Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization CATHERINES HEALTH CENTER D Employer identification number Address change Doing business as 20-3572418 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 1211 LAFAYETTE AVE NE (616)336-8800 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return GRAND RAPIDS, MI 49505 8,586,177 Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? X No SAME AS C ABOVE H(b) Are all subordinates included? X 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. See instructions CATHERINESHC.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2005 M State of legal domicile: ΜI Part I Summary Briefly describe the organization's mission or most significant activities: CATHERINE'S HEALTH CENTER PROVIDES HIGH QUALITY, AFFORDABLE AND COMPASSIONATE HEALTH CARE TO THE UNDER-SERVED OF THE COMMUNITY. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 3,993,457 6,563,089 Revenue 2,000,393 1,052,464 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,709 22,695 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (11,771)Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,076,630 8,574,406 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 500,000 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,251,713 3,764,647 **16a** Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,174,464 2,402,244 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,426,177 6,666,891 1,650,453 1,907,515 **Beginning of Current Year** End of Year

Part II Signature Block

Total assets (Part X, line 16)

Total liabilities (Part X, line 26) . .

Net assets or fund balances. Subtract line 21 from line 20

20

21

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

MEGAN ERSKINE, MPH Sign Signature of officer Here MEGAN ERSKINE, MPH, CEO

	Type or print name and title	e or print name and title								
	Print/Type preparer's name		Preparer's signature	Date		Check if	PTIN			
Paid	JENNIFER MARTIN	CPA		11-08-2023		self-employed	P01057626			
Preparer	Preparer Firm's name GOODLANDER, SWETT AND RYBICKI Firm's EIN									
Use Only	Firm's address	4462 PLA	AINFIELD AVENUE NE			Phone no.				
				616-	361-1896					
May the IRS	discuss this return with th	e preparer sh	own above? See instructions				Yes X N	lo		

6,440,092

1,349,005

5,091,087

3,925,792

3,328,402

597,390

Date

) (Revenue \$

Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$

20-3572418

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		х
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			Х
Ü	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			Λ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	404		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		Х
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		77
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
J-T	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	J04		42
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
a	required to file Form 8282?	7c		Х
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
e f	Did the organization, during the year, pay premiums, directly, or a personal benefit contract?	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	***		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	,,,,	14a		Х
b 45		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,		
	excess parachute payment(s) during the year?	15		Х
46	If "Yes," see the instructions and file Form 4720, Schedule N.	46		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust or any any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	17		

Part VI

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)			
19	Describe on 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.			
	MEGAN ERSKINE (616)336-8800, 1211 LAFAYETTE AVE NE, 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((C)					
(A)	(B)	Position		(D)	(E)	(F)				
Name and title	Average	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated amount				
	hours					r/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or o	Ins	Office	Key	em Hig	For	1099-MISC/	1099-MISC/	organization and
	related	direc	E	icer	em /	hest	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor	onal		Key employe	ee con				
	below	or director	Institutional trustee		ee	pen				
	dotted line)		ee			Highest compensated employee				
						٩	1			
							,			
(1) CHAD PETERS	45.00									
DIRECTOR OF DENTAL					х			216,770	0	0
(2) MEGAN ERSKINE	45.00									
MPH, CEO					x			117,776	0	0
(3) YVONNE GEORGE	2.00		"							
BOARD MEMBER		X						0	0	0
(4) SHARON ESTERLEY, PT	2.00									
BOARD MEMBER		х						0	0	0
(5) JAQUELINE DENHOFF, MPA	2.00									
BOARD MEMBER		X						0	0	0
(6) MARIA SPEAS	2.00									
BOARD MEMBER		X						0	0	0
(7) KOKOB JOSEPH	2.00									
BOARD MEMBER		X						0	0	0
(8) ALISHA DAVIS	2.00									
BOARD MEMBER		х						0	0	0
(9) ADRIENNE GOODSTAL	4.00									
SECRETARY				х				0	0	0
(10)SHELLI ZOMER	4.00									
VICE PRESIDENT				х				0	0	0
(11)JIM BYRNE, MD	4.00									
PRESIDENT				х				0	0	0
(12)HEATHER LALLO	4.00									
TREASURER				х				0	0	0
<u>(</u> 13)										
(14)										
										= ()

Form 990 (2022) CATHERINES HEALTH									20-3572			age 8
Part VII Section A. Officers, Directors, T	rustees,	Key E	Emp			s, ar	nd F	Highest Comp	ensated Empl	oyees	(conti	nued)
(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	cor	(F) ated amo of other npensatio	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	_	nization a	
(15)												
<u>(16)</u>												
<u>(17)</u>												
(18)												
<u>(19)</u>												
<u>(20)</u>												
(21)												
(22)												
(23)						7						
(24)												
(25)												
1b Subtotal				• •			•					
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)		•••		• •			•	334,546	0			0
2 Total number of individuals (including but not limit												
reportable compensation from the organization											Vaa	2
3 Did the organization list any former officer, direct	tor, trustee,	key en	nploy	yee,	or h	ighes	t con	mpensated			Yes	No
employee on line 1a? If "Yes," complete Schedul										3		x
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater th	•	•					•					
individual										4	x	
5 Did any person listed on line 1a receive or accrue			-			_				_		
for services rendered to the organization? <i>If</i> "Yes Section B. Independent Contractors	s," complete	Scnea	uie .	J tor	SUC	n pers	son			5		<u>x</u>
Complete this table for your five highest compensa	ted independ	dent co	ntra	ctors	tha	t recei	ived	more than \$100,00	00 of			
compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ar e	nding	with		nization's tax year.			
(A) Name and business addres	SS							(B) Description of service	ces	(C) Compens	ation	
. Tallio and paulipab databa												
2 Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos	e lis	ted a	above) wh	0				

20-3572418

Form 990 (2022) Part VIII

Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ram Service Contributions, Giffs, Grants Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaigns	32,485 d 3,382,297 3,148,307 g \$ 1,362,638 Business Code 621300	6,563,089	2,000,393		
Program Service Revenue		All other program service revenue		2,000,393			
		Investment income (including dividends, interest other similar amounts)	ceeds	22,695	22,695		
	c d	Less: rental expenses 6b Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory 6c (i) Securities	(ii) Other				
Other Revenue	c d	Gross income from fundraising events (not including \$ 32,485 of contributions reported on line					
	c 9a b	Less: direct expenses	3b 11,771 	(11,771)			(11,771)
	10a b	Gross sales of inventory, less returns and allowances	Ob				
Miscellanous Revenue	е	All other revenue					
	12	Total revenue. See instructions		8,574,406	2,023,088	0	(11,771)

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).	_
contain to (10)(10) and to (10)(17) organizations must comprete an estamment in outer organizations must comprete estamm (27).	

	Check if Schedule O contains a response or note to	any line in this Part IX			<u>x</u>
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	500,000	500,000		
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				
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	3,294,572	2,068,991	1,110,271	115,310
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	221,648	139,196	74,695	7,757
10	Payroll taxes	248,427	156,012	83,720	8,695
11	Fees for services (nonemployees):				
а	Management				
b	Legal	12,059	7,573	4,064	422
С	Accounting	20,350	12,780	6,858	712
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	410,266	169,201	228,492	12,573
12	Advertising and promotion	209,275	131,425	70,525	7,325
13	Office expenses	361,207	177,797	172,395	11,015
14	Information technology	43,679	27,431	14,719	1,529
15	Royalties				
16	Occupancy	195,871	123,007	66,009	6,855
17	Travel	28,309	17,778	9,540	991
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	81,283	51,046	27,392	2,845
20	Interest	10,339	7,754	2,585	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	84,995	51,847	29,748	3,400
23	Insurance	17,992	11,299	6,063	630
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	MEDICAL SUPPLIES AND TESTS	890,728	890,728		
b	FUND DEVELOPMENT	35,891			35,891
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,666,891	4,543,865	1,907,076	215,950
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

20-3572418

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 1 Cash - non-interest-bearing 271,298 162,343 2 229,325 30,059 3 Pledges and grants receivable, net 227,329 1,583,270 4 180,339 4 576,580 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,061,417 10b b 10c 469,596 1,686,559 2,591,821 11 11 12 Investments - other securities. See Part IV, line 11 1,330,942 12 992,068 13 13 14 14 15 15 503,951 16 3,925,792 16 6,440,092 Accounts payable and accrued expenses 17 117,390 17 692,958 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 480,000 23 152,096 24 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 25 503,951 26 597,390 26 1,349,005 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 2,498,633 1,543,746 28 Net assets with donor restrictions 829,769 28 3,547,341 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 3,328,402 5,091,087 33 6,440,092 3,925,792

EEA Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	5,574	,406
2	Total expenses (must equal Part IX, column (A), line 25)	2	(,666	,891
3	Revenue less expenses. Subtract line 2 from line 1	3		.,907	,515
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,328	,402
5	Net unrealized gains (losses) on investments	5		(144	,830)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	Į.	,091	,087
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	, ,		. 2k	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	▼ Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	• • •	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
EEA			Fo	rm 990	(2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name	me of the organization Employer identification number								
CATH	ER	INES HEALTH CENTER					20-357241	8	
Par	t I	Reason for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	art.) See instruction	ons.	
The o	rgai	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check of	only one bo	x.)			
1		A church, convention of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)) .		
2		A school described in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	0).)				
3		A hospital or a cooperative hospital	l service organizat	ion described in section	170(b)(1)	(A)(iii).			
4		A medical research organization of	perated in conjunct	tion with a hospital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the be	nefit of a college o	r university owned or op-	erated by a	a governm	ental unit described in		
		section 170(b)(1)(A)(iv). (Complete	te Part II.)						
6		A federal, state, or local governme	nt or governmenta	I unit described in section	on 170(b)(1)(A)(v).			
7	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 Par	t II.)					
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9		An agricultural research organization	on described in se	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant col	ege	
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
		university:							
10	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.)								
11	Ц	An organization organized and ope	•	,		` ' '	•		
12	Ш	An organization organized and ope							
		one or more publicly supported org						s). Check	
_		the box on lines 12a through 12d th						uin a	
а		Type I. A supporting organizat the supported organization(s) the	1		- 1			virig	
		supporting organization. You r				dil e ctors	or trustees or the		
b		Type II. A supporting organiza				nnorted or	rganization(s), by havin	na	
		control or management of the s					• , , ,	•	
		organization(s). You must cor			porsonis tric	at control o	r manage the supporte	u	
С		Type III functionally integrate			connection	with and	functionally integrated	with	
_		its supported organization(s) (s						,	
d		Type III non-functionally inte	•	•				tion(s)	
-		that is not functionally integrate	•					` ,	
		requirement (see instructions).	•	• •		•			
е		Check this box if the organization	-				I, Type II, Type III		
		functionally integrated, or Type				• • •	, , , , , , , , , , , , , , , , , , , 		
f	Е	Inter the number of supported organ							
g	F	Provide the following information abo	ut the supported or	ganization(s).					
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o	ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(4)									
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		on A. Public Support			_			
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Tax revenues levied for the behalf The value of services of facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Public support. Subract lines from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 A mounts from line 4. Section B. Total Support Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section B. Total Support subract lines from line 4. Section C. Computation of Public Support Percentage 4 Public support percentage from 2021 (inc solutions) lines from lines 3 tribus lines 3 tribus lines 3 tribus lines 3 tribus lines 1 lines	Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any "unusual grants.") Tax revnues levied for the organization's benefit and either paid to or expended on its behalf organization without charge Total. Add lines 1 through 3 The value of services or facilities furnished by a governmental unit to the organization on fotal contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract lines 1 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 4 Section B. Total support or minterest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on Olther income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Cross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Cross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Cross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Cross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Cross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Cross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Cross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Cross receipts from related activities, etc. (see instructi	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		membership fees received. (Do not						
organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 \$42,794 667,866 1,359,951 3,993,457 5,200,451 11,764,519 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) \$1,667,245 Excition B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 \$42,794 667,866 1,359,951 3,993,457 5,200,451 11,764,519 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 \$42,794 667,866 1,359,951 3,993,457 5,200,451 11,764,519 Section B. Total Support or the security of the sec		include any "unusual grants.")	542,794	667,866	1,359,951	3,993,457	5,200,451	11,764,519
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 542,794 667,866 1,359,951 3,993,457 5,200,451 11,764,519 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,667,245 6 Public support. Buthart line 6 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 542,794 667,866 1,359,951 3,993,457 5,200,451 11,764,519 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 7,550 8,624 9,790 30,709 22,695 79,368 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organizations 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 4 Public support percentage from 2021 Schedule A, Part II, line 14 15 91,408 33 13/8 support tex-2021. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and sepulation 15 is 10% or more, and if the organization meets the fac	2	Tax revenues levied for the						
The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 Total. Add lines 1 through 3 Total. Add lines 1 through 3 Total Support of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Gettion B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Not income from unrelated business is regularly carried on Not income from unrelated business is regularly carried on Total support. Add lines 7 through 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 12 Section S. Computation of Public Support Percentage 13 33 13% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 13 10% support percentage from 2021 Schedule A. Part II, line 14 14 10% as 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 33 1/3% support test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported		organization's benefit and either paid to						
turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 542,794 667,866 1,359,951 3,993,457 5,200,451 11,764,519 seach person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 67,245 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 542,794 667,866 1,359,951 3,993,457 5,200,451 11,764,519 5,200,4		or expended on its behalf						
organization without charge 4 Total. Add lines 1 through 3 542,794 667,866 1,359,951 3,993,457 5,200,451 11,764,519 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 542,794 667,866 1,359,951 3,993,457 5,200,451 11,764,519 542,794 667,866 1,359,951 3,393,457 5,200,451 11,764,519 542,794 667,866 1,359,951 3,393,457 5,200,451 11,764,519 542,794 667,866 1,359,951 3,393,457 5,200,451 11,764,519 542,951 542,951 542,951 542,951 542,951 542,951 542,951 542,951 542,951 542,951 542,951 542,951 542,951 542,951 542,951 542,951 5	3	The value of services or facilities						
Total. Add lines 1 through 3		furnished by a governmental unit to the						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		organization without charge						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	542,794	667,866	1,359,951	3,993,457	5,200,451	11,764,519
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,667,245 6 Public support. Subtract line 5 from line 4	5	The portion of total contributions by						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		each person (other than a						
line 1 that exceeds 2% of the amount shown on line 11, column (f)		governmental unit or publicly						
shown on line 11, column (f)		supported organization) included on						
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4		line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4		shown on line 11, column (f)						1,667,245
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4	6	Public support. Subtract line 5 from line 4.			_			
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, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 First 5 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 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 John 91.40 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 15 John 91.40 % or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the fa	Secti	on B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
payments received on securities loans, rents, royalties, and income from similar sources	7	Amounts from line 4	542,794	667,866	1,359,951	3,993,457	5,200,451	11,764,519
rents, royalties, and income from similar sources	8	Gross income from interest, dividends,						
similar sources 7,550 8,624 9,790 30,709 22,695 79,368 activities, whether or not the business activities, whether or not the business is regularly carried on		payments received on securities loans,						
Net income from unrelated business activities, whether or not the business is regularly carried on		rents, royalties, and income from						
Net income from unrelated business activities, whether or not the business is regularly carried on		similar sources	7,550	8,624	9,790	30,709	22,695	79,368
is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First 5 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 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	9	Net income from unrelated business						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 First 5 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 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2021 Schedule A, Part II, line 14 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization q		activities, whether or not the business	· \					
loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 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 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 15 16 17 18 19 11 11 12 12 12 14 15 15 15 15 15 16 17 18 18 19 19 10 10 10 10 10 10 10 10		is regularly carried on						
(Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 Tirst 5 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 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2021 Schedule A, Part II, line 14 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the fa	10	Other income. Do not include gain or						
Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 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 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2021 Schedule A, Part II, line 14 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		loss from the sale of capital assets						
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First 5 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 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	11							11,843,887
First 5 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 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	13		•	•			a section 501(c)(3)
Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))		organization, check this box and stop her	e					
Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	Secti							_
Public support percentage from 2021 Schedule A, Part II, line 14					11, column (f))		14	85.25 %
box and stop here. The organization qualifies as a publicly supported organization	15							91.40 %
box and stop here. The organization qualifies as a publicly supported organization	16a						1/3% or more,	check this
 b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 								
this box and stop here. The organization qualifies as a publicly supported organization	b	· · · · · · · · · · · · · · · · · · ·	•		-			
10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	17a	10%-facts-and-circumstances test - 20	22. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	ne 14 is
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			_					
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
 b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization					-	-		
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	b	•						_
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	~		_					
organization		——————————————————————————————————————					-	•
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		<u> </u>			-	•	-	
	18	· ·						see
	. •	•						

EEA Schedule A (Form 990) 2022

20-3572418

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

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

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			4			
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(u) 2010	(3) 20.0	(6) 2020	(4) 2021	(0) 2022	(1) 10141
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
.5	and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's fi	ret second thi	rd fourth or fif	th tay year as a	section 501/	c)(3)
14	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor			· · · · · · · ·	• • • • • • •	<u></u>	
15	Public support percentage for 2022 (line 8			3 column (f))		15	%
16	Public support percentage from 2021 Sch					16	
	on D. Computation of Investment In			<u> </u>		10	
17	Investment income percentage for 2022 (v line 13. colur	nn (f))	17	%
18	Investment income percentage from 2021			-		18	
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2021. If the organizat	=	-				
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization di		_			-	

Part IV **Supporting Organizations**

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

Section A. A	ΑII	Supporting	Organizations
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Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
-	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
-	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

	e A (Form 990) 2022	CATHERINES HEALTH CENTER 20-3572	418	F	Page !
Part I	V Supporting (Organizations (continued)			1
				Yes	No
11	-	accepted a gift or contribution from any of the following persons?			
а	-	γ or indirectly controls, either alone or together with persons described on lines 11b and			
		ning body of a supported organization?	11a		
b	A family member of a	person described on line 11a above?	11b		
С	A 35% controlled enti	ity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part	VI.	11c		
Section	on B. Type I Suppo	orting Organizations			
				Yes	No
1	Did the governing body,	members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organiz	ations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at	all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, sup	pervised, or controlled the organization's activities. If the organization had more than one support	∍d		
	organization, describe h	now the powers to appoint and/or remove officers, directors, or trustees were allocated among the	,		
	supported organizations	s and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization of	operate for the benefit of any supported organization other than the supported			
	organization(s) that o	perated, supervised, or controlled the supporting organization? If "Yes," explain in Par	t		
	VI how providing suc	h benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or contro	lled the supporting organization.	2		
Section		orting Organizations			
	,, ,,	•		Yes	No
1	Were a majority of the	e organization's directors or trustees during the tax year also a majority of the directors	,		
	or trustees of each of	the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the	e supporting organization was vested in the same persons that controlled or managed			
	the supported organiz		1		
Section	on D. All Type III S	upporting Organizations			
	• •			Yes	No
1	Did the organization pro	vide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Fo	orm 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the orga	nization's officers, directors, or trustees either (i) appointed or elected by the supported	t		
	organization(s) or (ii)	serving on the governing body of a supported organization? If "No," explain in Part VI	how		
	the organization mair	ntained a close and continuous working relationship with the supported organization(s)	. 2		
3	By reason of the relati	tionship described in line 2, above, did the organization's supported organizations have)		
		the organization's investment policies and in directing the use of the organization's			
	income or assets at a	all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organization	ons played in this regard.	3		
Section	on E. Type III Func	tionally Integrated Supporting Organizations			
1	Check the box next to	o the method that the organization used to satisfy the Integral Part Test during the year	(see ins	tructio	ons).
а	☐ The organization	satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization	is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization su	pported a governmental entity. Describe in Part VI how you supported a government entity (see	nstructions	:).	
2	Activities Test. Answ	er lines 2a and 2b below.		Yes	No
а	Did substantially all o	f the organization's activities during the tax year directly further the exempt purposes of	f		
	the supported organiz	zation(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported or	ganizations and explain how these activities directly furthered their exempt purposes	,		
	how the organization	was responsive to those supported organizations, and how the organization determine	∍d		
	-	onstituted substantially all of its activities.	2a		
b		cribed on line 2a, above, constitute activities that, but for the organization's			
		nore of the organization's supported organization(s) would have been engaged in? If			
		t VI the reasons for the organization's position that its supported organization(s) would			
		se activities but for the organization's involvement.	2b		
3		Organizations. Answer lines 3a and 3b below.			
a		have the power to regularly appoint or elect a majority of the officers, directors, or			
		e supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b		rcise a substantial degree of direction over the policies, programs, and activities of each			
		ations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

6

7

Schedul	e A (Form 990) 2022 CATHERINES HEALTH CENTER		20-35724	18 Page 6				
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(explai</i>	n in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
(A) Brigat/cas Matter (A) Brigat/cas (B) Curren								
Secti	on A - Adjusted Net Income		(A) Prior Year	(optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Socti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year				
	On B - William Asset Amount		(A) I Hol Teal	(optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Secti	on C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						

(see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

EEA Schedule A (Form 990) 2022

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

6

c Excess from 2020d Excess from 2021e Excess from 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed					
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		/:\	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
С	From 2019							
d	From 2020							
е	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2018							
b	Excess from 2019							

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

Attach to Form 990. Open to Pt

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

CATH	RINES HEALTH CENTER	20-3572418
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
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	
Ū	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 us	_
U		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
Dor	conferring impermissible private benefit?	Yes No
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		historically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified and the conservation easements are conservation easements.	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 conserv	ration easements during the year
		Ç ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
	3. 1 3. 3	3
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 s	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	
	organization's accounting for conservation easements.	That describes the
Par		Other Similar Assets
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	And Online Assets.
		d balance about works
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	lerance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance 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 g	gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Par	III Organizations Maintaining	Collections of	Art, Historical 7	Treasures, or (Other Similar A	ssets (contir	nued)				
3	Using the organization's acquisition, access	ion, and other records	s, check any of the f	ollowing that make	significant use of its							
	collection items (check all that apply):											
а	☐ Public exhibition		d Loan c	or exchange progra	m							
b	Scholarly research		e Other					_				
С	☐ Preservation for future generations											
4	Provide a description of the organization's c	collections and explain	n how they further th	ne organization's ex	empt purpose in Pai	rt						
	XIII.											
5	During the year, did the organization solicit of	or receive donations of	of art, historical treas	sures, or other simil	ar							
	assets to be sold to raise funds rather than	to be maintained as p	art of the organizati	ion's collection?		. TY	es	No				
Par	IV Escrow and Custodial Arra	ingements.										
	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, custod	ian or other intermedi	ary for contributions	or other assets no	t							
	included on Form 990, Part X?					🗌 Y	es	No				
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	llowing table:									
					Ar	mount						
С	Beginning balance				1c							
d	Additions during the year				1d							
е	Distributions during the year				1e							
f	Ending balance				1f							
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for escrow or cu	ustodial account lial	oility?	. Y	es	No				
b	If "Yes," explain the arrangement in Part XII				•		Ē	Ī				
Par												
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10.								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	ur years	back				
1a	Beginning of year balance	1,330,942	534,221	359,464			435,					
b	Contributions		850,000	150,000				997				
С	Net investment earnings, gains, and											
	losses	(132,445)	54,507	33,873	50,02	ا و	(11,	250)				
d	Grants or scholarships											
е	Other expenditures for facilities and	7										
	programs	200,000	100,001	5,999	6,92	9	107,	732				
f	Administrative expenses	6,429	7,785	3,117				934				
g	End of year balance	992,068	1,330,942	534,221			314,					
2	Provide the estimated percentage of the cur				937,44							
a	Board designated or quasi-endowment	%	(13, 1312 (,,,								
b	Permanent endowment %											
С	Term endowment %											
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.										
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the							
-	organization by:	000.011 01 tilo 0.9at	a				Yes	No				
	(i) Unrelated organizations					3a(i		1				
	(ii) Related organizations							х				
b	If "Yes" on line 3a(ii), are the related organizations						1	Α				
4	Describe in Part XIII the intended uses of the					. 05						
Par			JWITICHT TUTIGS.									
ı uı	Complete if the organization		on Form 990 F	Part IV line 11a	See Form 990	Part X	line	10				
	Description of property	(a) Cost or other			(c) Accumulated		ook value					
	Description of property	(a) Cost or othe	' '	(other)	depreciation	(u) D(or value	•				
1a	Land			. ,	•		150	000				
b	Buildings	_	0,000		27,008		150, 762,					
q C			7,398		234,343		, 253 <u>,</u>					
d	Equipment		0,826		208,245		422,					
Total	Other STMD11 Add lines 1a through 1e. (Column (d) must of		3,193 t X, column (B) line	100)				193				
· Juai.	raa iiros ra uirougir re. (Odiulilii (u) Must (oquai i oiiii 330, Fali	α , commit (b), iiiie	100.9			,591,	OZI				

Part VII	Investments - Other Securities.				
	Complete if the organization answered	I "Yes" on Form 990, Pa	art IV, lin	e 11b. See I	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Bool	k value	Cos	(c) Method of valuation: st or end-of-year market value
(1) Financial of	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(AENDOWME	ENT	9	92,068	FMV	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	(1)	1			
	n (b) must equal Form 990, Part X, col. (B) line 12	.) 9	92,068		
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, lin	e 11c. See F	Form 990, Part X, line 13.
	(a) Description of investment	(b) Boo			(c) Method of valuation:
(1)				Cos	st or end-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13	.)			
Part IX	Other Assets.				
	Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, lin	e 11d. See F	Form 990, Part X, line 15.
	(a) De	escription			(b) Book value
(1)RIGHT C	OF USE ASSETS				503,951
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15	. <u>)</u>			503,951
Part X	Other Liabilities.	L \	(IV / - P -	. 44 446	0 F 000 B1 V
	Complete if the organization answered line 25.	res on Form 990, Pa	art IV, iin	e rie or rii	. See Form 990, Part X,
		(1) D. I. I.			
(1) Federal i	(a) Description of liability	(b) Book value			
-		E02 0E1			
(3)	LIABILITIES	503,951			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.)	503,951			

Part		Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,429,576
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(144,830)
3	Subtract line 2e from line 1	3	8,574,406
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	8,574,406
Part		er Ketu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T . T	
1	Total expenses and losses per audited financial statements	1	6,666,891
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C	Other losses	_	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,666,891
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	-	
_ C	Add lines 4a and 4b	4c	
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,666,891
Part		Dani V. Pa	
	e 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;	Paπ X, III	е
z, raii	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection

Employer identification number

CATHERINES HEALTH CENTER 20-3572418 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		than \$15,000 of fundraising gross receipts greater than		d gross income on Forn	n 990-EZ, lines 1 and 6b	b. List events with
		gross receipts greater than	(a) Event #1 ANNUAL LUNCH (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
1	2 3	Less: Contributions Gross income (line 1 minus line 2)				
		mio 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	1,530			1,530
Direct Expenses	7	Food and beverages	6,381			6,381
Direc	8	Entertainment		A		
	9	Other direct expenses	3,860			3,860
	10	Direct expense summary. Add line	-			11,771
Do	11 rt III	Net income summary. Subtract lir Gaming. Complete if the or				(11,771)
Га		\$15,000 on Form 990-EZ, li	_	res on Form 990, Fait	iv, line 19, or reported t	note than
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
•	2	Cash prizes				
sesued	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	Yes % No	☐ Yes % ☐ No	
	7	Direct expense summary. Add line	es 2 through 5 in column (d	d)		
	8	Net gaming income summary. Su	ubtract line 7 from line 1, co	olumn (d)		
	a Is	Inter the state(s) in which the organizes the organization licensed to conducting "No," explain:	t gaming activities in each			Yes No
10		Vere any of the organization's gamine "Yes," explain:		nded, or terminated during	•	Yes No

EEA Schedule G (Form 990) 2022

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

CATHERINES HEALTH CENTER						20-3572418	
Part I General Information o							
1 Does the organization maintain records							
the selection criteria used to award the							. x Yes N
2 Describe in Part IV the organization's							
Part II Grants and Other Assist		_		-	•	"Yes" on Form 99	0,
Part IV, line 21, for any red	cipient that received n	nore than \$5,000. Part	II can be duplicate	d if additional space	is needed.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)STREAMS OF HOPE					·		BUILD OUT OF
280 60TH STREET SE							EXISTING
GRAND RAPIDS MI 49548	72-1610023	501 C 3	500,000				BUILDING
(2)		101					
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3)) and government organia	zations listed in the line 1	table			<u> </u>	
3 Enter total number of other organization	ons listed in the line 1 tabl	e					

Page 2

Part III								
	Part III can be duplicated if additional (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance		
		recipients	cash grant	noncash assistance	FMV, appraisal, other)			
1								
'								
2								
3								
4								
5								
6								
7								
Part IV	Supplemental Information. Provide	the information	required in Part I, lin	e 2; Part III, colum	n (b); and any other addit	ional information.		
01. M	onitoring procedures (Par	ct I, line	2)					
OCUMEN	TATION WAS PROVIDED TO CATHERINE	'S HEALTH CEN	TER VERIFYING AP	PROPRIATE SPEND	DOWN OF FUNDS.			

SCHEDULE J (Form 990)

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number
CATHERINES HEALTH CENTER 20-3572418

Part	I Questions Regarding Compensation			
•			Yes	No
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.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as 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	1b		
	oxpiani i i i i i i i i i i i i i i i i i i			
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 on line			
	1a?	2		
	id:			
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	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.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year did any named listed as Farm 000 Part VIII Continu A line 4s with respect to the filling			
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:	4.		
a	Receive a severance payment or change-of-control payment?	4a		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	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			
3				
_	compensation contingent on the revenues of:	F-		
a	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For paragraphic listed on Form 000, Part VII. Coption A. line 45, did the agreement on account and			
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:	C-		
a	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For personalisted on Form 000, Part VII. Coation A. line 45, did the averagination regulded any confined			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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	8		Х
_				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

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

Page 2

For each individual whose compensation must be reported on 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 aren't 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.

(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHAD PETERS	(i)	216,770	0	0	0	0	216,770	0
1 DIRECTOR OF DENTAL	(ii)	0	0	0	0	0	0	0
2	(i) (ii)							
	(i)							
3	(ii)							
	(i)							
	(ii)							
5	(i) (ii)							
-	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
•	(i)							
9	(ii)							
10	(i) (ii)							
10	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
16	(i)							-
16	(ii)							

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

tion. Inspection
Employer identification number

Part Types of Property	CATH	ERINES HEALTH CENTER			20-3572	2418			
Check it applicable in the property of the pro	Part	Types of Property							
2			Check if	Number of contributions or	Noncash contribution amounts reported on		of dete		
3 Art - Fractional interests	1	Art - Works of art							
Books and publications	2	Art - Historical treasures							
5 Clothing and household goods 6 Cars and other vehicles	3	Art - Fractional interests							
goods Cas and other vehicles Boats and planes Securities - Publicly traded Securities - Publicly traded Securities - Publicly traded Securities - Publicly traded Securities - Closely held stock Securities - Closely held stock Securities - Securities - Wiscellaneous Securities - Miscellaneous Securities - Miscellaneou	4	Books and publications							
6 Cars and other vehicles 7 Boats and planes 9 Securities - Publicity traded 10 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Historical artifacts 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (OFFICE SUPPLIES) X 10 22,454 FMV 26 Other (OFFICE SUPPLIES) X 2 1,209,940 FMV 27 Other (ADVERTISING) X 2 1,209,940 FMV 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 V, Donee Acknowledgment 28 Design the way of the organization receive by contribution any property perported in Part I, lines 1 through 28 Uning the year, did the organization receive by contribution any property perported in Part I, lines 1 through 28 Uning the year, did the organization receive by contribution any property perported in Part I, lines 1 through 28 Uning the year, did the organization receive by contribution any property perported in Part I, lines 1 through 28 Uning the year, did the organization receive by contribution any property perported in Part I, lines 1 through 28 Uning the year, did the organization receive by contribution any property perported in Part I, lines 1 through 29 Uning the year, did the organization receive by contribution any property perported in Part I, lines 1 through 29 Uning the year, did the organization receive by contribution any property perported in Part I, lines 1 through 29 Uning the year, did the organization receive by contribution any property perported in Part I, lines 1 through 29 Uning the year, did the organization receive by contribution and which isn't required to be used for exempt purposes for the entire holding period? 30 Uning the year, did the or	5	Clothing and household							
7 Boats and planes		goods							
8 Intellectual property	6	Cars and other vehicles							
Securities - Publicity traded	7	Boats and planes							
10 Securities - Closely held stock	8	Intellectual property							
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 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (OFFICE SUPPLIES) X 10 22,454 FMV 27 Other (LBASE) X 2 12,209,940 FMV 27 Other (LBASE) X 2 15,000 FMV 28 Other (LBASE) X 2 15,000 FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28 Dest the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 30a	9	Securities - Publicly traded							
or trust interests Securities - Miscellaneous Securities - Miscellaneous Contribution - Historic structures structures 14 Qualified conservation contribution - Other 15 Real estate - Contremercial 16 Real estate - Cother 17 Real estate - Cother 18 Collectibles Drugs and medical supplies X 15 119,957 WHOLESALE COST 11 Taxidermy Drugs and medical supplies X 15 119,957 WHOLESALE COST 12 Historical artifacts Scientific specimens 4 Archeological artifacts Coffer (LEASE) Coffer (LEASE) X 2 1,209,940 PMV 17 Other (ADVERTISING) X 2 1,209,940 PMV 28 Other (Drugs and medical supplies or the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Uning 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 isn't required to be used for exempt purposes for the entire holding period? 30 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28 Other (30 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 29 Uning the year, did the organization receive by contribution any property reported in Part I, lines 1 through 29 Uning the year, did the organization receive by contribution any property reported in Part I, lines 1 through 29 Uning the year, did the organization receive by contribution any property reported in Part I, lines 1 through 29 Uning the year, did the organization receive by contribution any property reported in Part I, lines 1 through 29 Uning the year, did the organization receive by contribution any property reported in Part I, lines 1 through 20 Des the organization have a giff ac	10	Securities - Closely held stock							
12 Securities - Miscellaneous 23 Qualified conservation contribution - Historic structures 24 Qualified conservation contribution - Other 25 Real estate - Residential 26 Real estate - Commercial 27 Real estate - Other 28 Collectibles 29 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (OFFICE SUPPLIES) X 10 22,454 FMV 26 Other (LEASE) X 2 1,209,940 FMV 27 Other (LEASE) X 2 1,209,940 FMV 28 Other (LEASE) X 2 1,5000 FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Lings 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 isn't required to be used for exempt purposes for the entire holding period? 20 Does the organization have a gift acceptance policy that requires the review of any norstandard contributions? 30 Does the organization have a gift acceptance policy that requires the review of any norstandard contributions? 31 X 32 Does the organization have a gift acceptance policy that requires the review of any norstandard contributions? 31 X 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	11	Securities - Partnership, LLC,							
13 Qualified conservation contribution - Historic structures		or trust interests							
contribution - Historic structures	12	Securities - Miscellaneous							
structures Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial Real estate - Commercial Collectibles Drugs and medical supplies X 15 119,957 WHOLESALE COST Taxidermy Archeological artifacts Scientific specimens Archeological artifacts Other (DFTICE SUPPLIES) Other (LEASE) Other (LEASE) Other (LEASE) Other (DIADVERTISING) Other (DIADVERTISING) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 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 isn't required to be used for exempt purposes for the entire holding period? I have been been been been been been been be	13	Qualified conservation							
14 Qualified conservation contribution - Other contributions - Other co		contribution - Historic							
contribution - Other		structures							
15 Real estate - Residential Real estate - Other Real estate - Other Collectibles Taxidermy Taxi	14	Qualified conservation							
Real estate - Commercial		contribution - Other							
17 Real estate - Other	15	Real estate - Residential							
Tool inventory Drugs and medical supplies . X 15 119,957 WHOLESALE COST Taxidermy Historical artifacts	16	Real estate - Commercial							
19 Food inventory	17	Real estate - Other							
Drugs and medical supplies	18	Collectibles			▼				
21 Taxidermy	19	Food inventory							
22 Historical artifacts	20	Drugs and medical supplies	х	15	119,957	WHOLESAL	E COS	3T	
Scientific specimens	21	Taxidermy							
24 Archeological artifacts	22	Historical artifacts							
Other (OFFICE SUPPLIES) X 10 22,454 FMV 26 Other (LEASE) X 2 1,209,940 FMV 27 Other (ADVERTISING) X 2 15,000 FMV 28 Other ()	23	Scientific specimens							
Other (LEASE) X 2 1,209,940 FMV 27 Other (ADVERTISING) X 2 15,000 FMV 28 Other ()	24								
Other (ADVERTISING) x 2 15,000 FMV 29	25	Other (OFFICE SUPPLIES)	х	10	22,454	FMV			
Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	26	Other (LEASE)	х	2	1,209,940	FMV			
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 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 isn't required to be used for exempt purposes for the entire holding period? 30a	27	Other (ADVERTISING)	Х	2	15,000	FMV			
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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 isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 31 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	29				ions for				
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 isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 31 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		which the organization completed Form	3283, Part V	, Donee Acknowledgement		29			
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used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 x 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a x 32b If "Yes," describe in Part II. 33c If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	30a		-						
b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		•			d which isn't required to be				
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a				d?			30a		Х
contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a									
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	31		ance policy t	that requires the review of any n	onstandard				
contributions?						• • • • •	31		Х
 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 	32a								
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	_			• • • • • • • • • • • • • • • • • • • •			32a		Х
				/					
	33	- · · · · · · · · · · · · · · · · · · ·	it in column	(c) for a type of property for whi	cn column (a) is checked,				

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

CATHERINES HEALTH CENTER 20-3572418 01. Form 990 governing body review (Part VI, line 11) A COPY OF THE 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE PRIOR TO FILING THE 990 TAX RETURN. A FINAL COPY IS GIVEN TO THE CEO FOR DISTRIBUTION TO THE BOARD OF DIRECTORS. 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.

Schedule O (Form 990) 2022	Page 2
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	

FOR YOUR RECORDS ONLY Federal Supporting Statements	2022 PG01			
Name(s) as shown on return	Tax ID Number			
CATHERINES HEALTH CENTER 20-				

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE		
CLOSING COSTS	3,193	0	443 443	2,750		
TOTAL	3,193	U	443	2,750		

