

Return of Organization Exempt From Income Tax

2015

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

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: CatherinesHC.org, HELEN LEHMAN, 2015, MI, etc.

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, membership counts, and financial data for 2015 and prior years.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature area for HELEN LEHMAN, PRESIDENT, including signature and date fields.

Paid Preparer Use Only section for JENNIFER MARTIN CPA, including name, signature, date, and firm information.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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: CATHERINE'S HEALTH CENTER PROVIDES HIGH QUALITY, AFFORDABLE AND COMPASSIONATE HEALTH CARE TO THE UNDER-SERVED OF THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 923,407 including grants of \$ ) (Revenue \$ ) GENERAL MEDICAL SERVICES: FAMILY PRACTICE AND MEDICAL CARE SERVICES FOR LOW INCOME, UNINSURED PATIENTS, PROVIDING MEDICAL EXAMS, TESTING, REFERRALS, HEALTH & FITNESS EDUCATION, FOLLOW-UP AND MAINTENANCE

4b (Code: ) (Expenses \$ 24,898 including grants of \$ ) (Revenue \$ ) WOMEN'S HEALTH PROGRAMS: BREAST CANCER SCREENING, MAMMOGRAMS, CERVICAL CANCER SCREENING, PAPS, LABS, REFERRALS & EDUCATION.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 948,305

**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 . . . . .   | <input checked="" type="checkbox"/> |                                     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| 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 . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 4   | <b>Section 501(c)(3) organizations.</b> 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 . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .   |                                     |                                     |
| 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 . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .            |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| 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.   |                                     |                                     |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | <input checked="" type="checkbox"/> |                                     |
| 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 . . . . .   | <input checked="" type="checkbox"/> |                                     |
| c   | 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 . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |                                     | <input checked="" type="checkbox"/> |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | <input checked="" type="checkbox"/> |                                     |
| 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 . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . . |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 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) . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |                                     | <input checked="" type="checkbox"/> |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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.
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, address, and telephone number of the person who possesses the organization's books and records: KAREN KAASHOEK, RN (616)336-8800, 1211 LAFAYETTE, GRAND RAPIDS, MI 49505

**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 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 organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) TOM DESCHAIINE<br>BOARD MEMBER                   | 2.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (2) JIM BYRNE, MD<br>BOARD MEMBER                    | 2.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) ZACHARY MEYER<br>BOARD MEMBER                    | 2.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) ALISHA COWELL LLMSW<br>BOARD MEMBER              | 2.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) ANNE HAGEN<br>BOARD MEMBER                       | 2.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) RON BELDEN<br>BOARD MEMBER                       | 2.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) SHARON ESTERLEY<br>BOARD MEMBER                  | 2.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) SCOTT PARKER<br>BOARD MEMBER                     | 2.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) KEVIN MARSHALL<br>BOARD MEMBER                   | 2.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) HELEN LEHMAN<br>PRESIDENT                       | 6.00   |   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (11) KRISTI DEKRAKER<br>VICE PRESIDENT AND SECRETARY | 2.00   |   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (12) RON LAMANGE<br>TREASURER                        | 4.00   |   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (13) KAREN KAASHOEK, RN<br>EXEC DIRECTOR & STAFF RN  | 45.00  |   |                       |         | X            |                              | 70,138 | 0  | 0   |   |
| (14) JOHN WALLEN, MD<br>MEDICAL DIRECTOR             | 45.00  |   |                       |         | X            |                              | 79,012 | 0  | 0   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (15) JONATHAN REITZENSTEIN, MD<br>MEDICAL DOCTOR                     | 45.00  |  |                       |         |              | X                            | 158,103 | 0  | 0   |   |
| (16) -----   |  |  |                       |         |              |                              |         |  |   |   |
| (17) -----   |  |  |                       |         |              |                              |         |  |   |   |
| (18) -----   |  |  |                       |         |              |                              |         |  |   |   |
| (19) -----   |  |  |                       |         |              |                              |         |  |   |   |
| (20) -----   |  |  |                       |         |              |                              |         |  |   |   |
| (21) -----   |  |  |                       |         |              |                              |         |  |   |   |
| (22) -----   |  |  |                       |         |              |                              |         |  |   |   |
| (23) -----   |  |  |                       |         |              |                              |         |  |   |   |
| (24) -----   |  |  |                       |         |              |                              |         |  |   |   |
| (25) -----   |  |  |                       |         |              |                              |         |  |   |   |
| <b>1b Sub-total</b> .....  |  |  |                       |         |              |                              |         |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |  |                       |         |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |  |                       |         |              |                              | 307,253 | 0  | 0   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|---|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |                      |  |   |  |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |                      |  |   |  |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |                      |  |   |  |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |                      |  |   |  |  |
|   | <b>e</b> Government grants (contributions) . .  | <b>1e</b>  |                      |  |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>  | 877,381              |  |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  | 189,740              |  |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |  | 877,381              |  |   |  |  |
| <b>Program Service Revenue</b>  | <b>2a</b> <b>PATIENT SERVICE</b>  |  | <b>Business Code</b> |  |   |  |  |
|   |   |  | 621300               | 392,898  | 392,898                                 |  |  |
|   | <b>b</b>  |  |                      |  |   |  |  |
|   | <b>c</b>  |  |                      |  |   |  |  |
|   | <b>d</b>  |  |                      |  |   |  |  |
|   | <b>e</b>  |  |                      |  |   |  |  |
|   | <b>f</b> All other program service revenue . . . . .  |  |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . . ▶                                   |   | 392,898  |                      |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶  |  | 18,792               | 18,792   |   |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶   |  |                      |  |   |  |  |
|   | <b>5</b> Royalties . . . . . ▶  |  |                      |  |   |  |  |
|   | <b>6a</b> Gross rents . . . . .   | (i) Real   | (ii) Personal        |  |   |  |  |
|   |   | <b>b</b> Less: rental expenses . . . . .                           |                      |  |   |  |  |
|   |   | <b>c</b> Rental income or (loss) . . . . .                         |                      |  |   |  |  |
|   |   | <b>d</b> Net rental income or (loss) . . . . . ▶                   |                      |  |   |  |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | (ii) Other           |  |   |  |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      |  |   |  |  |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  |                      |  |   |  |  |
|   |   | <b>d</b> Net gain or (loss) . . . . . ▶                            |                      |  |   |  |  |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   |                      |  |   |  |  |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |  |   |  |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶  |                      |  |   |  |  |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>   |                      |  |   |  |  |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |  |   |  |  |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . . ▶   |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . | <b>a</b>  |  |                      |  |   |  |  |
|   | <b>b</b> Less: cost of goods sold . . . . .   | <b>b</b>   |                      |  |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶   |  |                      |  |   |  |  |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>   |                      |  |   |  |  |
| <b>11a</b>  |   |  |                      |  |   |  |  |
| <b>b</b>  |   |  |                      |  |   |  |  |
| <b>c</b>  |   |  |                      |  |   |  |  |
| <b>d</b> All other revenue . . . . .  |   |  |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                 |   |  |                      |  |   |  |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                         |   |  | 1,289,071            | 411,690  | 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 (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .  |                       |                                 |  |                             |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                       |                                 |  |                             |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  |                       |                                 |  |                             |
| 4  | Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees . . . . .  | 158,103               | 158,103                         |  |                             |
| 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 . . . . .  | 475,983               | 332,276                         | 89,703                                 | 54,004                      |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| 9  | Other employee benefits . . . . .   | 59,264                | 48,596                          | 8,890                                  | 1,778                       |
| 10   | Payroll taxes . . . . .   | 53,519                | 43,885                          | 8,028                                  | 1,606                       |
| 11   | Fees for services (non-employees):  |                       |                                 |  |                             |
| a  | Management . . . . .  |                       |                                 |  |                             |
| b  | Legal . . . . .   |                       |                                 |  |                             |
| c  | Accounting . . . . .  | 11,063                | 10,678                          | 385                                    |                             |
| d  | Lobbying . . . . .  |                       |                                 |  |                             |
| e  | Professional fundraising services. See Part IV, line 17 . . . . .   |                       |                                 |  |                             |
| f  | Investment management fees . . . . .  |                       |                                 |  |                             |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 27,348                | 22,611                          | 4,242                                  | 495                         |
| 12   | Advertising and promotion . . . . .   |                       |                                 |  |                             |
| 13   | Office expenses . . . . .   | 26,225                | 14,503                          | 7,313                                  | 4,409                       |
| 14   | Information technology . . . . .  | 7,818                 | 5,863                           | 782                                    | 1,173                       |
| 15   | Royalties . . . . .   |                       |                                 |  |                             |
| 16   | Occupancy . . . . .   | 113,673               | 110,743                         | 2,442                                  | 488                         |
| 17   | Travel . . . . .  | 1,413                 | 1,159                           | 212                                    | 42                          |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings . . . . .  | 3,102                 | 2,544                           | 465                                    | 93                          |
| 20   | Interest . . . . .  |                       |                                 |  |                             |
| 21   | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization . . . . .   | 36,198                | 29,682                          | 5,430                                  | 1,086                       |
| 23   | Insurance . . . . .   | 18,372                | 15,065                          | 2,756                                  | 551                         |
| 24   | Other expenses. Itemize expenses not covered 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.)   |                       |                                 |  |                             |
| a  | <b>MEDICAL SUPPLIES AND TESTS</b>   | 152,597               | 152,597                         |  |                             |
| b  | <b>FUND DEVELOPMENT</b>   | 9,790                 |                                 |  | 9,790                       |
| c  |   |                       |                                 |  |                             |
| d  |   |                       |                                 |  |                             |
| e  | All other expenses _____  |                       |                                 |  |                             |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 1,154,468             | 948,305                         | 130,648                                | 75,515                      |
| 26   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |  | (A)   |             | (B)         |             |
|-----------------------------|--|---|-------------|-------------|-------------|
|                             |  | Beginning of year   |             | End of year |             |
| Assets                      | 1  | Cash - non-interest-bearing   | 14,407      | 1           | 16,820      |
|                             | 2  | Savings and temporary cash investments  | 283,192     | 2           | 437,182     |
|                             | 3  | Pledges and grants receivable, net  | 140,276     | 3           | 145,732     |
|                             | 4  | Accounts receivable, net  |             | 4           | 1,811       |
|                             | 5  | Loans and other receivables from current and former officers, directors, 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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |             | 6           |             |
|                             | 7  | Notes and loans receivable, net   |             | 7           |             |
|                             | 8  | Inventories for sale or use   |             | 8           |             |
|                             | 9  | Prepaid expenses and deferred charges   |             | 9           | 350         |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 874,391 |             |             |
|                             | b  | Less: accumulated depreciation  | 10b 204,505 | 689,450     | 10c 669,886 |
|                             | 11   | Investments - publicly traded securities  |             | 11          |             |
|                             | 12   | Investments - other securities. See Part IV, line 11  | 570,753     | 12          | 544,287     |
|                             | 13   | Investments - program-related. See Part IV, line 11   |             | 13          |             |
|                             | 14   | Intangible assets   |             | 14          |             |
|                             | 15   | Other assets. See Part IV, line 11  |             | 15          |             |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 1,698,078   | 16          | 1,816,068   |             |
| Liabilities                 | 17   | Accounts payable and accrued expenses   | 23,481      | 17          | 28,412      |
|                             | 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 D   |             | 21          |             |
|                             | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |             | 22          |             |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties  |             | 23          |             |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties  |             | 24          |             |
|                             | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |             | 25          |             |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 23,481      | 26          | 28,412      |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |             |             |             |
|                             | 27   | Unrestricted net assets   | 1,298,965   | 27          | 1,417,662   |
|                             | 28   | Temporarily restricted net assets   | 325,632     | 28          | 319,994     |
|                             | 29   | Permanently restricted net assets   | 50,000      | 29          | 50,000      |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |             |             |             |
|                             | 30   | Capital stock or trust principal, or current funds  |             | 30          |             |
|                             | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |             | 31          |             |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds  |             | 32          |             |
| 33                          | <b>Total net assets or fund balances</b>   | 1,674,597   | 33          | 1,787,656   |             |
| 34                          | <b>Total liabilities and net assets/fund balances</b>  | 1,698,078   | 34          | 1,816,068   |             |

**Part 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  | 1,289,071 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 1,154,468 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 134,603   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,674,597 |
| 5  | Net unrealized gains (losses) on investments   | 5  | (21,544)  |
| 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 | 1,787,656 |

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

**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

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

CATHERINES HEALTH CENTER

20-3572418

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
| (A)                                |          |  |   |    |   |   |
| (B)                                |          |  |   |    |   |   |
| (C)                                |          |  |   |    |   |   |
| (D)                                |          |  |   |    |   |   |
| (E)                                |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) - 75.80%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 - 86.00%; 16a 33 1/3% support test - 2015; 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III 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.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.  |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   |     |    |
| <b>c</b> 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 <b>Part VI</b> 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.  |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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 <b>Part VI</b> .  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| <b>9a</b> 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 <b>Part VI</b> .  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.   |     |    |
| <b>b</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.)   |     |    |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CATHERINES HEALTH CENTER

20-3572418

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 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?, 6 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" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a 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. 1b 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) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 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: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 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 assets 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.

- 1a Is the organization an agent, trustee, 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| 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
- 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 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                     | 570,753          | 414,900        | 356,840            | 102,292              | 105,129             |
| b Contributions                                  |                  | 127,947        |                    | 235,000              | 550                 |
| c Net investment earnings, gains, and losses     | 20,132           | 27,906         | 58,060             | 19,548               | (3,387)             |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 590,885          | 570,753        | 414,900            | 356,840              | 102,292             |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in 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:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   | X   |    |
| (ii) related organizations  |     | X  |
| b If "Yes" on 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) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   | 723,953                              |                                 | 92,036                       | 631,917        |
| d Equipment  | 150,438                              |                                 | 112,469                      | 37,969         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>669,886</b> |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other   |                |  |
| (A) <b>ENDOWMENT</b>  | 544,287        | FMV  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 544,287        |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (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.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 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)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal 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 . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |                    |           |           |
|----------|--|--------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |                    | <b>1</b>  | 1,267,527 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |                    |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> (21,544) |           |           |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b>          |           |           |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b>          |           |           |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b>          |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |                    | <b>2e</b> | (21,544)  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |                    | <b>3</b>  | 1,289,071 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |                    |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b>          |           |           |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b>          |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |                    | <b>4c</b> |           |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |                    | <b>5</b>  | 1,289,071 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |           |           |
|----------|---|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 1,154,468 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |           |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |           |           |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |           |
| <b>c</b> | Other losses  | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> |           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 1,154,468 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> |           |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 1,154,468 |

**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.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

CATHERINES HEALTH CENTER

Employer identification number

20-3572418

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
  - c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
|           |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
|           |     |    |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
|           |     |    |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
|           |     |    |
| <b>7</b>  | X   |    |
|           |     |    |
| <b>8</b>  |     | X  |
|           |     |    |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2015

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                         | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| JONATHAN REITZENSTEIN,<br>1 MEDICAL DOCTOR | (i) 147,900<br>(ii) 0                              | 10,203<br>0                         | 0<br>0                              | 0<br>0   | 0<br>0                  | 158,103<br>0                    | 0<br>0  |
| 2  |  |                                     |                                     |  |                         |                                 |   |
| 3  |  |                                     |                                     |  |                         |                                 |   |
| 4  |  |                                     |                                     |  |                         |                                 |   |
| 5  |  |                                     |                                     |  |                         |                                 |   |
| 6  |  |                                     |                                     |  |                         |                                 |   |
| 7  |  |                                     |                                     |  |                         |                                 |   |
| 8  |  |                                     |                                     |  |                         |                                 |   |
| 9  |  |                                     |                                     |  |                         |                                 |   |
| 10   |  |                                     |                                     |  |                         |                                 |   |
| 11   |  |                                     |                                     |  |                         |                                 |   |
| 12   |  |                                     |                                     |  |                         |                                 |   |
| 13   |  |                                     |                                     |  |                         |                                 |   |
| 14   |  |                                     |                                     |  |                         |                                 |   |
| 15   |  |                                     |                                     |  |                         |                                 |   |
| 16   |  |                                     |                                     |  |                         |                                 |   |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

|   |   |
|---|---|
| Name of the organization<br><b>CATHERINES HEALTH CENTER</b> | Employer identification number<br><b>20-3572418</b> |
|---|---|

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 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. . . . .                                | <b>X</b>                   | <b>3</b>  | <b>3,588</b>   | <b>FMV</b>  |
| 10 Securities - Closely held stock . . . . .                           |                            |   |  |   |
| 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 . . . . .                                  | <b>X</b>                   | <b>1</b>  | <b>97,500</b>  | <b>FMV</b>  |
| 17 Real estate - Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                                | <b>X</b>                   | <b>11</b>   | <b>88,652</b>  | <b>WHOLESALE COST</b>                                     |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                      |                            |   |  |   |
| 23 Scientific specimens . . . . .                                      |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                   |                            |   |  |   |
| 25 Other ▶ ( ) . . . . .   |                            |   |  |   |
| 26 Other ▶ ( ) . . . . .   |                            |   |  |   |
| 27 Other ▶ ( ) . . . . .   |                            |   |  |   |
| 28 Other ▶ ( ) . . . . .   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

|  |            | Yes | No       |
|--|------------|-----|----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . | <b>30a</b> |     | <b>X</b> |
| b If "Yes," describe the arrangement in Part II.   |            |     |          |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .   | <b>31</b>  |     | <b>X</b> |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   | <b>32a</b> |     | <b>X</b> |
| b If "Yes," describe in Part II.   |            |     |          |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |            |     |          |

**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.

Client Copy



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

**CATHERINES HEALTH CENTER**

**20-3572418**

**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. Explanation of other changes in net assets or fund balances (Part XI, line 9)**

UNREALIZED GAIN

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

PAYMENTS TO ORGANIZATIONS AND INDIVIDUALS FOR MEDICAL SERVICES RELATED TO HEALTH AND  
WOMEN'S HEALTH PROGRAMS.

Name of the organization

Employer identification number

CATHERINES HEALTH CENTER

20-3572418

08. List of other expenses (Part IX, line 24e)

MEDICAL EXPENSES AND TESTS

Client Copy