* complete Schedule R, Part II, III, | 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule M, Part I 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets? If 'Yes," complete Schedule N, Part I 31 X 32 Did the organization receive contributions of art runsfer more than 25% of its net assets? If 'Yes," complete Schedule N, Part I 31 X 33 Did the organization was a controlled entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 33a X 34 Was the organization nealed to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34a X 35a Did the organ | | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # 'Yes," complete Schedule M b A family member of any individual scribed in Inon-cash contributions? # "Yes," complete Schedule M b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # 'Yes," complete Schedule M b Did the organization ilquidate, terminate, or dissolve and cease operations? # 'Yes," complete Schedule N, Part I b Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # 'Yes," complete Schedule R, Part I b Did the organization neated to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 b Enter the number of schedule C and tax exempt from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? b If 'Yes," complete Schedule R, Part V, line 2 check if Schedule C and trave schedule C any tax-exempt from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? b If 'Yes," complete Schedule R, Part V, line 2 check if Schedule R, Part V, line 2 check if Schedule C and the organization make any transfers to an exempt fron-chantable related organization? check if Schedule O contains a response or note to any line in this Part V che | | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a X **es," complete Schedule L, Part IV 28a X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # 28b X **es," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? # #*Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # #*Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? #*Yes," complete Schedule N, Part I 31 X 32 X 33 X X 34 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? #*Yes," complete Schedule N, Part I 31 X 34 Was the organization neated to any tax exempt or taxable entity? #*Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 35b Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 <t< td=""><td>28</td><td>Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,</td><td></td><td></td><td></td></t<> | 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 | | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c X "Yes," complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization neutry disregarded as separate from the organization under Regulations sections 501.7701-32 if "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization neave a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, line 2 35 35a Did the organization conduct more than 3% of its activities through an entity that is not a related organization 34 X 35a X If "Yes," complete Schedule R, Part V, line 2 36 X | а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28 **es,* complete Schedule L, Part IV 28 29 Did the organization receive more than \$25,000 in non-cash contributions? If *Yes,* complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes,* complete Schedule N, Part I 30 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? If *Yes,* complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If *Yes,* complete Schedule R, Part I 32 X 34 Was the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X b If *Yes,* complete Schedule R, Part I, line 2 35a X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37< | | "Yes," complete Schedule L, Part IV | 28a | | |
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| contributions? /f "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? /f "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? /f "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? /f "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? /f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X 35a 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)? 35a 36 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? /f "yes," complete Schedule R, Part VI, line 2 36 X 38 Did the organization complete Schedule O And prives," complete Schedule C 37 X 39 Did the organization comple | 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 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 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization nelated 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 Section 501(c)(3) organizations. 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 36 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 VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 1 37 X 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
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| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule 0 and provide explanations on Schedule 0 for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule 0 and provide explanations on Schedule 0 for Part VI, lines 11b and 19? 38 X 38 Note: All Form 990 filers are required to complete Schedule 0 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule 0 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 11 1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1 1 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 1 | b | | | | |
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| and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | | | 36 | | |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 11 11 11 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c 132004 12-09-21 Form 990 (2021) 10 | 37 | | | | |
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| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c (gambling) winnings to prize winners? 1c 132004 12-09-21 Form 990 (2021) | | | | Yes | No |
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| (gambling) winnings to prize winners? 1c 132004 12-09-21 Form 990 (2021) | b | | 4 | | |
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| Form | 990 (2021) INC • | 47-220 | 7552 | Р | age 5 | | | |
|--------|---|-----------------------------|------|-----|--------------|--|--|--|
| Par | t 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 5 | 1 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | 2b | Х | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction | S | | | | | | |
| 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 | 0 | 3b | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | | X | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (FBAR). | - | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | ction? | 5b | | X | | | |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | ons or gifts | | | | | | |
| | were not tax deductible? | | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor | ? 7a | Х | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Х | | | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as required | | | | | | |
| | to file Form 8282? | | 7c | | X | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract? | 7e | | X | | | |
| f | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | |
| g | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion file a Form 1098-C? | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | | | | |
| | | | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| a | | | | | <u> </u> | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 40. | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | - | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | - | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 44a | | | | | | |
| | Gross income from members or shareholders | 11a | - | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | 116 | | | | | | |
| 100 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 10412 | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 120 | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | - | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | | 100 | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | |
| c | Enter the amount of reserves on hand | 13c | - | | | | | |
| 14a | | | 14a | | x | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | | | <u> </u> | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | | | |
| | excess parachute payment(s) during the year? | | 15 | | x | | | |
| | If "Yes," see the 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. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | anv | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | |
| 132005 | 12-09-21 6 | | Form | 990 | (2021) | | | |

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| Pa | rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a | "No" r | respon | age ise |
|----------------|--|----------|---------|------------|
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | , | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 15 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| | 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, trustees, or key employees to a management company or other person? | 3 | х | |
| 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 | | x |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 7a | | | | |
| | more members of the governing body? | 7a | Х | |
| 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 | х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | | 8a | Х | |
| | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| Ũ | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10- | Did the organization have local chapters, branches, or affiliates? | 10a | 165 | X |
| | - | | | |
| U | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 110 | and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | |
| | | | - 23 | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 12a | Х | |
| | Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | Δ | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 10- | х | |
| 40 | on Schedule O how this was done | 12c | - 23 | v |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 45 | Did the organization have a written document retention and destruction policy? | 14 | Λ | |
| 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? | 45- | | x |
| | The organization's CEO, Executive Director, or top management official | 15a | | X |
| D | Other officers or key employees of the organization | 15b | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | v |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| sec | ction C. Disclosure | | | |
| | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| | 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 | រ only) | availal | ble |
| 17 | | | | |
| 17 18 | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 17 | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 17 | for public inspection. Indicate how you made these available. Check all that apply. | 1 financ | cial | |
| 17 18 | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. | 1 financ | cial | |
| 17 18 | for public inspection. Indicate how you made these available. Check all that apply. Image: | 1 financ | cial | |
| 17 18 19 | for public inspection. Indicate how you made these available. Check all that apply. Image: The system in the s | 1 financ | cial | |
| 17 18 19 | for public inspection. Indicate how you made these available. Check all that apply. Image: | | cial | |

| ST. | CATHERINE | CENTER | FOR | SPECIAL | NEEDS , | , |
|-----|-----------|--------|-----|---------|---------|---|
| | | | | | | |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) | (B) | l | | | C) | | | (D) | (E) | (F) |
|---------------------------------|----------------|--------------------------------|---------------------------|---------|--------------|---------------------------------|----------|-----------------|-------------------------------|-------------------------|
| Name and title | Average | (do | not cl | Pos | ition | | one | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | list any | | | | | | | from the | from related organizations | other compensation |
| | hours for | direct | | | | Ð | | organization | (W-2/1099-MISC/ | from the |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | nal tru | | oyee | ompe | | 1099-NEC) | | and related |
| | below line) | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) HELEN BURLAND | 50.00 | | | 0 | - | | <u> </u> | | | |
| EXECUTIVE DIRECTOR & TREASURER | 0.00 | | | х | | | | 123,421. | 0. | 18,436. |
| (2) CHARLES F. CHIUSANO | 5.00 | | | | | | | - | | |
| CHAIR | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (3) MICHAEL LABELLA | 4.00 | | | | | | | | | |
| VICE CHAIR | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (4) ANTHONY MINOPOLI | 3.00 | | | | | | | | | |
| SECRETARY | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) DIANE AURAY | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (6) STEVE CHEESEMAN, ED.D | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (7) STEPHEN DONAHUE | 4.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (8) JERRY HEMENWAY, MD | 0.50 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (9) EDWARD LENARD, MD | 0.50 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (10) KATHY OLSEN | 0.50 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (11) MICHELLE RIVELLI | 0.50 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (12) JOSEPH SINDELAR, JR. | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (13) THOMAS VITA | 0.50 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | <u> </u> | 0. | 0. | 0. |
| (14) MONSIGNOR ROBERT WEISS | 1.00 | 77 | | | | | | _ | | |
| DIRECTOR | 0.00 | X | | | - | - | | 0. | 0. | 0. |
| (15) KELLEEN LUFF WELDON | 1.00 | v | | | | | | 0. | 0. | |
| DIRECTOR (16) SARA ZAGRODZKY | 0.00 | ^ | | | - | - | | U. | U• | 0. |
| DIRECTOR | 0.00 | v | | | | | | 0. | 0. | |
| | 0.00 | ^ | | | - | - | - | 0. | 0. | 0. |
| | | | | | | | | | | |
| | 1 | 1 | | | | | | 1 | | Gauss 990 (0001) |

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Form 990 (2021)

| | ERINE CE | ENT | 'ER | F | OR | S | PE | ECIAL NEEDS, | 47-22 | 0075 | 50 | Page 8 |
|--|--|--------------------------------|-----------------------|--------------------------------|--------------------------------------|----------------------------------|----------|---|---|--------|--|-----------------------------------|
| Form 990 (2021) INC . Part VII Section A. Officers, Directors, Trus | tees Kev Fm | olov | 665 | and | 1 Hid | nhes | t C | ompensated Employee | | 1075 | JZ | Page U |
| (A) Name and title | (B) Average hours per week | (do box | not c , unle: | (C Posi heck i ss per | C) ition more rson i | | ne an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F Estim amou oth | ated nt of |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest com pensated employee | Former | (W-2/1099-MISC/ 1099-NEC) | (W-2/1099-MIS 1099-NEC) | s | compen from organiz and re organiz | isation the zation lated |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| 1b Subtotal | | 1 | | | | | • | 123,421. | | 0. | 18, | 436. |
| c Total from continuation sheets to Part VI | | | | | | I | | 0. 123,421. | | 0. | | 0. 436. |
| 2 Total number of individuals (including but n compensation from the organization | | | | | | | o re | eceived more than \$100, | 000 of reportable | | | 1 |
| 3 Did the organization list any former officer | director, trust | ee, k | key e | empl | oye | e, or | hig | hest compensated emp | oyee on | Γ | Ye | |
| line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su | | | | | | | | | | | 3 | X |
| and related organizations greater than \$1505 Did any person listed on line 1a receive or a | | | • | | | | | | | | 4 | X |
| rendered to the organization? <i>If</i> "Yes." con Section B. Independent Contractors | nplete Schedule | e J fo | or sı | ich r | oers | on . | | | | | 5 | X |
| 1 Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | ensati | on from | |
| (A) Name and business | address | | | | | | | (B) Description of s | | Co | (C) ompensa | tion |
| ANTINOZZI ASSOCIATES 271 FAIRFIELD AVENUE, BRI | | | | | | | | ARCHITECTURA SERVICES | | | 139, | 698. |
| REHABILITATION ASSOCIATES 1931 BLACK ROCK TNPKE., E | | | | | | | 5 | THERAPY SERV | ICES | | 130, | 353. |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | • | ot lir | niteo | d to f | thos | | ed | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organi | | | | | | | | | | F | -orm 990 |) (2021) |

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| | | | 2021) INC. | | | | | 47-2207 | 552 Page 9 |
|---|-------|----------|---|--------------|-------------------------|------------------------------|-------------------|-------------------------------|------------------------|
| Pa | rt V | | Statement of Revenue | | | | | | |
| | | | Check if Schedule O contains a r | esponse | or note to any lir | | (B) | (C) | |
| | | | | | | (A) Total revenue | Related or exempt | Unrelated business revenue | Revenue excluded |
| ς, ω | 1 | а | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | 1b | | | | | |
| Mo G⊡ | | с | | 1c | 209,810. | | | | |
| ar A | | | | | 675,650. | | | | |
| s, o linil | | е | Government grants (contributions) | <u>1e 2,</u> | 199,041. | | | | |
| tion S | | f | All other contributions, gifts, grants, and | | | | | | |
| ibu | | | | | <u>159,259.</u> | 4 | | | |
| ontr Dd | | - | | | 248,676. | 4 242 760 | | | |
| <u>o e</u> | | h | Total. Add lines 1a-1f | | | 4,243,760. | | | |
| | • | _ | TUITION AND FEES | | Business Code 611110 | 210,275. | 210,275. | | |
| Program Service Revenue | 2 | | IOIIION AND FEES | | 011110 | 210,273. | 210,273. | | |
| Serv | | b | | | | | | | |
| ver S | | c d | | | | | | | |
| gra Re | | e | | | | | | | |
| Pro | | | All other program service revenue | | | | | | |
| | | | Total. Add lines 2a-2f | | | 210,275. | | | |
| | 3 | | Investment income (including dividen | ds, intere | st, and | | | | |
| | | <u>g</u> | Investment income (including dividends, intere other similar amounts) | | ► | 51,980. | | | 51,980. |
| | 4 | | Income from investment of tax-exemption | ot bond p | roceeds | | | | |
| | 5 | | Royalties | <u></u> | | | | | |
| | _ | | | Real | (ii) Personal | - | | | |
| | | | Gross rents 6a | | | - | | | |
| | | | Less: rental expenses 6b Rental income or (loss) 6c | | | - | | | |
| | | | Rental income or (loss) 6c Net rental income or (loss) | | ► | | | | |
| | | | | curities | (ii) Other | | | | |
| | • | ü | | ,458. | | 1 | | | |
| | | b | Less: cost or other basis | | | | | | |
| е | | | and sales expenses 7b | 0. | | | | | |
| evenue | | с | Gain or (loss) | ,458. | | | | | |
| Ĕ | | | Net gain or (loss) | | 🕨 | 9,458. | | | 9,458. |
| Other | 8 | а | Gross income from fundraising events (no including \$209,810. | | | | | | |
| | | | contributions reported on line 1c). Se | e | | | | | |
| | | | Part IV, line 18 | | 29,625. | | | | |
| | | | Less: direct expenses | ····· | 29,404. | | | | |
| | | | Net income or (loss) from fundraising | | <u> </u> | 221. | | | 221. |
| | 9 | а | Gross income from gaming activities. | | | | | | |
| | | k | Part IV, line 19 | | | - | | | |
| | | | Less: direct expenses Net income or (loss) from gaming act | ····· | | | | | |
| | | | Gross sales of inventory, less returns | | | | | | |
| | 10 | u | and allowances | | | | | | |
| | | b | Less: cost of goods sold | | | | | | |
| | | | Net income or (loss) from sales of inv | ····· | ► | | | | |
| | | | | | Business Code | | | | |
| jou: | 11 | | INSURANCE PROCEEDS | | 900099 | 58,031. | | | 58,031. |
| Miscellaneous Revenue | | b | MISC. INCOME | | 900099 | 245. | | | 245. |
| Sev | | с | | | | | | | |
| Mis | | | All other revenue | | Ľ | EQ 070 | | | |
| | | е | Total. Add lines 11a-11d | | | <u>58,276.</u> 4,573,970. | 210,275. | 0 | 119,935. |
| 13200 | 12 | 00 | Total revenue. See instructions | | ····· 🚩 | F, J, J, J/U. | <u>410,413</u> | | Form 990 (2021) |
| 10200 | - 12- | -6. | - · | | | | | | |

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Form 990 (2021) INC .
Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respon | se or note to any line in | this Part IX | · ··· () | |
|----|--|------------------------------|---|---|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | · | | · · |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 189,880. | 189,880. | | |
| 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 | 145,055. | 71,802. | 54,831. | 18,422. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,458,347. | 1,313,185. | 117,871. | 27,291. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 59,133. | 53,504. | 4,901. | 728. |
| 9 | Other employee benefits | 348,257. | 305,415. | 35,842. | 7,000. |
| 10 | Payroll taxes | 113,508. | 98,192. | 12,656. | 2,660. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| | Accounting | 35,012. | | 35,012. | |
| | Lobbying | | | | |
| е | 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 Sch 0.) | 162,274. | 159,758. | 2,510. | б. |
| 12 | Advertising and promotion | 245. | 245. | | |
| 13 | Office expenses | 50,802. | 24,233. | 4,400. | 22,169. |
| 14 | Information technology | 29,403. | 28,233. | 1,167. | 3. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 55,326. | 53,943. | 1,383. | |
| 17 | Travel | 51,612. | 51,612. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 100 155 | 105 150 | | |
| 22 | Depreciation, depletion, and amortization | 108,157. | 105,452. | 2,705. | |
| 23 | Insurance | 21,617. | 21,270. | 347. | |
| 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 0.) | | | | |
| а | REPAIRS AND MAINTENANCE | 55,338. | 50,406. | 3,053. | 1,879. |
| b | PROGRAM ACTIVITIES | 39,534. | 39,534. | | |
| с | TEXTBOOKS & SUPPLIES | 27,120. | 24,468. | 751. | 1,901. |
| d | FOOD AND BEVERAGES | 5,356. | 4,055. | 1,301. | |
| е | All other expenses | 5,000. | 5,000. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,960,976. | 2,600,187. | 278,730. | 82,059. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |

11

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Check here

if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|----------|---|--------------|---------------------|---------------------------------|---------|---------------------------|
| | | Check if Schedule O contains a response or note t | o any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 933,574. | 1 | 852,713 | |
| | 2 | Savings and temporary cash investments | 1,523,777. | 2 | 2,268,297 | | |
| | 3 | Pledges and grants receivable, net | | | 2,397,851. | 3 | 1,628,524 |
| | 4 | Accounts receivable, net | | | 158,608. | 4 | 84,856 |
| | 5 | Loans and other receivables from any current or fo | | | | | |
| | | trustee, key employee, creator or founder, substan | itial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these | | 5 | | | |
| | 6 | Loans and other receivables from other disqualified | d pers | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in | n sect | ion 4958(c)(3)(B) | | 6 | |
| t2 | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | | | |
| Ϋ́ | 9 | Prepaid expenses and deferred charges | 26,883. | 9 | 34,659 | | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10a | 2,909,702. | | | |
| | b | | | | 1,501,564. | 10c | 1,701,209 |
| | 11 | Investments - publicly traded securities | | | 3,835,291. | 11 | 4,584,339 |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 0. | 12 | 167,588 |
| | 13 | Investments - program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 4.0.000 0.40 | 15 | 44 000 405 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | | 10,377,548. | 16 | 11,322,185 |
| | 17 | Accounts payable and accrued expenses | 84,542. | 17 | 102,929 | | |
| | 18 | Grants payable | F 00 | 18 | | | |
| | 19 | Deferred revenue | | 500. | 19 | 7,640 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Pa | | | | 21 | |
| es | 22 | Loans and other payables to any current or former | | | | | |
| Liabilities | | trustee, key employee, creator or founder, substan | | | | | |
| lab | | controlled entity or family member of any of these | - | | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelate | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated th | • | | | 24 | |
| | 25 | Other liabilities (including federal income tax, paya | | | | | |
| | | parties, and other liabilities not included on lines 1 | , | | 385,234. | 05 | 132,249 |
| | 00 | of Schedule D | | | 470,276. | | 242,818 |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check | | | 470,270. | 26 | 242,010 |
| ŝ | | and complete lines 27, 28, 32, and 33. | nere | | | | |
| ů, | 27 | Net assets without donor restrictions | | | 5,219,338. | 27 | 5,743,694 |
| ala | 28 | Net assets with donor restrictions | | | 4,687,934. | 28 | 5,335,673 |
| Б Б | 20 | Organizations that do not follow FASB ASC 958 | | | 1,007,001 | 20 | 5,555,675 |
| ۳. | | and complete lines 29 through 33. | , che | | | | |
| P | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| ets | 29 30 | Paid-in or capital surplus, or land, building, or equi | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated inco | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 9,907,272. | 32 | 11,079,367 |
| z | 33 | Total liabilities and net assets/fund balances | | | 10,377,548. | 33 | 11,322,185 |
| | 00 | | | | _0,0,7,010. | 00 | Form 990 (202 |

Form 990 (2021)

132011 12-09-21

| ST. | CATHERINE | CENTER | FOR | SPECIAL | NEEDS, |
|-----|-----------|--------|-----|---------|--------|
|-----|-----------|--------|-----|---------|--------|

| Form | 1990 (2021) INC. | 47- | 2207 | 552 | Pag | _{je} 12 |
|------|---|----------|------|------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | - | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,573 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,960 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,612 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 9 | ,907 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | -440 | , 89 | <u> 99.</u> |
| 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 | 11 | ,079 | , 36 | <u>57.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | - | 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 on Schedule | О. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | 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 | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Aud | it | | | |
| | Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audi | t | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

Form **990** (2021)

132012 12-09-21

| (Form 99 | of the Treasury | Co | Public Char omplete if the organ 494 ► Go to www.irs.gov | OMB No. 1545-0047 | | | | | |
|-------------------|---|--|--|---|---|----------------------------|---------------------------------|---------------|---|
| Name of | the organizati | | CATHERINE (| CENTER FOR SI | PECIAI | L NEEI | DS, | | identification number |
| Dort | Decem | INC. | Charity Status | / . | | | | | 7-2207552 |
| Part I | | | | (All organizations must c | | | ee instructior | IS. | |
| The organ 1 2 3 4 | A church, con A school des A hospital or A medical res | nvention of ch cribed in sect a cooperative search organiz | urches, or associatio ion 170(b)(1)(A)(ii). (/ hospital service orga | For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital | in sectio 1 990).) ection 170 | n 170(b)(1 (b)(1)(A)(ii | i). |)(iii). Enter | the hospital's name, |
| 5 | - | on operated fo | or the benefit of a col Complete Part II.) | lege or university owned | or operat | ed by a go | vernmental u | nit describe | ed in |
| 6 | | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 X | - | | • | ntial part of its support fr | | | ., | ne general i | oublic described in |
| | - | | omplete Part II.) | | 0 | | | | |
| 8 | A community | trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | An agricultur | al research org | ganization described | in section 170(b)(1)(A)(| i x) operate | ed in conju | inction with a | land-grant | college |
| | or university | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or |
| | university: | | | | | | | | |
| 10 | activities rela | ted to its exen | npt functions, subjec | than 33 1/3% of its supp t to certain exceptions; a | and (2) no | more than | 33 1/3% of it | s support f | rom gross investment |
| | | | | (less section 511 tax) fro | m busines | ses acqui | red by the ore | ganization a | ifter June 30, 1975. |
| 44 🗔 | | | mplete Part III.) | volute test for public est | intu Can | nontion E(| O(a)(4) | | |
| 11 12 | | | | vely to test for public sat | | | | rn out the | nurnance of one or |
| | - | - | - | vely for the benefit of, to d in section 509(a)(1) o | | | | • | |
| | | | - | f supporting organization | | | | | |
| a | - | - | | upervised, or controlled | | | | - | aivina |
| u | | | | gularly appoint or elect a | • • • • | - | | | |
| | | - | complete Part IV, Se | | majority a | | | | pporting |
| b | ¬ - | | - | or controlled in connect | ion with it: | s supporte | d organizatio | n(s), by hav | vina |
| | | | - | anization vested in the sa | | | - | | - |
| | | 0 | t complete Part IV, | | · | | | • • • | |
| c 🗌 | ¬ ~ | | | g organization operated | in connect | ion with, a | and functiona | lly integrate | d with, |
| | its support | ed organizatio | n(s) (see instructions) |). You must complete I | Part IV, Se | ctions A, | D, and E. | | |
| d 🗌 |] Type III no | n-functionally | / integrated. A supp | orting organization oper | ated in co | nnection w | ith its suppo | rted organiz | zation(s) |
| | that is not f | functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and | an attentiv | veness |
| | requiremen | it (see instruct | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V . | | |
| е 🗌 | Check this | box if the orga | anization received a v | written determination from | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | | | | nally integrated supporting | | | | | |
| | | | | | | | | | |
| | | | about the supporte | | (iv) Is the oro: | inization listed | (v) Amount o | fmonoton | (vi) Amount of other |
| | (i) Name of supp organizatior | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount o support (see ii | - | (vi) Amount of other support (see instructions) |
| | | | | above (see instructions)) | Yes | No | | | , |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Schedule A (Form 990) 2021

INC.

47-2207552 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) | |
|---------|--|--|
| | | |

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|-------------|--|-----------------------|----------------------------------|----------------------------------|-----------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2416724. | 2749640. | 2197262. | 6848132. | 4243760. | 18455518. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 2416724. | 2749640. | 2197262. | 6848132. | 4243760. | 18455518. |
| 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) | | | | | | 1418890. |
| | Public support. Subtract line 5 from line 4. | | | | | | 17036628. |
| Sec | ction B. Total Support | 1 | | | 1 | 1 | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 2416724. | 2749640. | 2197262. | 6848132. | 4243760. | 18455518. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | 23,498. | 88,745. | 62,360. | 56,868. | 51,980. | 283,451. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | 221. | 221. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 4,394. | 351. | 3,035. | 264. | 58,276. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 18805510. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 999,065. |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, [.] | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | here | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2021 (I | | • | | | 14 | 90.59 % |
| | Public support percentage from 2020 | | | | | 15 | 88.09 % |
| 16 a | 33 1/3% support test - 2021. If the o | organization did no | ot check the box o | n line 13, and line ⁻ | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X |
| b | 33 1/3% support test - 2020. If the o | organization did no | ot check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶∟ |
| 17a | 10% -facts-and-circumstances test | - 2021. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | zation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported o | rganization | | ▶□ |
| b | 10% -facts-and-circumstances test | - 2020. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circum | nstances test, che | ck this box and st | t op here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | zation | ▶□] |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s ► |
| | | | | | | Schedule A | (Form 990) 2021 |

132022 01-04-22

INC.

Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

| Section A. Fublic Sup | port | | | | | | |
|---|---|--------------------------|----------------------------|----------------------|----------------------|----------------------|-------------------|
| Calendar year (or fiscal year b | eginning in) 🕨 📘 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 Gifts, grants, contributi | ons, and | | | | | | |
| membership fees receiv | ved. (Do not | | | | | | |
| include any "unusual g | rants.") | | | | | | |
| 2 Gross receipts from ad merchandise sold or se formed, or facilities furr any activity that is relat organization's tax-exen | ervices per- hished in ed to the | | | | | | |
| 3 Gross receipts from ac | tivities that | | | | | | |
| are not an unrelated tra iness under section 513 | | | | | | | |
| 4 Tax revenues levied for | the organ- | | | | | | |
| ization's benefit and eit or expended on its beh | her paid to | | | | | | |
| 5 The value of services o | r facilities | | | | | | |
| furnished by a governm | nental unit to | | | | | | |
| the organization withou | It charge | | | | | | |
| 6 Total. Add lines 1 throu | ugh 5 | | | | | | |
| 7a Amounts included on li 3 received from disqua | nes 1, 2, and | | | | | | |
| b Amounts included on lines 2 an from other than disqualified per exceed the greater of \$5,000 or amount on line 13 for the year | nd 3 received sons that 1% of the | | | | | | |
| c Add lines 7a and 7b $_{}$ | L | | | | | | |
| 8 Public support. (Subtract Section B. Total Supp | ine 7c from line 6.) | | | | | | |
| Calendar year (or fiscal year b | eginning in) 🕨 📘 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 Amounts from line 6 | | | | | | | |
| 10a Gross income from inter dividends, payments re securities loans, rents, and income from simila | ceived on royalties, | | | | | | |
| b Unrelated business taxable | | | | | | | |
| (less section 511 taxes) fr acquired after June 30, 19 | 76 | | | | | | |
| c Add lines 10a and 10b | | | | | | | |
| 11 Net income from unrela activities not included of whether or not the bus regularly carried on | ated business on line 10b, | | | | | | |
| 12 Other income. Do not in or loss from the sale of assets (Explain in Part 1) | nclude gain capital | | | | | | |
| 13 Total support. (Add lines 9, | · · | | | | | | |
| 14 First 5 years. If the For | rm 990 is for the | organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizatio | on, |
| check this box and sto | p here | | | | | | |
| Section C. Computat | ion of Public | Support Per | rcentage | | | | |
| 15 Public support percent | age for 2021 (lin | ne 8, column (f), d | livided by line 13, o | column (f)) | | 15 | % |
| 16 Public support percent | age from 2020 S | Schedule A, Part | III, line 15 | | | 16 | % |
| Section D. Computat | ion of Invest | ment Income | e Percentage | | | | |
| 17 Investment income per | centage for 202 | 21 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 Investment income per | centage from 20 | 020 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests | | | | | | 3 1/3%, and line 1 | 7 is not |
| more than 33 1/3%, ch | eck this box and | ל stop here. The | organization quali | fies as a publicly | supported organiza | tion | |
| b 33 1/3% support tests | - 2020. If the c | organization did r | not check a box on | line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3%, a | Ind |
| line 18 is not more thar | n 33 1/3%, checl | k this box and st | t op here. The orga | nization qualifies | as a publicly suppo | orted organization | |
| 20 Private foundation. If | the organization | did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | tructions | |
| 132023 01-04-22 | | | | | | Schedule A | A (Form 990) 2021 |

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INC.

Schedule A (Form 990) 2021 Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 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.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- **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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

17

132024 01-04-21

2021.05010 ST. CATHERINE CENTER FOR

1

2

3a

3b

Yes No

| Sche | edule A (Form 990) 2021 INC • 47 | -220755 | <u>2</u> Pa | age 5 |
|--------|--|-----------------|-------------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion 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 of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> 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. | rs, ed | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | - |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a | 2 | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc The organization satisfied the Activities Test. Complete line 2 below. | tions). | | |
| b c | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity (</i> | and instants | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | see instruction | Yes | No |
| ے a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 163 | |
| u | 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. | 2a | | |
| b | | | | |
| 2 | 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a | | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |

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. 132025 01-04-22

18

3b | Schedule A (Form 990) 2021

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| | | ST. | CATHERINE | CENTER | FOR | SPECIAL | NEEDS, | | |
|-----------|-----------------------------|-------------|-----------------------|-----------------|------------|------------------|-------------------------|--------------------------------|---------|
| | A (Form 990) 2021 | INC | • | | | | | 47-2207552 | Page 6 |
| Part V | Type III Non-Funct | ionally | Integrated 509(| a)(3) Suppo | orting | Organizatior | າຣ | | |
| 1 | Check here if the organiza | ation satis | fied the Integral Par | t Test as a qua | alifying t | rust on Nov. 20, | 1970 (<i>explain</i>) | <i>in</i> Part VI). See instru | ctions. |
| | All other Type III non-func | tionally in | tegrated supporting | organizations | must co | omplete Section | s A through E. | | |
| Section A | - Adjusted Not Income | | | | | () | | (B) Current Y | 'ear |

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|---|---------------|----------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion 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-functiona | Ily integrate | d Type III supporting orga | nization (see |
| | | | | |

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

| Sche Par | dule A (Form 990) 2021 INC . t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continue | | 7-2207552 Page 7 |
|-------------|---|-------------------------------|--|------------|---|
| | on D - Distributions | | Continue | <u>cu)</u> | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mot purposes | | 1 | ouriont rout |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| - | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | | 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 responsive | | | |
| | (provide details in Part VI). See instructions. | 5 | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution: Pre-2021 | s | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| с | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |

Schedule A (Form 990) 2021

132027 01-04-22

| Schedule A (Form 990) 2021 | ST. CATHERINE CENTER FOR SPECIAL NEEDS, INC. | 47-2207552 Page 8 |
|--|---|--|
| Part VI Supplemental Part IV, Section A, I line 1; Part IV, Sect | Information. Provide the explanations required by Part II, line 10; Part II, line 17a or lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition | 17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V, |
| SCHEDULE A, PART | II, LINE 10, EXPLANATION FOR OTHER INCOME: | |
| INSURANCE PROCEED | DS | |
| 2017 AMOUNT: \$ | 4,175. | |
| 2021 AMOUNT: \$ | 58,031. | |
| MISC. INCOME | | |
| 2017 AMOUNT: \$ | 219. | |
| 2018 AMOUNT: \$ | 351. | |
| 2019 AMOUNT: \$ | 3,035. | |
| 2020 AMOUNT: \$ | 264. | |
| 2021 AMOUNT: \$ | 245. | |
| | | |
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| | | |
| 132028 01-04-22 | | Schedule A (Form 990) 2021 |

| | ** PUBLIC DISCLOSURE COPY ** | |
|--|--|--------------------------------|
| Schedule B | Schedule of Contributors | OMB No. 1545-0047 |
| (Form 990) | ► Attach to Form 990 or Form 990-PF. | 2021 |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form990 for the latest information. | |
| Name of the organization | | Employer identification number |
| - | T. CATHERINE CENTER FOR SPECIAL NEEDS, NC. | 47-2207552 |
| Organization type (check | one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \fbox 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), 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 for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

| | B (Form 990) (2021) | | | Page 2 |
|------------|---|--------------------------|------------|--|
| | | | Emplo | yer identification number |
| INC. | ATHERINE CENTER FOR SPECIAL NEEDS, | | 47 | -2207552 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed. | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 1 | | \$1,067,4 | <u>66.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 2 | | \$391,2 | 01. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | nc | (d) Type of contribution |
| 3 | | \$675,6 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 4_ | | \$251,7 | 50. | PersonXPayrollNoncashX(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 5 | | \$233,6 | <u>45.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns | (d) Type of contribution |
| 6 | | \$214,6 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

123452 11-11-21

| Name of o | B (Form 990) (2021) organization | | Page 2 Employer identification number |
|----------------|---|---------------------------|--|
| ST. C. INC. | ATHERINE CENTER FOR SPECIAL NEEDS, | | 47-2207552 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 7 | | _ \$151,10 _ | 07. Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Is Type of contribution |
| 8 | | \$110,00 | 00. (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 9 | | \$103,88 | 85. (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Is Type of contribution |
| 10 | | \$96,70 | 00. (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Is Type of contribution |
| | | _ \$ | Person Payroll Payroll (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Is Type of contribution |
| | | _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

123452 11-11-21

| | B (Form 990) (2021) | | | Page 3 |
|------------------------------|---|---|--------|------------------------------|
| | | | Employ | yer identification number |
| ST. C. INC. | ATHERINE CENTER FOR SPECIAL NEEDS, | | 47 | -2207552 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is neede | d. | |
| (a) No. from Part I | (b) (c) FMV (or estimation of noncash property given (See instruction) | | | (d) Date received |
| | PUBLICLY TRADED SECURITIES | | | |
| 4 | | | | |
| | | \$48,9 | 30. | 06/30/22 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received |
| | PUBLICLY TRADED SECURITIES | | | |
| 7 | | \$151,1 | 07. | 07/02/21 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received |
| | | | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received |
| | | | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received |
| | | | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | | (d) Date received |
| | | | | |
| | | \$ | | |
| 123453 11-11 | | | | Schedule B (Form 990) (2021) |

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| Schedule | B (Form 990) (2021) | | | Page 4 | | | |
|-----------------|--|---|------------------------------------|--|--|--|--|
| | organization | | | Employer identification number | | | |
| ST. C. | ATHERINE CENTER FOR SPI | ECIAL NEEDS, | | | | | |
| INC. | | | | 47-2207552 | | | |
| Part III | Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns | | | 0) that total more than \$1,000 for the year | | | |
| | completing Part III, enter the total of exclusively religious | s, charitable, etc., contributions of \$1,000 or | ess for the year. (Enter this info | o. once.) ► \$ | | | |
| | Use duplicate copies of Part III if addition | al space is needed. | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held | | | |
| Part I | (-, | (-, 3 | (-/- | | | | |
| | | - | | | | | |
| | | - | | | | | |
| | | - | | | | | |
| | | (e) Transfer of gif | I | | | | |
| | | | | | | | |
| | Transferee's name, address, | and ZIP + 4 | Relationship of | transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held | | | |
| Part I | | | ., | | | | |
| | | · | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | | (e) Transfer of gift | I | | | | |
| | | | | | | | |
| | Transferee's name, address, | and ZIP + 4 | Relationship of | transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held | | | |
| Part I | | | | | | | |
| | | - | | | | | |
| | | · | | | | | |
| | | - | | | | | |
| | (e) Transfer of gift | | | | | | |
| | | | | | | | |
| | Transferee's name, address, | and ZIP + 4 | Relationship of | transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. | | | | | | | |
| from | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held | | | |
| Part I | | | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| | | (e) Transfer of gif | | | | | |
| | | - | | | | | |
| | Transferee's name, address, | and ZIP + 4 | Relationship of | transferor to transferee | | | |
| | | | | | | | |
| | | [| | | | | |
| | | [| | | | | |
| | | | | | | | |
| 123454 11-1 | 1-21 | | | Schedule B (Form 990) (2021) | | | |

27 2021.05010 st. Catherine center for 14130201

| SC | | Supplementa | | | 5 | OMB No. 1545-0047 |
|---------|------------------------|---|----------------------------|-----------------------|-----------------|---------------------------------|
| (Forn | n 990) | Complete if the orga Part IV, line 6, 7, 8, 9, 10, | | | h | 2021 |
| Depart | ment of the Treasury | | Attach to Form 990. | | | Open to Public |
| Interna | Revenue Service | Go to www.irs.gov/Form99 | | | | Inspection |
| Nam | e of the organization | | SR FOR SPECI | LAL NEEDS, | Em | ployer identification number |
| Par | t I Organiza | INC. ations Maintaining Donor Advised | d Eunde or Other | Similar Funde | | <u>47-2207552</u> |
| Fai | | n answered "Yes" on Form 990, Part IV, line | | Similar Funus | OF ACCOU | Complete if the |
| | organization | | (a) Donor advi | sed funds | (b) Eu | nds and other accounts |
| | Tatal warmah av at av | | | | (6) 1 0 | |
| 1 | | nd of year | | | | |
| 2 | | f contributions to (during year) | | | | |
| 3 | | f grants from (during year) | | | | |
| 4 | | t end of year | | | | |
| 5 | - | on inform all donors and donor advisors in v | - | | | |
| • | | n's property, subject to the organization's e | | | | Yes No |
| 6 | • | on inform all grantees, donors, and donor ad | • | | - | |
| | | oses and not for the benefit of the donor or | | | v | |
| Par | impermissible priva | | | | | |
| | | ation Easements. Complete if the org | | | Part IV, line 7 | |
| 1 | | servation easements held by the organization | | , | | |
| | | of land for public use (for example, recreat | tion or education) | Preservation of | a historically | important land area |
| | | f natural habitat | L | Preservation of | a certified h | istoric structure |
| | | of open space | | | | |
| 2 | | through 2d if the organization held a qualif | ied conservation contr | ibution in the form o | of a conserva | |
| | day of the tax year | | | | | Held at the End of the Tax Year |
| а | Total number of co | onservation easements | | | <u>2</u> a | |
| b | • | | | | | |
| с | Number of conserv | vation easements on a certified historic stru | ucture included in (a) | | 2c | |
| d | Number of conserv | vation easements included in (c) acquired a | fter 7/25/06, and not o | on a historic structu | re | |
| | listed in the Nation | al Register | | | 2d | |
| 3 | Number of conserv | vation easements modified, transferred, rele | eased, extinguished, o | r terminated by the | organizatior | a during the tax |
| | year 🕨 | | | | | |
| 4 | Number of states v | where property subject to conservation eas | ement is located 🕨 | | | |
| 5 | Does the organizat | tion have a written policy regarding the peri | iodic monitoring, inspe | ection, handling of | | |
| | violations, and enfo | orcement of the conservation easements it | holds? | | | Yes No |
| 6 | Staff and volunteer | r hours devoted to monitoring, inspecting, I | handling of violations, | and enforcing cons | ervation eas | ements during the year |
| | ▶ | | | | | |
| 7 | Amount of expense | es incurred in monitoring, inspecting, hand | ling of violations, and | enforcing conservat | ion easemer | nts during the year |
| | ▶\$ | | | | | |
| 8 | Does each conserv | vation easement reported on line 2(d) above | e satisfy the requireme | ents of section 170(h | n)(4)(B)(i) | |
| | and section 170(h) | (4)(B)(ii)? | | | | Yes No |
| 9 | In Part XIII, describ | be how the organization reports conservation | on easements in its rev | venue and expense : | statement ar | nd |
| | balance sheet, and | d include, if applicable, the text of the footn | ote to the organizatior | n's financial stateme | ents that des | cribes the |
| | organization's acco | ounting for conservation easements. | | | | |
| Par | t III Organiza | ations Maintaining Collections of | Art, Historical T | reasures, or Ot | her Simila | ar Assets. |
| | Complete if | the organization answered "Yes" on Form | 990, Part IV, line 8. | | | |
| 1a | If the organization | elected, as permitted under FASB ASC 958 | 8, not to report in its re | evenue statement ar | nd balance s | sheet works |
| | of art, historical tre | easures, or other similar assets held for pub | lic exhibition, educatio | on, or research in fu | rtherance of | public |
| | service, provide in | Part XIII the text of the footnote to its finan | icial statements that d | escribes these item | S. | |
| b | If the organization | elected, as permitted under FASB ASC 958 | 8, to report in its rever | ue statement and b | alance shee | t works of |
| | - | ures, or other similar assets held for public | | | | |
| | | ng amounts relating to these items: | , , | | | |
| | • | ded on Form 990, Part VIII, line 1 | | | ► | \$ |
| | | | | | • | \$ |
| 2 | ., | received or held works of art, historical trea | | | | |
| - | | unts required to be reported under FASB A | | | J, provid | |
| а | - | on Form 990, Part VIII, line 1 | - | | ► | \$ |
| | | Form 990, Part X | | | | |
| | | eduction Act Notice, see the Instructions | | | | |
| | 10-28-21 | | | | | |
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| Schedulo Diform 900 (2011) INC. 47-7-2207552 Page 2 9 Using the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 9 Using the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 9 Using the organizations Maintaining Collections of Art, Historical treasures, or other similar Assets (continued) 10 Schedulo 4: description of the organization's societ receive denations of at, historical treasures, or other similar assets to be add to raise funding after than to be maintained as part of the organization's societ of norm 900, Part XI. 11 Device the year, did the organization solicit creaceve denations of at, historical treasures, or other similar assets to be add to raise funding after than to be maintained as part of the organization areaverd "Yes" on Form 900, Part XI. Yes No 11 Trescription of the organization and explain how they further the organization and explain the arrangement is complete the tolowing table: Yes No 11 Trescription of the organization and explain the argeneration and explain the arrangement in Part XIII and complete the following table: Immediation and explain the arrangement in Part XIII and complete the tolowing table: Immediation and explain the argeneration the add explain the argeneration in the add the add expla | <u>.</u> | | HERINE CENT | PER FOR SPI | ECIAL NEE | DS, | 47 | 2207552 - 2 | | |
|--|----------|---------------------------|-----------------------|------------------------|---------------------|-----------|---------------|-------------------------|--|--|
| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection reschende all that apply: a Public exhibition d Loan or exchange program b Scholarly research e Other | | | ollections of Ar | Historical Tre | asures or Ot | hor S | | | | |
| collection items (check all that apply): a Debic exhibition d Loan or exchange program b Scholarly research o Other c Preservation for future generations o Other c Preservation for future generations o Other c Provide description of the organization solution or early future the organization setter than to be maintained as part of the organization setter than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 21. Ta Is the organization in collection? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII Check here If the explanation inab been provided on Part XIII Provide the explanation include an amount on Form 990, Part X, line 21, for serrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here If the explanation in has been provided on Part XIII Provide the estimated part of table provide the erganization include an amount on Form 990, Part X, line 21, for serrow or custodial account liability? Yes No b Provide the | | | | | | | | | | |
| a Public schiblion d Loan or exchange program b Scholary research e Other | 3 | • • | on, and other records | s, check any of the i | ollowing that mak | e signi | licant use of | lts | | |
| b Scholary research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts tota is the similar and the organization collection's Part VI Escrow and Custodial Arrangements. Complete if the organization answered 'Ves' on Form 990, Part IV, line 9, or responded an anound to form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. Is a contraspense in Part XIII. 2a Did the organization include an amount on Form 990, Part X, line 21. Include the organization include an amount on Form 990, Part X, line 21. Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. Other b If Yes, 'asplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 900, Part X, line 21. Other years back. (d) Fine years back. (d) Fine years back. a Beginning of year balance (a) Current year (b) Phory years (b) Phory years back. (d) Fine years back. (d) Fine years back. (d) Fine years back. Got Act | ~ | | d | | hanga program | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization's collection? Yes No Provide a description of the organization solicit or receive donations of art, historical treasues, or other similar assets Yes No Part IV Escrew and Custodial Arrangements. Complete fithe organization answered "Yes" on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. If a is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X ill and complete the following table: Immunt | | | | | | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization alloit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or resported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Distributions during the year Ending balance Distributions during the year Ending balance Is a granization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No b. If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 20. Segmining of year balance Sequent the estimated percentage of the current year in (0) Principar | | — / | e | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Yes No Part IV Excrow and Custodial Arrangements. Complete it the organization asswered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization angent. Insutes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1 1 1 1 4 1 | | | | | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. 19 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. 11 Complete the following table: Amount Amount It It Yes No. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. No. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 2a Did the organization include an amount on Form 990, Part X, line 10. It is a controbutons to the part part is a contrabuto part part is a contr | | | • | | • | • | | Part XIII. | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount to data the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included data to to to data to data to to to< | 5 | | | | | | | | | |
| reported an amount on Form 900, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Ives No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 2h of the organization include an amount on Form 900, Part X, line 21, for secrew or custodial account liability? Ves No bit 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X, line 0. Intermediary for years back (0) Four yea | Par | | | | | | | | | |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance Amount 16 Amount d Additions during the year 14 14 14 14 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Perf V Fedowment Funds. Complete If the organization answerd 'Yes' or Form 900, Part IV, line 10. Image: Part V Fedowment Funds. Complete If the organization answerd 'Yes' or Form 900, Part IV, line 10. Image: Part V Fedowment Funds. Complete If the organization answerd 'Yes' or Form 900, Part IV, line 10. Image: Part V Im | I UI | | | ete il the organizatio | in answered tes | | nn 990, Part | 10, 1110 9, 01 | | |
| on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d e Distributions during the year 1d e Distributions during the year 1d e Dist the granization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part X, line 10. e Other expenditures for facilities and programs 554, 734, 53, 849, 52, 226, 50, 465, 50, 000, 10. b Other expenditures for facilities and programs -60, 855, 885, 1, 623, 1, 761, 465, 465, 50, 465, 20, 465, 50, 465, 50, 465, 20, 465, 50, 465, 20, 465, | 10 | | | iany for contribution | e or other assets r | not incl | uded | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | Id | | | • | | | | | | |
| c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance Iff 20 Did the cognization include an amount on Form '990, Part X, line 21, for escrew or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form '990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form '990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form '990, Part X, line 10. 1a Beginning of year balance Image: Complete if the organization answered 'Yes' on Form '990, Part X, line 10. 1b Contributions Image: Complete if the organization answered 'Yes' on Form '990, Part X, line 10. 1a Beginning of year balance Image: Complete if the organization answered 'Yes' on Form '990, Part X, line 10. 1b Contributions Image: Complete if the organization answered 'Yes' on Form '90, Part X, line 10. 1b Complete if the organizations Image: Complete if the organization that are held and administered for the organization by: 1c Image: Complete if the organizations isted as required on Sch | h | | | | | | | | | |
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| e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization naswered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 554, 734, 53, 849, 52, 226, 50, 465, 50, 000. So Ontributions -60, 855, 885, 1, 623, 1, 761, 465, 465, 465, 466, 465, 466, 466, 466 | | | | | | | | | | |
| f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV. line 10. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV. line 10. (a) Current year (b) Prior year (c) Two years back. (d) Three years back. (e) Four years back. four years back. four ye | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 554, 734. 53, 849. 52, 226. 50, 465. 50, 000. c Not investment earnings, gains, and losses -60, 855. 885. 1, 623. 1, 761. 465. d Grants or scholarships -60, 857. 885. 1, 623. 1, 761. 465. e Other expenditures for facilities -60, 857. 54, 734. 53, 849. 52, 226. 50, 465. g End of year balance 493, 873. 554, 734. 53, 849. 52, 226. 50, 465. g Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶ .0000 | - | | | | | | | | | |
| b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 554,734. 53,849. 52,226. 50,465. 50,000. c Net investment earnings, gains, and losses -60,855. 885. 1,623. 1,761. 465. a drants or scholarships - - - - - - - g End of year balance 493,873. 554,734. 53,849. 52,226. 50,465. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ _0000_% B Permanent endowment ▶ _0000_% % The percentage on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ _0000_% % Sa(i) X (i) Unrelated organizations Sa(i) X Sa(i) X | | | | | | | · | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 534, 349, 52, 226, 50, 465, 50, 000, b Contributions 500, 000, - - - c Net investment earnings, gains, and losses -60, 855, 885, 1, 623, 1, 761, 465, d Grants or scholarships - - - - - - e Other expenditures for facilities and programs - </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> | | - | | | | - | | | | |
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| b Contributions 500,000. 1,623. 1,761. 465. c Net investment earnings, gains, and losses -60,855. 885. 1,623. 1,761. 465. d Grants or scholarships - - - 465. e Other expenditures for facilities and programs - - 493,879. 554,734. 53,849. 52,226. 50,465. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: - 0000 | 1a | Beginning of year balance | 554,734. | 53,849. | 52,22 | 6. | 50,4 | 65. 50,000. | | |
| c Net investment earnings, gains, and losses -60,855. 885. 1,623. 1,761. 465. d Grants or scholarships | | | | 500,000. | , | | , | | | |
| d Grants or scholarships | | | -60,855. | 885. | 1,62 | 3. | 1,7 | 61. 465. | | |
| e Other expenditures for facilities and programs | | | , | | , | | , | | | |
| and programs | | | | | | | | | | |
| f Administrative expenses 493,879. 554,734. 53,849. 52,226. 50,465. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ .0000 % % c Term endowment ▶ .0000 % c Term endowment ▶ .0000 % c Term endowment ▶ .0000 % b permanent endowment ▶ .0000 % c Term endowment ▶ .0000 % v .0000 % % % f Obscincture .0000 % % s .0000 % % % % f Description of ines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization 3a(i) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(iii) are there endowment funds. Meantionastinton the organizations is endowment funds. </td <td>U</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | U | | | | | | | | | |
| g End of year balance 493,879. 554,734. 53,849. 52,226. 50,465. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 100 % c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Complete if the organization is ted as required on Schedule R? 4 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value<td>f</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> | f | | | | | | | | | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ .0000 % c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X 3a(ii) X b If "Yes" on line 3a(ii), are the related organization's endowment funds. 3a(i) X 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 0 Description of property (a) Cost or other basis (other) (c) Accumulated (d) Book value 1a Land | | | 493 879 | 554 734 | 53 84 | 9 | 52 2 | 26 50 465 | | |
| a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 100 % c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Unrelated organizations 3a(i) X (iii) Related organizations 3a(ii) X (iii) Related organizations 3a(iii) X (iii) Related organizations 3a iiii * Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value depreciation 1a Land | - | | , | , | , , | | ,- | | | |
| b Permanent endowment ▶ 100 % c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X 3a(ii) X (iii) Related organizations 3a(ii) X 3a(ii) X (ii) Related organizations 3b 5 5 3b 5 5 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 3b 5 3b 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on other basis (investment) basis (other) (c) Accumulated depreciation (d) Book value basis (investment) b Buildings 2, 265, 915, 890, 768, 1, 375, 147, d 40, 045, 30, 085, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295, 977, 680, 295 | | | • • • • • | | // Heid as. | | | | | |
| c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | | 5 | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Cost or the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 2, 265, 91 | | | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 2, 265, 915. 890, 768. 1, 375, 147. c Leasehold improvements 70, 130. 40, 045. 30, 085. e Other 573, 657. 277, 680. 295, 977. | C | | · - | | | | | | | |
| by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or 0, 130. (c) Accumulated (c) Book value (c) Book value (| 20 | 5 | | tion that are hold ar | ad administored fo | r tha a | raphization | | | |
| (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) X (iii) Related organizations 3a(ii) X (iii) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (c) Leasehold improvements 2, 265, 915. (c) Leasehold improvements 70, 130. 4 Equipment 70, 130. 4 Description of property 90, 92, 92, 92, 92, 92, 92, 92, 92, 92, 92 | Ja | | ssion of the organiza | | | | ganzation | Yes No | | |
| (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a Land 1a Land b Buildings 2,265,915. 890,768. 1,375,147. d Equipment 70,130. 40,045. 30,085. e Other 573,657. 277,680. 295,977. | | - | | | | | | | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a b Buildings 2,265,915. 890,768. 1,375,147. c Leasehold improvements 70,130. 40,045. 30,085. e Other 573,657. 277,680. 295,977. | | | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Land Laad (d) Book value b Buildings Leasehold improvements 2,265,915. 890,768. 1,375,147. d Equipment 70,130. 40,045. 30,085. e Other 573,657. 277,680. 295,977. | L | | | | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | | | | | | | 30 | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | | | | wittent funds. | | | | | | |
| Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land | | | | Part IV, line 11a, S | ee Form 990. Par | t X. line | e 10. | | | |
| basis (investment) basis (other) depreciation 1a Land | | | | | | | | (d) Book value | | |
| 1a Land | | Description of property | 1 | • • | | | | | | |
| b Buildings 2,265,915. 890,768. 1,375,147. c Leasehold improvements 70,130. 40,045. 30,085. e Other 573,657. 277,680. 295,977. | 1a | Land | | , | . , | | | | | |
| c Leasehold improvements 2,265,915. 890,768. 1,375,147. d Equipment 70,130. 40,045. 30,085. e Other 573,657. 277,680. 295,977. | | | | | | | | | | |
| d Equipment 70,130. 40,045. 30,085. e Other 573,657. 277,680. 295,977. | | | | 2.26 | 5,915. | 89 | 0,768. | 1.375.147. | | |
| e Other 573,657. 277,680. 295,977. | | | | | | | | | | |
| | | | | | | | | | | |
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Schedule D (Form 990) 2021

132052 10-28-21

| ST. CATHERINE CENTER FOR SPECIAL N | EEDS |
|------------------------------------|---------|
| SI. CATHERINE CENTER FOR SPECIAL N | C C D C |

| Schedule D (Form 990) 2021 INC • | | 47 | -2207552 Page 3 |
|--|-----------------------------|---|-----------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | of-year market value |
| 1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | 11d See Form 990 Part X line 15 | |
| - | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 9 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) DUE TO DIOCESE | | | 132,249. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | ····· ► | 132,249. |
| 2. Liability for uncertain tax positions. In Part XIII, provide | the text of the footnote to | the organization's financial statements the | |
| organization's liability for uncertain tax positions under | FASB ASC 740. Check he | re if the text of the footnote has been pro | ovided in Part XIII X |

Schedule D (Form 990) 2021

132053 10-28-21

| | edule D (Form 990) 2021 INC . | | | | 2207552 Page 4 |
|---|---|--|---------------------|------------------------|---|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | ents With | Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,972,595. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -440,899. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 29,404. | | |
| е | Add lines 2a through 2d | | | 2e | -411,495. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,384,090. |
| 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.) | 4b | 189,880. | | |
| с | | | | 4c | 189,880. |
| | | | 1 572 070 | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 4,573,970. |
| | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Staten | nents With | n Expenses per F | | 4,575,970. n. |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | nents With | n Expenses per F | | n. |
| | rt XII Reconciliation of Expenses per Audited Financial Staten | nents With a. | i Expenses per F | | 4,575,970. n. 2,800,500. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | nents With a. | i Expenses per F | Retur | n. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements | nents With | i Expenses per F | Retur | n. |
| Pa 1 2 | Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | nents With a. 2a | i Expenses per F | Retur | n. |
| Pa 1 2 | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | nents With a. 2a 2b | i Expenses per F | Retur | n. |
| Pa 1 2 a b | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b 2c | i Expenses per F | Retur | n. |
| Pa 1 2 a b | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2a 2b 2c 2d | 29,404. | Retur | n. <u>2,800,500.</u> 29,404. |
| Pa 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2a 2b 2c 2d | 29,404. | 1 | n. 2,800,500. |
| Pa 1 2 b c d e | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2a 2b 2c 2d | 29,404. | 1 2e | n. <u>2,800,500.</u> 29,404. |
| Pa 1 2 a b c d e 3 | rt XII Heconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | 29,404. | 1 2e | n. <u>2,800,500.</u> 29,404. |
| Pa 1 2 a b c d e 3 4 | rt XII Heconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | 29,404. | 1 2e | n. <u>2,800,500.</u> 29,404. |
| Pa 1 2 a b c d e 3 4 | rt XII Heconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2a 2b 2c 2d 2d | 29,404. 189,880. | 1 2e | n. 2,800,500. 29,404. 2,771,096. 189,880. |
| Pa 1 2 a b c d e 3 4 a b c 5 | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2a 2b 2c 2d 2d | 29,404. 189,880. | leturi 1 2e 3 | n. 2,800,500. 29,404. 2,771,096. |

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.

PART V, LINE 4:

THE CENTER'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED AND BOARD-DESIGNATED

ENDOWMENT FUND FOR SCHOLARSHIPS.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS HELD THAT RELIGIOUS INSTITUTIONS

OPERATED, SUPERVISED OR CONTROLLED BY THE ROMAN CATHOLIC CHURCH IN THE

UNITED STATES APPEARING IN "THE OFFICIAL CATHOLIC DIRECTORY" ARE EXEMPT

FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3). THE CENTER IS LISTED IN

THE OFFICIAL CATHOLIC DIRECTORY AND THEREFORE IS EXEMPT FROM INCOME TAX.

THE CENTER HAS ELECTED TO FILE INTERNAL REVENUE SERVICE FORM 990, RETURN

OF ORGANIZATION EXEMPT FROM INCOME TAX. THE CENTER RECOGNIZES THE EFFECT

31

132054 10-28-21

09211207 756359 1413020.060

2021.05010 ST. CATHERINE CENTER FOR 14130201

Schedule D (Form 990) 2021

| ST. CATHERINE CENTER FOR SPECIAL NEEDS, |
|---|
| Schedule D (Form 990) 2021 INC. 47-2207552 Pac Part XIII Supplemental Information (continued) Part XIII Part XIII Part XIII |
| OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT |
| TO BE SUSTAINED AND, ACCORDINGLY, BELIEVES THAT INCOME TAX POSITIONS ARE |
| CONSISTENT WITH ITS EXEMPTION. THE CENTER IS NO LONGER SUBJECT TO |
| EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO |
| JUNE 30, 2018. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: |
| RECLASS SPECIAL EVENTS EXPENSES TO PART VIII, LINE 8B 29,404 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: |
| FINANCIAL AID SHOWN NET OF REVENUE ON FINANCIAL STATEMENTS 189,880 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: |
| RECLASS SPECIAL EVENTS EXPENSES TO PART VIII, LINE 8B 29,404 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: |
| FINANCIAL AID SHOWN NET OF REVENUE ON FINANCIAL STATEMENTS 189,880 |
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| |
| Schedule D (Form 990) 2 |

132055 10-28-21

| SCHEDULE G | Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | | | ities | OMB No. 1545-0047 | |
|--|--|----------------|-----------------|--------------|---|--------------------|--------------------------------------|---------|--------------------------------------|---|--|
| (Form 990) | | | | | | | | | or if the | | |
| Department of the Treasury | - | | Attach to | | | | | | | Open to Public | |
| Internal Revenue Service | | | | | | | the latest informati | on. | | Inspection | |
| Name of the organization | INC. | | | | | | L NEEDS, | | 47-2207 | | |
| | ing Activities. complete this part | | f the organizat | tion answe | ered "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E2 | Z filers are not | |
| 1 Indicate whether the | · · · · | | ough any of th | ne followin | g activ | ities. (| Check all that apply. | | | | |
| a 📃 Mail solicitat | | | e 🗌 | | | | overnment grants | | | | |
| | email solicitations | ; | f | _ | | | nment grants | | | | |
| c Phone solici d In-person so | | | g 🗆 | _ Special | fundra | using | events | | | | |
| 2 a Did the organization | | or oral agreer | nent with any | individual | (includ | ling of | ficers, directors, trus | tees, | or | | |
| | | | | | | | undraising services? | | Ye | s 🗌 No | |
| b If "Yes," list the 10 compensated at le | | | | ers) pursu | ant to a | agreei | ments under which th | ne fur | ndraiser is to b | e | |
| | | - | | | (iii) | Did | | (v) | Amount paid | | |
| (i) Name and addres or entity (func | | | (ii) Activity | | (iii) fundr have ci or con contribu | ustody itrol of | (iv) Gross receipts from activity | to (c | fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | | | | Yes | No | - | | | | |
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| Total | | | | | | | | | | | |
| 3 List all states in whi or licensing. | ch the organizatio | n is registere | ed or licensed | to solicit c | contrib | utions | or has been notified | it is e | exempt from re | egistration | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| LHA For Paperwork Re | eduction Act Noti | ce, see the | Instructions 1 | for Form 9 | 990 or 9 | 990-E | Ζ. | | Schedul | e G (Form 990) 2021 | |

132081 10-21-21

| | | of fundraising event contributions and gro | oss income on Form 990 | EZ, lines 1 and 6b. List e | events with gross receip | ts greater than \$5,000. |
|-----------------|---------------|--|------------------------------|--|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | | NONE | (add col. (a) through |
| | | | BENEFIT GALA | | | col. (c) |
| Ð | | | (event type) | (event type) | (total number) | (-)/ |
| Revenue | | | 000 405 | | | 000 405 |
| Rev | 1 | Gross receipts | 239,435. | | | 239,435. |
| | | | 209,810. | | | 209,810. |
| | 2 | Less: Contributions | 205,010. | | | 205,010. |
| | 3 | Gross income (line 1 minus line 2) | 29,625. | | | 29,625. |
| | | , | | | | |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | | | 0 000 | | | 0 000 |
| per | 6 | Rent/facility costs | 9,892. | | | 9,892. |
| ш ж | 7 | Food and beverages | 16,226. | | | 16,226. |
| Direc | ' | | 10,2201 | | | 10,2200 |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 3,286. |
| | 10 | Direct expense summary. Add lines 4 through | | | ► | 29,404. |
| | 11 | | | | | 221. |
| Pa | art I | | answered "Yes" on Form | 990, Part IV, line 19, or i | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | 1 | | | |
| e | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | | | |
| Re∕ | | 0 | | | | |
| | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| ses | - | p | | | | |
| per | 3 | Noncash prizes | | | | |
| Direct Expenses | | | | | | |
| lirec | 4 | Rent/facility costs | | | | |
| | | | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes% | |
| | 6 | Volunteer labor | No No | No No | No | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | ► | |
| | ' | Direct expense summary. Add lines 2 through | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | ► | |
| | | | | | £ | |
| 9 | En | ter the state(s) in which the organization condu | cts gaming activities: | | | |
| а | ı Is t | the organization licensed to conduct gaming ac | ctivities in each of these s | states? | | Yes No |
| b |) If " | No," explain: | | | | |
| | | | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses re | | | /ear? | Yes No |
| D | , IT " | Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |
| 1320 | 82 10 | D-21-21 | | | Sche | dule G (Form 990) 2021 |
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Schedule G (Form 990) 2021

INC.

47-2207552 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

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| | | | | E CENTER | FOR SPEC | IAL NEEDS, | |
|-------|--|-----------|----------------------|----------------|--------------------|-----------------------|--|
| | edule G (Form 990) 2021 | INC | | | | | 47-2207552 Page 3 |
| | Does the organization conduct gas Is the organization a grantor, bene | | | | | | Yes No |
| 12 | to administer charitable gaming? | | | | | | Yes No |
| 13 | Indicate the percentage of gaming | | | | | | ······································ |
| а | The organization's facility | | | | | | 13a % |
| | An outside facility | | | | | | |
| 14 | Enter the name and address of the | e person | who prepares the | organization's | gaming/special ev | vents books and reco | ords: |
| | Name | | | | | | |
| | Address ► | | | | | | |
| 15a | Does the organization have a cont | ract with | n a third party from | whom the org | anization receives | gaming revenue? | Yes No |
| b | If "Yes," enter the amount of gami | ng rever | nue received by the | e organization | ► \$ | and the ar | nount |
| | of gaming revenue retained by the | third pa | arty 🕨 \$ | | | | |
| С | If "Yes," enter name and address of | of the th | ird party: | | | | |
| | Name | | | | | | |
| | Address 🕨 | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | Name | | | | | | |
| | Gaming manager compensation | ▶ \$_ | | | | | |
| | Description of services provided | | | | | | |
| | Description of services provided | | | | | | |
| | | | | | | | |
| | Director/officer | En En | nployee | | ndent contractor | | |
| | | | | | | | |
| | Mandatory distributions: | | | | <i>.</i> | | |
| а | Is the organization required under | | | | | | Yes No |
| b | retain the state gaming license? Enter the amount of distributions r | | | | | organizations or spen | ······································ |
| | organization's own exempt activiti | | | | | | |
| Pa | rt IV Supplemental Inform 15b, 15c, 16, and 17b, as | | | | | | v); and Part III, lines 9, 9b, 10b, |
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| 13208 | 3 10-21-21 | | | Э E | | | Schedule G (Form 990) 2021 |
| | | | | 35 | | | |

| Schedule G | (Form 990) Supplementa | ST. INC. | CATHERINE | CENTER | FOR | SPECIAL | NEEDS, | 47-2207552 | Page 4 |
|----------------|---------------------------|---------------|-------------|--------|-----|---------|--------|---------------|---------------|
| Part IV | Supplementa | I Information | (continued) | | | | | | |
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| 132084 11-18-2 | 21 | | | | | | | Schedule G (F | orm 990) |

| SCHEDULE I | Grants and Other Assistance to Organizations, | | | | | OMB No. 1545-0047 | | | | |
|--|--|----------|---|---------------------------------|---|---|---------------------------------------|--|--|--|
| (Form 990) | (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | 2021 | | |
| Department of the Treasury Internal Revenue Service | | • | | Attach to For s.gov/Form990 for | m 990. | | | Open to Public Inspection | | |
| Name of the organization ST. CATHERINE CENTER FOR SPECIAL NEEDS, INC. Employer identification number 47-2207552 | | | | | | | | | | |
| Part I General I | | | | | | | | | | |
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | | | | | | | | | | |
| criteria used to a | award the grants or assis | stance? | - | | | - | | X Yes No | | |
| | IV the organization's pro | | | | | | | | | |
| | nd Other Assistance to that received more than | - | | | | anization answered "Y | ′es" on Form 990, Par | t IV, line 21, for any | | |
| | ddress of organization vernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| | | | | | | | | | | |
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| | per of section 501(c)(3) a | . | | e line 1 table | | | | 🛃 | | |
| | per of other organization Reduction Act Notice | | | | | | | Schedule I (Form 990) 2021 | | |

| ST. | CATHERINE | CENTER | FOR | SPECIAL | NEEDS, |
|------|-----------|--------|-----|---------|--------|
| INC. | | | | | |

47-2207552

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|-----------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| D-BASED TUITION ASSISTANCE | 5 | 189,880. | 0. | | |
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| art IV Supplemental Information. Provide the informati | ion required in Part I, lin | e 2; Part III, column | (b); and any other ac | dditional information. | |

THE CENTER GRANTS NEED-BASED TUITION ASSISTANCE TO STUDENTS WHO DEMONSTRATE

A FINANCIAL NEED. THE PARENT OR LEGAL GUARDIAN OF THE STUDENT IN NEED OF

FINANCIAL AID MUST COMPLETE THE FINANCIAL AID FORM. THE CENTER REVIEWS THE

INFORMATION PROVIDED ON THE FORM WHEN DETERMINING THE AMOUNT OF NEED-BASED

TUITION ASSISTANCE AWARDED. THE STUDENT'S TUITION BILL IS REDUCED BY THE

AMOUNT OF THE ASSISTANCE AWARDED. NO AMOUNTS ARE PAID OUT TO THE

INDIVIDUALS DIRECTLY.

Schedule I (Form 990) 2021

| (Fo | orm 990) | Complete if the | e organizations a | answered "Yes" o | n Form 990, Part IV | /, lines 29 c | or 30. | 20 | 21 | |
|-----|---|-----------------------------|-------------------------------|---|---|---------------|-------------|---|-------|------|
| | ment of the Treasury I Revenue Service | Attach to Form | n 990. | | | | | Open to Inspe | | |
| | e of the organizatio | | | | the latest informa | | | r identification | on nu | mber |
| Pa | rt I Types o | of Property | | | | | I | | | |
| | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contrib amounts reporte Form 990, Part VIII | ed on | | (d) d of determin ontribution ai | • | |
| 1 | Art - Works of art | | | | | | | | | |
| 2 | Art - Historical tre | asures | | | | | | | | |
| 3 | Art - Fractional in | terests | | | | | | | | |
| 4 | Books and public | ations | | | | | | | | |
| 5 | | sehold goods | | | | | | | | |
| 6 | | ehicles | | | | | | | | |
| 7 | Boats and planes | s | | | | | | | | |
| 8 | Intellectual prope | erty | | | | | | | | |
| 9 | Securities - Public | cly traded | X | 4 | 227, | 366.A | VG. SEL | LING P | RIC | E |
| 10 | Securities - Close | ely held stock | | | | | | | | |
| 11 | Securities - Partn trust interests | ership, LLC, or | | | | | | | | |
| 12 | Securities - Misce | ellaneous | | | | | | | | |
| 13 | Qualified conserv | ation contribution - | | | | | | | | |
| | Historic structure | S | | | | | | | | |
| 14 | Qualified conserv | ation contribution - Othe | er | | | | | | | |
| 15 | Real estate - Res | idential | | | | | | | | |
| 16 | Real estate - Con | nmercial | | | | | | | | |
| 17 | | er | | | | | | | | |
| 18 | | | | | | | | | | |
| 19 | | | | | | | | | | |
| 20 | | al supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | | s | | | | | | | | |
| 23 | | ens | | | | | | | | |
| 24 | | ifacts | | | | | | | | |
| 25 | | AUCTION ITEMS | | 30 | 21, | 310.00 | ONOR PR | OVIDED | VA | LUE |
| 26 | Other 🕨 (| |) | | | | | | | |
| 27 | Other 🕨 (_ | |) | | | | | | | |
| 28 | Other 🕨 (| |) | | | | | | | |
| 29 | Number of Forms | s 8283 received by the o | rganization during | g the tax year for co | ontributions | | | | | |
| | for which the org | anization completed For | m 8283, Part V, D | Oonee Acknowledg | ement | 29 | | | 0 | |
| | | | | | | | | | Yes | No |
| 30a | During the year, o | did the organization rece | ive by contributio | on any property rep | orted in Part I, lines | 1 through 2 | 28, that it | | | |
| | must hold for at I | east three years from the | e date of the initia | al contribution, and | which isn't required | d to be used | l for | | | |
| | exempt purposes | s for the entire holding pe | eriod? | | | | | <u>30a</u> | | X |
| b | If "Yes," describe | the arrangement in Part | t II. | | | | | | | |
| 31 | Does the organiz | ation have a gift accepta | nce policy that re | equires the review o | of any nonstandard | contributior | ıs? | 31 | | X |
| 32a | Does the organiz | ation hire or use third pa | rties or related or | ganizations to solid | cit, process, or sell r | noncash | | | | |
| | contributions? | | | | | | | 32a | | X |
| b | If "Yes," describe | e in Part II. | | | | | | | | |
| 33 | If the organization | n didn't report an amoun | it in column (c) fo | r a type of property | r for which column (| a) is checke | d, | | | |
| | describe in Part I | I. | | | | | | | | |

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Noncash Contributions

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

Schedule M (Form 990) 2021

OMB No. 1545-0047

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SCHEDULE M

| | | | CATHERINE | CENTER | FOR SP | ECIAL | NEEDS, | 47 2207 | |
|----------------|-------------|-----------------|---------------------------------------|-----------------|---------------|---------------|-----------------|---|------------------|
| Chedule M (F | | | | | | | | 47-2207 | |
| is | s reporting | in Part I, colu | mn (b), the number of al information. | of contribution | s, the number | r of items re | ceived, or a co | 33, and whether the mbination of both. A | lso complete |
| CHEDUL | ЕМ, Е | PART I, | COLUMN (B |): | | | | | |
| HE ORG | ANIZAT | TION IS | REPORTING | THE NUL | IBER OF | CONTR | IBUTORS | IN COLUMN | (B). |
| | | | | | | | | | |
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| 32142 11-17-21 | | | | | | | | Schedule | M (Form 990) 202 |

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. ST. CATHERINE CENTER FOR SPECIAL NEEDS,

Supplemental Information to Form 990 or 990-EZ



47-2207552

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INCLUSION IN THE PARISHES AND CATHOLIC SCHOOLS OF THE DIOCESE OF

BRIDGEPORT.

FORM 990, PART VI, SECTION A, LINE 3:

INC.

THE CENTER AND THE BRIDGEPORT ROMAN CATHOLIC DIOCESAN CORPORATION (THE

"DIOCESE") HAVE A SHARED SERVICES AGREEMENT WHEREBY THE DIOCESE PROVIDES

THE CENTER ASSISTANCE WITH CERTAIN FINANCE, HUMAN RESOURCES AND INFORMATION

TECHNOLOGY, LEGAL SERVICES AND EDUCATIONAL SERVICES AND RESOURCES. THE

DIOCESE BILLS THE CENTER FOR SERVICES PROVIDED IN ACCORDANCE WITH THE

AGREEMENT. HELEN BURLAND, EXECUTIVE DIRECTOR & TREASURER IS PAID BY THE

DIOCESE - HER COMPENSATION IS REPORTED IN PART VII, SECTION A.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS A SINGLE CLASS OF MEMBERS. THE MEMBERS CONSIST OF:

1) THE PERSON HOLDING THE OFFICE OF BISHOP OF THE ROMAN CATHOLIC DIOCESE OF

BRIDGEPORT, CONNECTICUT;

2) THE VICAR GENERAL OF THE DIOCESE;

3) THE SECRETARY FOR CATHOLIC EDUCATION AND FAITH FORMATIONS OF THE

DIOCESE; AND

4) OTHER SUCH PERSONS AS APPOINTED BY THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE DIRECTORS ARE ELECTED BY THE MEMBERS OF THE ORGANIZATION AT THE ANNUAL

MEETING OF THE MEMBERS. DIRECTORS ARE ELECTED BY A PLURALITY OF THE VOTES

CAST BY THE MEMBERS ENTITLED TO VOTE AT THE ANNUAL MEETING.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

DIRECTORS MAY BE REMOVED FROM OFFICE AT ANY TIME WITH OR WITHOUT CAUSE BY A MAJORITY VOTE OF THE MEMBERS, AND WITH THE CONSENT OF THE BISHOP, AT A MEETING OF THE MEMBERS CALLED FOR THAT PURPOSE.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS OF THE ORGANIZATION HAVE THE AUTHORITY OVER THE FOLLOWING

ACTIONS AND, WITH RESPECT TO SUCH ACTIONS, DO NOT DELEGATE ANY DECISION

MAKING AUTHORITY TO THE BOARD OF DIRECTORS:

(A) THE ALTERATION, MODIFICATION, DEVIATION OR ADJUSTMENT OF THE PURPOSE

AND MISSION OF THE ORGANIZATION.

(B) THE APPROVAL OF THE DIRECTORS OF THE ORGANIZATION AND THE REMOVAL OF DIRECTORS AT ANY TIME WITH OR WITHOUT CAUSE.

(C) THE MERGER OR CONSOLIDATION OF THE ORGANIZATION WITH ANY OTHER NONSTOCK CORPORATION, RELIGIOUS CORPORATION OR OTHER ENTITY.

(D) THE APPROVAL OF THE APPOINTMENT AND REMOVAL OF THE OFFICERS OF THE ORGANIZATION.

(E) THE APPROVAL OF ANY VOLUNTARY FILING OR CONSENT TO ANY INVOLUNTARY

FILING AGAINST THE ORGANIZATION UNDER ANY BANKRUPTCY OR INSOLVENCY LAW, OR

A GENERAL ASSIGNMENT FOR THE BENEFIT OF CREDITORS, OR THE ADMISSION THAT

THE ORGANIZATION CANNOT PAY ITS DEBTS AS THEY BECOME DUE.

(F) THE DETERMINATION WHETHER ANY PROPOSAL OR ACTION OF THE BOARD OF

DIRECTORS IS IN CONFORMITY WITH CATHOLIC DOCTRINE, THE LAWS, REGULATIONS

42

AND TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND THE DIOCESE, INCLUDING

WITHOUT LIMITATION THE PROVISIONS OF THE CODE OF CANON LAW, ALL AS

INTERPRETED AND DECIDED BY THE BISHOP OF THE DIOCESE.

132212 11-11-21

| Schedule O (Form 990) 202 | 21 | | | | | Page 2 |
|---------------------------|------------|--------|-----|---------|--------|---|
| Name of the organization | ST. INC | CENTER | FOR | SPECIAL | NEEDS, | Employer identification number $47 - 2207552$ |
| | | | | | | |

THE BYLAWS MAY BE ALTERED, AMENDED, ADDED TO, OR REPEALED BY THE

AFFIRMATIVE VOTE OF A TWO-THIRDS VOTE OF THE DIRECTORS ENTITLED TO VOTE,

WITH THE CONSENT OF A MAJORITY OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM.

IT IS REVIEWED BY THE EXECUTIVE DIRECTOR/TREASURER AND SENT TO ALL MEMBERS

OF THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND OFFICERS ARE REQUIRED TO ANNUALLY DISLCOSE POTENTIAL CONFLICTS OF INTERESTS. BOARD MEMBERS AND OFFICERS REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN CONFLICT OF INTEREST DISCLOSURE STATEMENTS AS ACCEPTANCE OF THE POLICY. RECUSALS FROM VOTES AS A RESULT OF A PERCEIVED CONFLICT ARE DOCUMENTED IN THE BOARD MINUTES. THE CONFLICT OF INTEREST POLICY IS DISCUSSED AT OPENING MEETINGS. THE BOARD SELF MONITORS FOR CONFLICTS OF INTEREST. HOWEVER, IF NECESSARY, THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE DIRECTOR MEET WITH THE BOARD MEMBER INVOLVED IN A PERCEIVED CONFLICT AND ISSUE A RULING ON WHETHER OR NOT A CONFLICT OF INTEREST IS PRESENT. FOR EMPLOYEES AND STAFF, IF A PERCEIVED CONFLICT ARISES THE EXECUTIVE DIRECTOR MEETS WITH THE STAFF PERSON INVOLVED IN THE PERCEIVED CONFLICT AND WILL ISSUE A RULING ON WHETHER OR NOT A CONFLICT OF INTEREST IS PRESENT.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON COMPARABLE POSITIONS IN THE REGION. A REVIEW OF COMPENSATION OCCURS FIRST BY THE FINANCE COMMITTEE OF THE BOARD WHO LATER 132212 11-11-21 Schedule O (Form 990) 2021 43

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2021.05010 ST. CATHERINE CENTER FOR 14130201

| Schedule O (Form 990) 2021 Name of the organization ST. CATHERINE CENTER FOR SPECIAL NEEDS, INC. | Page 2 Employer identification number 47-2207552 | | | | | | |
|--|--|--|--|--|--|--|--|
| PRESENTS THEIR RECOMMENDATIONS TO THE FULL BOARD FOR DISCU | SSION AND | | | | | | |
| APPROVAL. THIS IS DOCUMENTED IN THE BOARD MINUTES. A REVIE | W LAST OCCURRED | | | | | | |
| IN SEPTEMBER 2019. THE EXECUTIVE DIRECTOR'S SALARY HAS REM | AINED UNCHANGED | | | | | | |
| SINCE 2019. | | | | | | | |
| | | | | | | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | | | | | | |

THE CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FURTHERMORE, THE FORM 990 AND FINANCIAL STATEMENTS ARE POSTED ON THE CENTER'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A FINANCE COMMITTEE THAT IS RESPONSIBLE FOR THE

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF

AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.

Schedule O (Form 990) 2021

| SCHEDULE R (Form 990) | Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. | | | | | | | |
|---|---|---|--|--|--|--|--|--|
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | Open to Public Inspection | | | | | | |
| Name of the organizati | on ST. CATHERINE CENTER FOR SPECIAL NEEDS, INC. | Employer identification number $47 - 2207552$ | | | | | | |
| Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | | | | |

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| | - | | | | |
| | - | | | | |
| | - | | | | |
| | - | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | | 5) 512(b)(13) rolled ity? |
|--|--------------------------------|---|-------------------------------|---|--|-----|---|
| | | | | 501(c)(3)) | | Yes | No |
| THE BRIDGEPORT ROMAN CATHOLIC DIOCESAN | | | | | | | |
| CORPORATION - 06-0737923, 238 JEWETT AVENUE, | | | | | | | |
| BRIDGEPORT, CT 06606 | RELIGIOUS | CONNECTICUT | 501(C)(3) | LINE 1 | N/A | | х |
| HOLY CROSS CHURCH - 06-0653057 | | | | | | | |
| 750 TAHMORE DRIVE | | | | | | | |
| FAIRFIELD, CT 06825 | RELIGIOUS | CONNECTICUT | 501(C)(3) | LINE 1 | N/A | | Х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 INC.

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) (b) (c) (d) (e) (f) (g) (h) (i) (i) <th>ergamzatione treated as a pa</th> <th></th> <th>(your:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th colspan="10"></th> | ergamzatione treated as a pa | | (your: | | | | | | | | | | | | | | | | | |
|--|--|------------------|-----------|------------------------------|--|-----------------------|-------------|-----|----|---|--------------------------|---------------------------------------|--|--|--|--|--|--|--|--|
| (state or entity (state or entity excluded from tax under end-of-year allocations? 20 of Scheduled and the tax under 20 of Scheduled from tax under 20 of S | (a) | (b) | | (d) | (e) | (f) | (g) | (1 | h) | | | | | | | | | | | |
| country sections 512-514) Yes No K-1 (Form 1065) Yes No | Name, address, and EIN of related organization | Primary activity | (state or | Direct controlling entity | (related, unrelated, excluded from tax under | Share of total income | end-of-year | | | Code V-UBI amount in box 20 of Schedule | Genera manag partn | l or ^{ing} <u>wn</u> ? | | | | | | | | |
| | | | | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | lo | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|--------------------------------|---|--|--|--|--|--------------------------------|---|----|
| | | country) | | 01 11 03 0 | | 233013 | | Yes | No |
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ST. CATHERINE CENTER FOR SPECIAL NEEDS,

Schedule R (Form 990) 2021 INC.

| Part V | Transactions With Related Organizations. | Complete if the organization answered | "Yes" on Form 990, Part IV, line 34, 35b, or 36. |
|--------|--|---------------------------------------|--|
|--------|--|---------------------------------------|--|

| : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|---|--|---|--|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| | 1b | | Х |
| | 1c | X | |
| | 1d | | Х |
| | 1e | X | |
| | | | |
| Dividends from related organization(s) | 1f | | Х |
| Sale of assets to related organization(s) | 1g | | Х |
| | 1h | | Х |
| | 1i | | Х |
| | 1j | | Х |
| | | | |
| Lease of facilities, equipment, or other assets from related organization(s) | 1k | X | |
| | 11 | | Х |
| | 1m | X | |
| | 1n | X | |
| Sharing of paid employees with related organization(s) | 10 | X | |
| | | | |
| Reimbursement paid to related organization(s) for expenses | 1p | X | |
| Reimbursement paid by related organization(s) for expenses | 1q | | Х |
| | | | |
| Other transfer of cash or property to related organization(s) | 1r | | Х |
| Other transfer of cash or property from related organization(s) | 1s | | X |
| | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Cans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Sale of assets to related organization(s) Sale of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Meimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Reimbursement paid by related organization(s) for expenses | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a Gift, grant, or capital contribution to related organization(s) 1b Gift, grant, or capital contribution from related organization(s) 1c Loans or loan guarantees to or for related organization(s) 1d Loans or loan guarantees by related organization(s) 1d Dividends from related organization(s) 1e Dividends from related organization(s) 1g Sale of assets to related organization(s) 1g Purchase of assets from related organization(s) 11 Lease of facilities, equipment, or other assets from related organization(s) 1i Lease of facilities, equipment, or other assets from related organization(s) 1i Performance of services or membership or fundraising solicitations by related organization(s) 1k Performance of services or membership or fundraising solicitations by related organization(s) 1m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m Reimbursement paid to related organization(s) 1m Reimbursement paid to related organization(s) 1m Reimbursement paid to related organization(s) 1m Reimbursement paid by related organization(s) | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a Gift, grant, or capital contribution to related organization(s) 1c Gift, grant, or capital contribution from related organization(s) 1c Loans or loan guarantees to or for related organization(s) 1c Loans or loan guarantees by related organization(s) 1e Dividends from related organization(s) 1f Sale of assets to related organization(s) 1f Purchase of assets from related organization(s) 1f Lease of facilities, equipment, or other assets from related organization(s) 1i Lease of facilities, equipment, or other assets from related organization(s) 1i Performance of services or membership or fundraising solicitations by related organization(s) 1m Performance of services or membership or fundraising solicitations by related organization(s) 1m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m Sharing of paid employees with related organization(s) 1m Reimbursement paid to related organization(s) 1m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m Sharing of paid employees with related organization(s) 1m |

| | ne maet complete a | no mio, molaamg oovoroa i | |
|--|---|-------------------------------|--|
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
| (1) | | | |
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| (3) | | |
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| <u>(</u> 6) | | |

ST. CATHERINE CENTER FOR SPECIAL NEEDS,

Schedule R (Form 990) 2021 INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | | 6 | .) | (f) | (g) | (ł | 1) | (i) | (j) | (k) |
|------------------------|------------------|-------------------|--|-------------------------------------|------------------|----------|-------------|-------------------------|----------------|------------------|-----------------|-----------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are Are partne 501(org | e all rs sec. | Share of | Share of | | opor- | Code V-UBI | Genera | I or Percentage |
| of entity | , , | (state or foreign | (related, unrelated, | 501(org | c)(3) s.? | total | end-of-year | Dispr tior alloca | nate tions? | amount in box 20 | manag partne | r? ownership |
| | | country) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Yes | No | income | assets | Yes | No | | Yes | 10 |
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Schedule R (Form 990) 2021

| ST. CATHERINE CENTER FOR SPECIAL NEEDS, |
|--|
| Schedule R (Form 990) 2021INC.47-2207552Page 5Part VIISupplemental Information |
| Provide additional information for responses to questions on Schedule R. See instructions. |
| FORM 990, SCHEDULE R, PART II: |
| THE ORGANIZATION IS A SUBORDINATE ORGANIZATION UNDER THE GROUP |
| EXEMPTION FOR THE UNITED STATES COUNCIL OF CATHOLIC BISHOPS (GEN #0928) |
| AND IDENTIFICATION OF OTHER SUBORDINATE ORGANIZATIONS IS NOT REQUIRED. |
| HOWEVER, AS A MATTER OF GENERAL DISCLOSURE, THE ORGANIZATION IS RELATED |
| TO THE BRIDGEPORT ROMAN CATHOLIC DIOCESAN CORPORATION AND HOLY CROSS |
| CHURCH. |
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