#### 990 Form

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For	the	2013 calend	ar year, or tax ye	ear beginn	ning		, <b>2013</b> , a	and endii	ng		, 20
В	Chec	ck if a	oplicable:	C Name of organiza	tion <b>CATHE</b>	RINES HEALTH	CENTER					Employer identification no.
	Addr	ress cl	hange	Doing Business A	s							20-3572418
	Nam	ne cha	nge	Number and stree	et (or P.O. box	x if mail is not delivered	to street address)		Ro	oom/suite		Telephone number
	Initia	al retur	'n	1211 LAFAY	ETTE							(616)336-8800
	Term	ninate	d	City or town, state	or province,	country, and ZIP or for	eign postal code					794,651
	Ame	ended	return	GRAND RAPI	IDS, MI	49505					- 1	Gross receipts \$
	Appl	lication	n pending	F Name and addre	ess of princip	al officer: HELEN	LEHMAN					
				Same as C	above					H(a) Is this a gr subordina	oup reti tes?	urn for ☐ Yes ☒ No
ī .	Tax-	exem	ot status:	501(c)(3) 50	1(c) (	) (insert no.)	4947(a)(1) or	527		H(b) Are all sub	ordinate	es included? Yes No
J	Web	site:	CAT	HERINESCARE.C	ORG					If "No," att	ach a lis emption	es included? Yes No st. (see instructions) number
ĸ	Form	n of or	ganization: X	Corporation Tru	ust Asso	ociation Other		L Year of formati	ion: 2005			I domicile: MI
Pa	art l	I	Summar	У								
		1	Briefly descril	be the organization	n's mission	or most significant	t activities:	NON-PROFIT (	СОММОЛ	TY-BASED H	EALT	H FACILITY
4			DEDICATED	TO IMPROVING	THE HE	ALTH OF COMMU	NITY RESIDEN	S THROUGH TRE	EATMENT	, MOTIVATI	ON,	
nce			SCREENING	, EDUCATION A	AND REFE	RRALS.						
rna												
o ve		2	Check this bo	ox 🕨 🗌 if the org	ganization o	discontinued its ope	erations or dispose	ed of more than 25°	% of its ne	et assets.		
Ŏ		3	Number of vo	oting members of t	he governi	ing body (Part VI, li	ne 1a)				3	8
S		4	Number of in	dependent voting	members o	of the governing bo	dy (Part VI, line 1b				4	8
<u>Y</u>		5	Total number	r of individuals emp	ployed in c	alendar year 2013	(Part V, line 2a)				5	18
Activities & Governance		6	Total number	r of volunteers (est	imate if ne	cessary)					6	190
٩		7a	Total unrelate	ed business reven	ue from Pa	art VIII, column (C),	line 12				7a	0
		b	Net unrelated	d business taxable	income fro	om Form 990-T, lin	e 34				7b	0
										Prior Year		Current Year
		8	Contributions	and grants (Part \	VIII, line 1h	1)				61	6,344	663,914
iue		9	Program serv	vice revenue (Part	VIII, line 2	g)				110	0,936	119,428
Revenue	•	10	Investment in	ncome (Part VIII, co	olumn (A),	lines 3, 4, and 7d)				1	4,300	11,309
Re		11	Other revenu	ie (Part VIII, colum	ın (A), lines	s 5, 6d, 8c, 9c, 10c,	and 11e)					0
		12	Total revenue	e - add lines 8 thro	ugh 11 (m	ust equal Part VIII,	column (A), line 1	2)		74:	1,580	794,651
	1	13	Grants and s	imilar amounts pai	id (Part IX,	column (A), lines 1	-3)					0
	•	14	Benefits paid	to or for members	(Part IX, o	column (A), line 4)						0
'n	•	15	Salaries, othe	er compensation, e	employee b	penefits (Part IX, co	olumn (A), lines 5-	0)		32	3,072	450,782
Expenses	•	16a	Professional	fundraising fees (F	Part IX, col	umn (A), line 11e)						0
ber		b	Total fundrais	sing expenses (Pa	rt IX, colun	nn (D), line 25)	<b>&gt;</b>	81,848				
Ж	•	17	Other expens	ses (Part IX, colum	nn (A), lines	s 11a-11d, 11f-24e	)			41	8,195	389,558
	•	18	Total expens	es. Add lines 13-1	17 (must ed	qual Part IX, colum	n (A), line 25)			74:	1,267	840,340
		19	Revenue less	s expenses. Subtr	ract line 18	from line 12 .					313	(45,689)
ō	ıces					*			Beg	inning of Curren	t Year	End of Year
sets	salar	20	Total assets	(Part X, line 16)						1,68	7,863	1,694,419
Net Assets or	2 2	21	Total liabilities	s (Part X, line 26)	<u> </u>					2:	5,284	27,562
Žį	2	22	Net assets or	r fund balances. S	Subtract line	e 21 from line 20				1,66	2,579	1,666,857
Pa	art I	II	Signatu	re Block								
						n, including accompanyi er) is based on all infor			t of my knov	wledge and belief,	it is	
				р. р. грано (оп		,		g				
O:-			<b>—</b>	N KAASHOEK								
Sig			Signatur	re of officer							Date	
He	re		<b>-</b>	N KAASHOEK, E	XECUTIVI	E DIRECTOR						
			Type or	print name and title	Т			1-			ı I	
_				eparer's name		Preparer's signature		Date		Check	if F	PTIN
Pa			MICHAEL	A RYBICKI		MICHAEL A RYB	ICKI	06-24-201		self-employ	ed	P01379647
	•	rer	Firm's name	<b>▶</b> GO	ODLANDE	R SWETT AND I	RYBICKI CPAS		Fi	rm's EIN		
Us	e O	nly	Firm's addres			NFIELD AVENUE	NE		Pł	hone no.		
						IDS MI 49525				63	L6-36	1-1896
May	the	IRS	discuss this re	eturn with the prep	parer show	n above? (see inst	ructions)					🛛 Yes 🗌 No

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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			3.7
	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			7.7
	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			7.7
•-	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			7.7
	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>     b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

### Part IV Checklist of Required Schedules (continued)

21 bild the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 12 l' ryes, complete Schedule I, Parts I and III 22 lid the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 ll "Yes," complete Schedule I, Parts I and III 22 lid the organization naver "Yes" to Part IV, Section A, line 3, 4, or 5 about compensation of the organization fromer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II 23 lid the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. I "No.", for to line 25a do the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b bild the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d do the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d do the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d do the organization are that it engaged in an excess benefit transaction with a disqualified person uning the year? 11 "Yes," complete Schedule I. Part I list 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 organizations prior Forms 990 or 930-E27 If "Yes," complete Schedule I. Part II 25b lid 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 provide a grant or other assistance to an officer, director, trustee, key employees or dis		х х х
22 bid the organization report more than \$5,000 of grants for other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  23 bid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If "No," go to line 25a  b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  c Did the organization act as an "on behalf of "ssuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of "ssuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization ages in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I  25a Ib is the organization aware that it engaged in an excess benefit transaction with a disqualified person aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule I., Part II  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, in disease transaction with one assistance to an officer, director, trustee, key employee, or disqualified persons? If so, complete Schedule I., Part II  27b Did the org		X
on Part IX, column (A), line 2'? If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25s  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? At 24c did bid the organization maintain an escrow account other than a refunding escrow at any time during the year?  24d Did the organization avex as an "on behalf of issuer for bonds outstanding at any time during the year?  24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule I, Part I 25a Is the organization aver that it engaged in an excess benefit transaction and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I 25b Did the organization ray amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, injehs to organization's prior forms and the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If so, complete Schedule I, Part II 27  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 28b Did the organization receive contributions of art, hi		X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization are an "on behalf af" issuer for bonds outstanding at any time during the year? 24d Did the organization aver that an "on behalf af" issuer for bonds outstanding at any time during the year? 24d Did the organization aver that it engaged in an excess benefit transaction with a disqualfiled person during the year? If "Yes," complete Schedule L, Part I 25a Dist the organization aver that it engaged in an excess benefit transaction with a disqualfiled person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualfied persons? If so, complete Schedule L, Part II 25b Did the organization previous da grant or other assistance to an officer, director, trustee, key employee, and the proper director of the part of business of the part of the part of business of the part of busines		
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Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds on the substantial outstanding and any of the organization provide any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, key employees, or disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, and the part IV instructions for applicable filing thresholds, conditions, and exceptions. 24d Did the organizati		
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  24b  24b  24b  24c  24b  24c  24c  24d  25d  24d  25d  24c  25d  25d  26d  26d  26d  27d  27d  28d  28ection 501(c)(3) and 501(c)(4) 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  25b  25b  26d  27d  28d  28d  28d  28d  28d  28d  28		_X
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d d Section 501(c/3) and 501(c/4) 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II  26b Did the organization aware that it ustaces, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  28d Was the organization a party to a business transaction with one of the following parties (See Schedule L, Part IV  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M  29d Did the organization receive more than \$25,00 bin non-cash contributions? If "Yes," complete Schedule M  29d Did the organization inquidate, terminate		<u>X</u> —
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		Χ
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		
related organization? If "Yes," complete Schedule R, Part V, line 2		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		7.7
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		X
19? Note. All Form 990 filers are required to complete Schedule O		<u>X</u>

#### 13) CATHERINES HEALTH CENTER Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			7.7
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 in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		v
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:  See instructions for filling requirements for Form TD F 00 23.1. Report of Foreign Reply and Financial Associates			
E	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	En		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		21
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	46		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
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			
c	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in the Part VI

000	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		3.7
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			3.7
_	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		7,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		3.7
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		[	
10-	Did the consciention have level abortons by such as an efficiency	40-	Yes	No V
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a -	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120	x	
12		12c 13	21	X
13 14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		21
IJ	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
·ou	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
-	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Don request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
-	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
	KAREN KAASHOEK RN (616)336-8800, 1211 LAFAYETTE, GRAND RAPIDS, MI 49505			

Page 6

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related of	organization c	ompen	sate	ed an	y cur	rent of	ffice	r, director, or truste	е.	
(A)	(B)			(C	<b>;</b> )			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box, u	unless	s pers	ore tha	an one		Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	related organizations below dotted line)	el Individual trustee officer or director	nstitutional trustee	a dire Officer	ctor/tr Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-WISC)	organization and related organizations
(1) TOM DESCHAINE BOARD MEMBER	2.00	X						C	0	0
(2) JIM BYRNE MD BOARD MEMBER	2.00	X						C	0	0
(3) ZACHARY MEYER BOARD MEMBER	2.00	X						C	0	0
(4) HELEN LEHMAN PRESIDENT	6.00			Х				C	0	0
(5) KRISTI DEKRAKER VICE PRESIDENT AND SECRETARY	2.00			Х				C	0	0
(6) RON LAMANGE TREASURER	4.00_			Х				C	0	0
(7) KAREN KAASHOEK RN EXEC DIRECTOR & STAFF RN	45.00				Х			65,715	0	0
(8) JOHN WALEN MD MEDICAL DIRECTOR	45.00					Х		72,837	0	0
(9)										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Part	VII Section A. Officers, Directors, Trustees,			and	۵ia	hos	t Com	non	sated Employees	20-35724	18 Page
1 art	(A)	(B)	yees,	anu	riig (C		COIII	per	(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	,	unless	Posi eck m s pers direc	tion ore th			Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)											
(16)											
<u>(17)</u>											
(18)											
(19)											
(20)							7				
(21)											
(22)											
(23)											
(24)		-									
(25)	·										
1b c d	Sub-total	on A .	<b>.</b>					<b>&gt;</b>	138,552	0	0
2	Total number of individuals (including but not limited to							tha			1 0
	reportable compensation from the organization									0	Yes No
3	Did the organization list any <b>former</b> officer, director employee on line 1a? If "Yes," complete Schedule J for						_		mpensated		3 X
4	For any individual listed on line 1a, is the sum of repor organization and related organizations greater than \$1	rtable comper	nsation	and	othe	er co	mpens	atio	n from the		
	individual										4 X
5	Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If "Yes," conformation of the organization of the						-	tion	or individual		5 X
	on B. Independent Contractors										
1	Complete this table for your five highest compensated compensation from the organization. Report compens									n's tax	
	year. (A)								(B)		(C)
	Name and business address								Description of s	services	Compensation

Total number of independent contractors (including but not limited to those listed above) who	

Part VIII

		Check if Schedule O contains a response	or note	e to any line in this P	art VIII			<u> </u>
					(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
w w	1a	Federated campaigns	1a					
ant	b	Membership dues	1b					
يَ ق	C	Fundraising events	1c					
fts, Ir A	d	Related organizations	1d					
ଜ୍ଞ	e	Government grants (contributions)	1e					
Sir	f	All other contributions, gifts, grants,						
uti Per	•	and similar amounts not included above	1f	663,914				
등 전	g	Noncash contributions included in lines 1a-11		160,548				
Contributions, Gifts, Grants and Other Similar Amounts	h h	Total. Add lines 1a-1f	*		663,914			
0 "		Total Add mics to the control of the	• • •	Business Code	003,914			
ne	2a	PATIENT SERVICE		621300	115,028	115,028		
Program Service Revenue		RENTAL INCOME		531190	4,400	4,400		
9. 24	C			33223	-, -00	1,100		
ervi	d							
S	e							
ogra		All other program service revenue						
Ē		Total. Add lines 2a-2f	,		119,428			
		Investment income (including dividends, intere				4		
		and other similar amounts)		•	11,309	11,309		
		Income from investment of tax-exempt bond p						
		Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses	_					
	С	Rental income or (loss)						
		Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities	s	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>				
enne		Gross income from fundraising						
»ver		events (not including \$						
Other Rev		of contributions reported on line 1c).						
t <del>p</del> e		See Part IV, line 18						
Ó		Less: direct expenses						
		Net income or (loss) from fundraising events	•					
		Gross income from gaming activities.						
		See Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming activities	• •	•				
		Gross sales of inventory, less returns and allowances	. а					
	b	Less: cost of goods sold	. b					
	С	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С	-						
		All other revenue						
		Total. Add lines 11a-11d						
	12	<b>Total revenue.</b> See instructions		🕨	794,651	130,737	0	0

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any	line in this Part IX				
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	( <b>D)</b> Fundraising	
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses	
1	Grants and other assistance to governments and					
	organizations in the United States. See Part IV, line 21 .					
2	Grants and other assistance to individuals in					
	the United States. See Part IV, line 22					
3	Grants and other assistance to governments,					
	organizations, and individuals outside the					
	United States. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	69,035	29,957	19,539	19,539	
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	321,747	278,761		42,986	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits	27,557	21,770	1,378	4,409	
10	Payroll taxes	32,443	25,630	1,622	5,191	
11	Fees for services (non-employees):					
а	Management					
b	Legal					
С	Accounting	4,850	4,166	684		
d	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 Schedule O.)	63,574	63,574			
12	Advertising and promotion	1,643	411		1,232	
13	Office expenses	12,137	739	11,128	270	
14	Information technology	41,928	30,210	11,075	643	
15	Royalties					
16	Occupancy	114,954	114,954			
17	Travel	1,976	1,976			
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	3,174	3,174			
20	Interest					
21	Payments to affiliates	C1 144	FF 030	4 000	1 024	
22	Depreciation, depletion, and amortization	61,144	55,030	4,280	1,834	
23 24	Insurance	8,046	8,046			
24	above (List miscellaneous expenses in line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
а	MEDICAL SUPPLIES AND TESTS	70,388	70,388			
a b	FUND DEVELOPMENT	5,744	70,388		5,744	
C	TOND DEVEROPMENT	3,/44			3,/14	
d						
	All other expenses					
е 25	Total functional expenses. Add lines 1 through 24e .	840,340	708,786	49,706	81,848	
<del>25</del> 26	Joint costs. Complete this line only if the	010,340	700,700	13,700	01,040	
	organization reported in column (B) joint costs					
	from a combined educational campaign and					
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)					
	<u> </u>					

20-3572418

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Рап х			<u> </u>
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		12,801	1	30,028
	2	Savings and temporary cash investments	306,078	2	395,797	
	3	Pledges and grants receivable, net		171,564	3	37,702
	4	Accounts receivable, net	<u> </u>	9,158	4	8,517
	5	Loans and other receivables from current and former officers, direc	h	-,		3,42
		trustees, key employees, and highest compensated employees.	,			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under sec	ļ.			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employer.				
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	s and			
					6	
	_	organizations (see instructions). Complete Part II of Schedule L	ļ t		6 7	
şts	7	Notes and loans receivable, net	<u> </u>			
Assets	8	Inventories for sale or use	<u> </u>		8	
⋖	9	Prepaid expenses and deferred charges		3,541	9	370
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D 10a	963,064			
	b	Less: accumulated depreciation 10b	196,157	826,861	10c	766,907
	11	Investments - publicly traded securities	1,020	11	40,198	
	12	Investments - other securities. See Part IV, line 11	356,840	12	414,900	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,687,863	16	1,694,419
	17	Accounts payable and accrued expenses	25,284	17	27,562	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
S	22	Loans and other payables to current and former officers, directors,				
Liabilities		trustees, key employees, highest compensated employees, and				
abi					22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related the				
		parties, and other liabilities not included on lines 17-24). Complete				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		25,284	26	27,562
		Organizations that follow SFAS 117 (ASC 958), check here				
S		complete lines 27 through 29, and lines 33 and 34.	, 53 0.10			
၁င	27	Unrestricted net assets		1,400,305	27	1,390,174
alar	28	Temporarily restricted net assets	<b>-</b>	212,274	28	226,683
Ä		, ,	The state of the s			
'n	29	Permanently restricted net assets		50,000	29	50,000
ξF			here 🕨 📙 and			
ts c	20	complete lines 30 through 34.			20	
sse	30	1 1 7			30	
Net Assets of Fund Balances	31	1 7 7 7			31	
Se	32	Retained earnings, endowment, accumulated income, or other fun-	ļ.	1 660 550	32	1 666 055
	33	Total net assets or fund balances	ļ -	1,662,579	33	1,666,857
	34	Total liabilities and net assets/fund balances		1,687,863	34	1,694,419

<u>Form</u>	1 990 (2013) CATHERINES HEALTH CENTER	20-3572	2418		Pa	ge <b>12</b>
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			794,	651
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			840,	340
3	Revenue less expenses. Subtract line 2 from line 1	. 3			(45,	689)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		1,	662,	579
5	Net unrealized gains (losses) on investments	. 5			49,	967
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 in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		1,	666,	857
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆 _
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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?	. <b></b> .		2b	Χ	
	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:					
	☑ Separate basis  ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Consolidated basis ☐ Consolid					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Form 990 (2013) EEA

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Χ

3b

the Single Audit Act and OMB Circular A-133?

#### **SCHEDULE A**

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

CATI	IERI	NES HEALTH CENT	ER						20-35	572418			
Pai	τl	Reason for P	Public Charity	<b>Status</b> (All organiza	ations mu	ust comp	lete this	part.) S	ee instru	uctions.			
The o	or <u>ga</u> r	ization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described i	in <b>section 170(b)(</b> 1	I)(A)(ii). (Attach Schedu	ıle E.)								
3		A hospital or a coop	erative hospital ser	vice organization descri	bed in <b>sec</b>	tion 170(b	)(1)(A)(iii)						
4		A medical research	organization opera	ted in conjunction with a	hospital d	escribed ir	section 1	170(b)(1)(	A)(iii). Ent	er the			
		hospital's name, city,	and state:										
5		An organization opera	ated for the benefit o	of a college or university o	wned or op	erated by a	a governme	ental unit de	escribed in				
		section 170(b)(1)(A	(Complete Pa	art II.)									
6		A federal, state, or le	ocal government or	governmental unit desc	cribed in <b>se</b>	ction 170	(b)(1)(A)(v	′).					
7	X	An organization that i	normally receives a	substantial part of its supp	oort from a	governmen	tal unit or f	rom the ge	neral public				
		described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust d	escribed in section	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9		An organization that r	normally receives: (1	) more than 33 1/3% of it	s support fr	om contrib	utions, mer	nbership fe	es, and gro	oss			
		receipts from activitie	s related to its exem	pt functions - subject to c	ertain exce	otions, and	(2) no mor	e than 33 1	1/3% of its				
		support from gross in	vestment income ar	nd unrelated business tax	able income	e (less sect	ion 511 tax	) from busi	inesses				
		acquired by the orga	anization after June	30, 1975. See <b>section</b>	509(a)(2).	(Complete	Part III.)						
10		An organization orga	anized and operate	d exclusively to test for	public safe	ty. See <b>se</b>	ction 509	(a)(4).					
11		An organization organization	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	ctions of, or	to carry or	ut the				
		purposes of one or r	more publicly suppo	orted organizations desc	cribed in se	ction 509(	a)(1) or se	ction 509(	a)(2). See	section			
		509(a)(3). Check the	e box that describe	s the type of supporting	organizatio	on and con	nplete lines	s 11e throi	ugh 11h.				
		a 📙 Type I	<b>b</b>   Type	ell <b>c</b> ∐ Type	III-Function	ally integra	ted	d	Type III-	Non-funtio	nally inte	egrated	
е		By checking this box,	, I certify that the org	anization is not controlled	directly or	indirectly by	y one or mo	ore disqual	ified persor	าร			
		other than foundation	n managers and other	er than one or more public	cly supporte	d organiza	tions descr	ibed in sec	tion 509(a)	(1)			
		or section 509(a)(2).											
f		If the organization red	ceived a written dete	rmination from the IRS th	at it is a Ty	oe I, Type I	I, or Type I	II supportin	ıg				_
		organization, check the	his box										∐
g		Since August 17, 200	06, has the organizat	tion accepted any gift or c	contribution	from any o	f the						
		following persons?											
		(i) A person who d	lirectly or indirectly c	ontrols, either alone or tog	gether with	persons de	scribed in (	(ii) and				Yes	No
				e supported organization?	•						11g(i)	)	
		(ii) A family member									11g(ii)	)	
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) abov	ve? .						11g(iii	i)	
h		Provide the following	information about th	ne supported organization	Ť.		ı						
	(i) Na	ime of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or in col. (i) list		(v) Did yo the organi		(vi) Is organizati		(vii) Amo	unt of mo	onetary
				above or IRC section	governing o	,	col. (i) c	of your	(i) organiz	ed in the		опрроп	
				(see instructions))				port?	U.	1	4		
					Yes	No	Yes	No	Yes	No	+		
(A)													
(D)					+						+		
(B)													
(C)											+		
(D)													
(E)											_		
											-		
Tota	ı												

20-3572418

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	tion A. Public Support				•		
Caler	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	454,777	1,070,128	585,612	616,344	626,933	3,353,79
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	454,777	1,070,128	585,612	616,344	626,933	3,353,79
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly				A		
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						307,14
6	Public support. Subtract line 5 from line 4						3,046,649
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	454,777	1,070,128	585,612	616,344	626,933	3,353,79
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,393	2,231	1,946	14,300	11,309	31,179
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10 .						3,384,97
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	9 . <u>.</u> <u></u> . <u>.</u>	<u> </u>				▶□
	tion C. Computation of Public Su					1	
14	Public support percentage for 2013 (line 6, co					14	90.01 %
15	Public support percentage from 2012 Schedu						93.31 %
16a	33 1/3% support test - 2013. If the organi			•	•		<b>▶</b> 57
	box and <b>stop here.</b> The organization quali						▶ 🗵
b	33 1/3% support test - 2012. If the organi						. □
	check this box and <b>stop here.</b> The organiz			=			· · · · • ⊔
17a	10%-facts-and-circumstances test - 201	•					
	10% or more, and if the organization meet				-	n in	
	Part IV how the organization meets the "facts		=				▶ □
	organization						· · · · · · ·
b	10%-facts-and-circumstances test - 201	=				iine	
	15 is 10% or more, and if the organization				•		
	Explain in Part IV how the organization meets			-			▶ □
40	• • • • • • • • • • • • • • • • • • • •	l not shook a bay a					· · · · • ⊔
18	<b>Private foundation.</b> If the organization did	I HOT CHECK A DOX OF	ı iine 13, 16a, 16b,	i/a, or 1/b, chec	k inis dox and see		<b>L</b> —

20-3572418

Part III Supp

### Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)			R			
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6					,	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less						
c	section 511 taxes) from businesses acquired after June 30, 1975						
·	Add lines roa and rob						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2013 (line 8, colu	•				15	%
16	Public support percentage from 2012 Schedule					16	%
Sec	ction D. Computation of Investmer					Г	
17	Investment income percentage for 2013 (line					17	%
18	Investment income percentage from 2012 S	·				18	%
	33 1/3% support tests - 2013. If the organiz 17 is not more than 33 1/3%, check this box	and <b>stop here.</b> The	he organization qu	alifies as a publicly	y supported organia	zation	▶ □
	33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	n qualifies as a pu	blicly supported or	ganization	
20	<b>Private foundation.</b> If the organization did r	not check a box or	n iine 14. 19a. or 19	D. check this hox	and see instruction	IS	🚩 📗

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

swered "Yes," to Form 990, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspect Employer identification number

Open to Public Inspection

OMB No. 1545-0047

20-3572418 CATHERINES HEALTH CENTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 

Pai	rt III   Organizations Maintaining Collec	tions of Art,	Historical Tre	asures, or Oth	er Similar Asse	ets (continued)
3	Using the organization's acquisition, accession, and other	r records, check a	ny of the following t	that are a significant (	use of its	
	collection items (check all that apply):	_				
а	Public exhibition	<b>d</b> Loan or	exchange progran	ns		
b	Scholarly research	e Other				
С	Preservation for future generations	_				
4	Provide a description of the organization's collections and	d explain how they	further the organiz	ation's exempt purpo	se in Part	
	XIII.	,	· ·			
5	During the year, did the organization solicit or receive do	nations of art. histo	orical treasures, or	other similar		
	assets to be sold to raise funds rather than to be maintain					. 🗌 Yes 🗌 No
Pai	rt IV Escrow and Custodial Arrangeme		<u> </u>			
	Complete if the organization answer		orm 990. Part I	V. line 9. or repo	orted an amount	on Form
	990, Part X, line 21.		555,	·,		
1a	Is the organization an agent, trustee, custodian or other i	ntermediary for co	ntributions or other	assets not		
		-				. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and comple					
	ii 166, explain the arrangement iii att xiii and comple	to the following tax	ло.		Amo	ount
С	Beginning balance			10		Junt
d	Additions during the year					
	Distributions during the year					
e	Ending balance					
f 20	-					. Yes No
2a	Did the organization include an amount on Form 990, Pa					
Pa	If "Yes," explain the arrangement in Part XIII. Check here rt V Endowment Funds.	il the explanation	nas been provided	IIII Pall XIII	· · <u>· · · · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · · · · ·
Га	Complete if the organization answer	od "Voo" to Ed	rm 000 Port I	V line 10		
	·					1,75
4-		Current year	(b) Prior year 102,292	(c) Two years back	(d) Three years back	(e) Four years back
1a 	Beginning of year balance	356,840		105,129	94,947	76,712
b	Contributions		235,000	550		
С	Net investment earnings, gains, and	N N				
	losses	58,060	19,548	(3,387)	10,182	18,235
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses	$\rightarrow$				
g	End of year balance	414,900	356,840	102,292	105,129	94,947
2	Provide the estimated percentage of the current year end	d balance (line 1g,	column (a)) held as	S:		
а	Board designated or quasi-endowment	%				
b	Permanent endowment					
С	Temporarily restricted endowment	%				
	The percentages in lines 2a, 2b, and 2c should equal 10					
3a	Are there endowment funds not in the possession of the	organization that a	are held and admin	istered for the		
	organization by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations listed as re	quired on Schedu	le R?			3b
4	Describe in Part XIII the intended uses of the organization	n's endowment fur	nds.			
Pai	rt VI Land, Buildings, and Equipment.					
	Complete if the organization answer	ed "Yes" to Fo	orm 990, Part I	V, line 11a. See	Form 990, Part	: X, line 10.
	Description of property	(a) Cost or other ba	` ′		Accumulated	(d) Book value
		(investment)	(0	other) c	lepreciation	
1a	Land					
b	Buildings					
С	Leasehold improvements	723	,953		54,912	669,041
d	Equipment	53	,768		28,981	24,787
е	Other	185	,343		112,264	73,079
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	rm 990. Part X. c	olumn (B), line 10	(c).)		766,907

Schedule D (Form	990) 2013 CATHERINES HEALT	u Cented	20-357241:	8 Page <b>3</b>
Part VII	Investments - Other Securities	CENTER	20-337241	s rage s
I dit VII	Complete if the organization answere	d "Yes" to Form 990 Par	t IV line 11b See Form 990 Par	rt X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value	
(1) Financial de	erivatives		·	
	d equity interests			
(3) Other				
(A) ENDOWN	MENT	414,900	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)	414,900		
Part VIII	Investments - Program Related.	.l.    \( \)    ( \)	( IV / I'm 44 - One France 000 Bar	1 V P - 40
	Complete if the organization answere	d "Yes" to Form 990, Par	t IV, line 11c. See Form 990, Pai	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value	Э
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			<u> </u>	
Part IX	must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
rait ix	Complete if the organization answere	d "Ves" to Form 990 Par	t IV line 11d See Form 990 Par	rt Y line 15
		Description	try, line tra. Occironii 550, i al	(b) Book value
(1)	(4)	vescription		(b) DOOK VAIGE
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		,		
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 19	5.)		
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	d "Yes" to Form 990, Par	t IV, line 11e or 11f. See Form 99	90, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ir	ncome taxes			
(2)				
(3)				
(4)				

1.	(a) Description of liability	(b) Book value
(1) Federal income	taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must ed	qual Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013 CATHERINES HEALTH CENTER 20-3572418 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 1 844,617 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains on investments 2a а 49,966 Donated services and use of facilities 2b b 2c Recoveries of prior year grants C 2d e 2е 49,966 3 Subtract line 2e from line 1 . . . . . . . . . . . . . . . 794,651 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 794,651 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 840,340 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: а Donated services and use of facilities 2a Prior year adjustments 2b Other losses . . . . 2c C Other (Describe in Part XIII.) 2e 3 840,340 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) Add lines **4a** and **4b** . . . . . . . . . . . . . . . . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 840,340 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

EEA Schedule D (Form 990) 2013

## SCHEDULE M (Form 990)

### **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CATHERINES HEALTH CENTER

Part I Types of Property

Employer identification number

20-3572418

Гаі	ti Types of Froperty		Γ	1			
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de	terminin	g
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribu	ition amo	ounts
1	Art-Works of art						
2	Art-Historical treasures						
3	Art-Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded	х	2	1,556	FMV		
10	Securities-Closely held stock	A	2	1,350	1111		
11	Securities-Partnership, LLC,						
••	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures			·			
14	Qualified conservation						
	contribution - Other						
15	Real estate-Residential						
16	Real estate-Commercial	Х	1	97,500	FMV		
17	Real estate-Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies	X	4	24,510	WHOLESALE CO	ST	
21	Taxidermy		<u> </u>				
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (SPECIALIZE )	х	1	36,982	FMV		
26	Other • ()						
27	Other ()						
28	Other • ()						
29	Number of Forms 8283 received by t	he organization d	luring the tax year for contributio	ns for			
	which the organization completed Fo	rm 8283, Part IV,	Donee Acknowledgement		29		
			-			Yes	No
30a	During the year, did the organization	receive by contrib	oution any property reported in F	Part I, lines 1-28 that			
	it must hold for at least three years from	om the date of the	e initial contribution, and which is	s not required to be			
	used for exempt purposes for the ent	tire holding period	1?		30a	ı	Х
b	If "Yes," describe the arrangement in						
31	Does the organization have a gift acc		nat requires the review of any no	n-standard			
-	contributions?				31		Х
32a	Does the organization hire or use thir						_ <del>-</del> _
	contributions?	•	•		32a		X
b	If "Yes," describe in Part II.				320		
33	If the organization did not report an a	mount in column	(c) for a type of property for which	ch column (a) is checked			
	describe in Part II.		(c) .c. a type of property for write	s. ss.arm (a) is shooked,			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether
the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
01. Number of contributions or items or both (Part I, col b)
CONTRIBUTION AMOUNTS ARE REPORTED BY NUMBER OF DONORS BECAUSE CONTRIBUTION AMOUNTS MAY
VARY DURING THE YEAR.

EEA Schedule M (Form 990) (2013)

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-3572418 CATHERINES HEALTH CENTER 01. Form 990 governing body review (Part VI, line 11) A COPY OF THE 990 IS GIVEN TO THE EXECUTIVE DIRECTOR TO DISTRIBUTE TO THE BOARD PRIOR TO FILING THE 990 TAX RETURN. 02. Conflict of interest policy compliance (Part VI, line 12c) BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE TO THE BOARD ANY CONFLICTS OF INTEREST. 03. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS APPROVES COMPENSATION FOR EXECUTIVE DIRECTOR. 04. Other officer or key employee compensation (Part VI, line 15b THE BOARD OF DIRECTORS APPROVES COMPENSATION FOR A KEY EMPLOYEE. OFFICERS ARE NOT COMPENSATED. 05. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. 06. "Other" or change in accounting method (Part XII, line 1) Catherine's Health Center was formerly known as Catherine's Care Center. The new name for Organization is to be effective for the tax reporting year beginning January 1, 2009. Form 990 tax returns for years prior to 2009 were prepared on the Cash Basis. The Form 990 for 2010 and 2009 tax years has been prepared on the Accrual Basis to provide consistency between the method of accounting used in preparing the Organization's audited

Form 4562

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment Department of the Treasury Sequence No. 179 See separate instructions. Attach to your tax return. Internal Revenue Service Business or activity to which this form relates Identifying number 20-3572418 CATHERINES HEALTH CENTER FORM 990 -**Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 (see instructions) 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 18,563 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . . . . . . . . Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation placed in (business/investment use (g) Depreciation deduction (a) Classification of property (e) Convention (f) Method only-see instructions) 3-year property 19 a 5-year property 7-year property **d** 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L property MM Nonresidential real 39 yrs. S/L MM property S/I Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs. 40-y<u>ear</u> MM S/L 40 yrs. Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 18,563 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the

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