				PUBLIC							
	Ω	00	Return of								OMB No. 1545-0047
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code								2021			
Der	partment	of the Treasurv	Do not ent		-			-	-		Open to Public
Inte	rnal Reve	enue Service		ww.irs.gov/Fo							Inspection
			ar year, or tax year begi	nning JUI	L 1,	2021	and	ending u	<u>JUN 30,</u>		
В	Check if applicab	le: C Name of	forganization						D Employ	er identifica	tion number
	Addre		INAL CARBERRY		о т. т. т.	TNG CEN	ጥፔס				
	chang Name		usiness as	SENTOR			1 151	<u> </u>	43-	182611'	7
	chang Initial	_	and street (or P.O. box if i	mail is not delive	and to stra	at address)		Room/suite			1
	returr Final	7601	WATSON ROAD			or add(000)		1100m/June		-961-8	000
	returr termi ated	2	own, state or province, co	ountry, and ZIF	or foreid	on postal code	 ?		G Gross rece		3,377,876.
	Amer returr	nded CITIT	OUIS, MO 631							a group retu	
	Appli tion	^{ca-} F Name a	nd address of principal of	fficer: CHRIS	S BAE	CHLE				oordinates?	
	pend	SAME	AS C ABOVE						H(b) Are all s	ubordinates inclu	ded? Yes No
		empt status:			(insert n			or 52	7 If "No,	" attach a lis	t. See instructions
			CARDINALRITT				G/			exemption i	
			X Corporation Tru	ust Asso	ciation	Other ►		L Yea	r of formation:	1998 м 9	State of legal domicile: MO
P	art I	Summary				~ ~ ~					
ç	ן <mark>1</mark>		e the organization's miss								
200			ASSISTS CARDI							TO PR	
Government		Check this bo	-	ation discontir			-				s. 23
200	3		ting members of the gove	0,	,	,					23
			lependent voting member of individuals employed in							······	0
			of volunteers (estimate if							······	23
Activition 8	5 0 7 a		d business revenue from								0.
<	۲ b		business taxable income								0.
						.,			Prior Ye		Current Year
	8	Contributions	and grants (Part VIII, line	1h)					833	,320.	698,921.
	9	Program servi	ce revenue (Part VIII, line	a)					2,356		2,511,924.
Dinovo	10	Investment ind	come (Part VIII, column (A), lines 3, 4, ar	nd 7d)					,241.	17,193.
٥	² 11	Other revenue	e (Part VIII, column (A), line	es 5, 6d, 8c, 9	c, 10c, ar	nd 11e)				<u>,907.</u>	113,831.
	12	Total revenue	- add lines 8 through 11 (must equal Pa	art VIII, co	lumn (A), line ⁻	12)		3,354		3,341,869.
	13	Grants and sir	nilar amounts paid (Part I	X, column (A),	lines 1-3))			245	,646.	1,630,886.
	14	•	to or for members (Part I)		,					0.	0.
ę	g 15	Salaries, other	r compensation, employe undraising fees (Part IX, c ing expenses (Part IX, col	e benefits (Par	t IX, colu	mn (A), lines 5	-10)	·····	2,077		2,230,549.
5	2 16a 5 .	Professional fu	undraising fees (Part IX, c	olumn (A), line	11e)	226	- 1/			0.	0.
Evenence	È b	Total fundrais	ng expenses (Part IX, col	umn (D), line 2					971	,527.	970,136.
-	11	•	es (Part IX, column (A), lin s. Add lines 13-17 (must		, ,)) line 05)			3,194		4,831,571.
	18		expenses. Subtract line 1							, <u>,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-1,489,702.
		nevenue less	expenses. Subtract line 1						eginning of Cur	-	End of Year
Net Assets or	20 June	Total assets (F	Part X, line 16)						7,653		6,689,475.
Assi			(Bast)(list a 00)							,606.	1,458,575.
Net	22 I		fund balances. Subtract I						6,746		5,230,900.
	art II							ı		I	- •
Un	der pen	alties of perjury,	I declare that I have examine	d this return, inc	cluding acc	companying sch	edules	s and statem	nents, and to the	e best of my ki	nowledge and belief, it is
tru	e, corre	ct, and complete.	Declaration of preparer (oth	ier than officer) i	is based o	n all information	n of wh	nich prepare	r has any knowl	edge.	

Signature of officer			Date				
	XECUTIVE OFFICER						
Type or print name and title							
Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
			if self-employed	P00829977			
Firm's name 🕒 RUBINBROWN LLP			Firm's EIN ▶ 43	-0765316			
Firm's address 7676 FORSYTH BLV	D, SUITE 2100						
		Phone no. (314) 290-3300				
S discuss this return with the preparer shown abo	ve? See instructions			X Yes No			
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							
3	CHRIS BAECHLE, CHIEF E. Type or print name and title Print/Type preparer's name KIMBERLY A RYAN Firm's name RUBINBROWN LLP Firm's address 7676 FORSYTH BLV SAINT LOUIS, MO RS discuss this return with the preparer shown above	CHRIS BAECHLE, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature KIMBERLY A RYAN Firm's name RUBINBROWN LLP Firm's address 7676 FORSYTH BLVD, SUITE 2100 SAINT LOUIS, MO 63105 RS discuss this return with the preparer shown above? See instructions	CHRIS BAECHLE, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature MBERLY A RYAN Firm's name RUBINBROWN LLP Firm's address 7676 FORSYTH BLVD, SUITE 2100 SAINT LOUIS, MO 63105 St discuss this return with the preparer shown above? See instructions	CHRIS BAECHLE, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature KIMBERLY A RYAN Preparer's signature Firm's name ▶ RUBINBROWN LLP Firm's EIN ▶ 43 Firm's address ▶ 7676 FORSYTH BLVD, SUITE 2100 Phone no. (314) SS discuss this return with the preparer shown above? See instructions Phone no. (314)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) CARDINAL CARBERRY SENIOR LIVING CENTER 43-1826117 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE MISSION OF CARDINAL CARBERRY SENIOR LIVING CENTER IS TO ASSIST
	CRSS TO BE A RECOGNIZED PROVIDER OF FIRST CHOICE IN PROVIDING AND
	INTEGRATED CONTINUUM OF QUALITY RESIDENTIAL HEALTHCARE AND SUPPORTIVE
	SOCIAL SERVICES FOR SENIOR ADULTS THROUGHOUT THE ARCHDIOCESE OF ST.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 363,168. including grants of \$) (Revenue \$ 375,868.)
	MANAGEMENT OF HOUSEKEEPING AND MAINTENANCE FOR THE CATHEDRAL TOWER
	BUILDING OF WHICH ALL TENANTS ARE AGENCIES WITH CATHOLIC CHARITIES OF
	ST. LOUIS.
4b	(Code:) (Expenses \$ 2,088,315. including grants of \$ 1,630,886.) (Revenue \$ 2,136,248.)
10	TO PROVIDE ADMINISTRATIVE SERVICES FOR OTHER CRSS ENTITIES: FINANCE,
	HUMAN RESOURCES, ADMINISTRATION, MAINTENANCE, HOUSEKEEPING AND QUALITY.
	INTERNAL RESOURCES, ADMINISTRATION, MAINTENANCE, NOOSEREETING AND QUALITI.
4c	(Code:) (Expenses \$276,803. including grants of \$) (Revenue \$)
70	PROVIDE MARKETING AND BUSINESS DEVELOPMENT SERVICES TO CRSS AGENCIES.
4-1	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,728,286.
	Form 990 (2021)
132002	12-09-21 2

Form 990 (CARBERRY	SENIOR	LIVING	CENTER
Part IV	Checklist of R					

1 betrogenization described in section 501(c)(c) or 497(q)(f) (ther than a private foundation? 1 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X X X 2 X X X 3 X X X 4 X X X 5 S X X 6 Det organization megane indication engage in babbying activities, or have as section 501(h) election or engane indication engage in babbying activities or have as section 501(h) election or engane indication engage in babbying activities or have as section 501(h) election or engane indication engage in babbying activities or have as section 501(h) election or engane indication engage in adverse indication engane indication engage in adverse indination engage indication engage indication engage in adverse in				Yes	No
2 Is the organization engage in direct particulation engage in kobying activities on behalf of or is opposition to candidates for public offici? If 'Yes,' complete Schedule C, Part I 3 X 3 Dir the organization engage in direct particular campaige in kobying activities, or have a section 501(h) election in effect 3 X 4 Section 501(c)(k) organization schedule C, Part I 4 X 5 Is the organization ascenne 501(c)(k). 0750(c)(k) or 501(c)(k) or 301(c)(k) or 301	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Y'es," complete Schedule C, Part I 3 X 3 Beachins of U(g) organizations. Did the organization rangage in kobbying activities, or have a section 501(h) election in effect during the tax year? If Y'es, "complete Schedule C, Part II 4 X 4 Did the organization markina and yound read west function or any samifirm funds or accounts? (P Yes, "complete Schedule D, Part I 6 X 5 Did the organization cancers and yound or advised time or any samifirm funds or accounts? (P Yes, "complete Schedule D, Part I 6 X 7 Did the organization cancers and yound or advised time or any samifirm funds or accounts? (P Yes, "complete Schedule D, Part I 7 X 9 Did the organization account on through a related organization, hold assets in donorrestricted endowments or in quasi endowments? (P Yes, "complete Schedule D, Part IV 7 X 10 Did the organization report an amount for indup, a related organization, hold assets in donorrestricted endowments or or in quasi endowments? (P Yes, "complete Schedule D, Part IV 10 X 11 If the organization report an amount for investments - order with second a lassets reported in Part X, line 17 I' Yes, "complete Schedule D, Part V 10 X 11 Did t		If "Yes," complete Schedule A			
public office? # 'Yes,' complete Schedule Q, Part I a Sectors Of(QE) argunations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization. Did (e)(b), 501(e)(c)(c) of 501(c)(c) argunatization that reaceves membership dues, assessments, or is is the organization or investment of amounts in such funds or accounts (or which do rans have the right to provide advice on the distribution or investment of amounts in such funds or accounts (or which do rans have the right to provide advice on the distribution or investment of provide advice funds or accounts (or which do rans have the right to provide advice and the organization react, historic later acces, chicking tactures? (If Yes, Complete Schedule D, Part I) 5 X 6 Id the organization reactive of hold a conservation easement, including easements to preserve open space, the environment, historic later acces, chicking tactures? (If Yes, Complete Schedule D, Part I) 8 X 7 X Id the organization report an amount for Part X, line 21, for escrew or custodial account liability, serve as a custodian for an on the lobby and part X, line 21, for escrew or custodial account liability, serve as a custodian for an unanout for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17, frees, 'complete Schedule D, Part V II 10 X 11 If the	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) creatizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? // ''se, 'complete Schedule C, Pet II	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section S(10(4)),50(10(4),50(10(4)),50(public office? If "Yes," complete Schedule C, Part I	3		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. 39:197 (#*es,* complete Schedule C, Part II) 5 X 6 Did the organization markina may down advised funds or an graning funds or accounts? (#*yes,* complete Schedule D, Part I) 6 X 7 XX 8 Did the organization reserve on passe, the environment, historic tand areas, or historic structures? (#*yes,* complete Schedule D, Part II) 6 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, delt management, credit replar, or delta regulation services? (#*res,* complete Schedule D, Part IV 10 X 10 Did the organization, report an amount for land, buildings, and equipment in Part X, line 10? (#*res,* complete Schedule D, Part IV 10 X 11 If the organization report an amount for linvestments - other securities in Part X, line 10? (#*res,* complete Schedule D, Part IV 11 X 12 Did the organization report an amount for linvestments - other securities in Part X, line 10? (#*res,* complete Schedule D, Part IX, line 16? (#*res,* complete Schedule D, Part IV) 111 X 13 Did the organization report an amount for linvestrements - other securities in Part X, line 13, that i	4				
similar amounts as defined in Rev. Proc. 98-197, #*xs*, complete Schedule Q, Part II 5 X Obt the organization maintain any domer advised funds or any similar funds or accounts? If **xs*, complete Schedule D, Part II 6 X 7 Did the organization maintain collections favore maintain funds or accounts? If **xs*, complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art. Nitebrical treasures, or other similar assets? If **ys*, complete Schedule D, Part II 8 X 9 Did the organization maintain collections of works of art. Nitebrical treasures, or other similar assets? If **ys*, complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If **ys*, complete Schedule D, Part V 10 X 10 It the organization report an amount for land, buildings, and equipment in Part X, line 10? If **ys*, complete Schedule D, Part V 10 X 11 It the organization report an amount for investments - other securities in Part X, line 10? If **ys*, complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - program related in Part X, line 10? If **ys*, complete Schedule D, Part VI 11a X 13 X		during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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? // 'Yes,' complete Schedule D, Part // X 7 XX 8 Did the organization nection of hold a conservation asservation. Including easements in such funds or accounts? // 'Yes,' complete Schedule D, Part // 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part // 8 X 9 Did the organization means to advise of any. Nistorical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part // 8 X 9 Did the organization directly of through a related organization, hold assets in donor-restricted endowments or in quasi endowment? // 'Yes,' complete Schedule D, Part V 10 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes,' complete Schedule D, Part X 11 X 10 Did the organization report an amount for investments- orbiter securities in Part X, line 10? // 'Yes,' complete Schedule D, Part X 11	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listel in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowment? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for lawstements - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - organized 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 VIII 11 X 13 Did the organization report an amount for other assets 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 XIII 11 X 14 Did the organization report an amount for other assets in Part X,			5		<u> </u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization answer the Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization answer to any of the following questions in "Yes," then complete Schedule D, Part IV. 10 X 11 It expanization answer to any of the following questions in "Yes," then complete Schedule D, Part V, VII, VIII, X, or X, as applicates. 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 10?, If "Yes," complete Schedule D, Part VI 11 X 13 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 VI 11 X 14 Did the organization report an amount for investments - program related neart X, line 12, If wat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 111	6				
the environment, historic all areas, or historic structures? 'f 'Yes, "complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical breasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not listed In Part X, or provide crafts counseling, debt management, craft repair, or debt negotiation services? 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 the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities 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 VI 11a X 13 Did the organization report an amount for other assets 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 11a X 14 Did the organization osport an amount for inder sates in Part X, line 15? If 'Yes,' complete Schedule D, Part X 114 X 15 Did the organization asparts of			6		<u> </u>
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III III B Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? IVes, "complete Schedule D, Part IV B Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? IVes, "complete Schedule D, Part IV B Did the organization report an amount for line following questions is "Yes," than complete Schedule D, Part XI, III If the organization report an amount for line sthemets - 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 XIII D 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 XIIII IIII Did the organization report an amount for other assets in Part X, line 25? If "yes," complete Schedule D, Part X IIII X Did the organization report an amount for other assets 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 X IIII X Did the organization	7				37
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or oustodial account liability, serve as a custodian for amounts on lisked in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 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, areant or any of the following questions is 'Yes,' then complete Schedule D, Part SV, VII, VIII, VI, VX, as applicable. 10 X a 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 VI 11a X b Did the organization report an amount for investments - organs 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 11a X c Did the organization report an amount for ther kasset in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X 11 X 11a X 11a X 11 X 11a X 11a X 11 X 11a X 11a X 11<	_		7		<u> </u>
9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities 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 V 11a X 13 Did the organization report an amount for investments - other securities 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 X 11a X 14 Did the organization report an amount for other liabilities in Part X, line 2? If "Yes," complete Schedule D, Part X 11d X 11 Did the organization report an amount for other liabilities in Part X, line 2? If "Yes," complete Schedule D, Part X 11d X 11 Did the organization schedule Complete Schedule D, Part X 11d X 11d X 12 Did the organization re	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? y X If "Yes," complete Schedule D, Part V 10 X 10 X If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X If the organization, directly or through a related organization, should assets in donor-restricted endowments 10 X If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 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 11 X Did the organization report an amount for investments - other assets 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 VII 11 X Did the organization report an amount for investments - other assets 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 11 X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X If U the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11	-		8		<u> </u>
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 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VX, or X, as applicable. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 107 // "yes," complete Schedule D, Part VI 11 11 N 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // "yes," complete Schedule D, Part VI 116 X 14 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // "yes," complete Schedule D, Part X 116 X 11 Did the organization report an amount for other liabilities in Part X, line 257 // "yes," complete Schedule D, Part X 116 X 11 Did the organization sitability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X 111 X 12 Did the organization included in consolidated, independent audited financial statements for the tax yea? // "Yes," complete Schedule D, Part X 111 X 14 Did the organization	9				
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 is answer to any of the following questions is "Yes," then complete Schedule D, Part VI 11 X 2 Did the organization report an amount for investments - other securities in Part X, line 10? // 'Yes," complete Schedule D, Part VI 11 X 2 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes," complete Schedule D, Part VI 116 X 2 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes," complete Schedule D, Part VII 116 X 4 Did the organization report an amount for other labilities in Part X, line 25? // 'Yes," complete Schedule D, Part X 116 X 11 X Did the organization separate or consolidated financial statements for the tax year include addresses the organization separate or consolidated, independent audited financial statements for the tax year? 117 X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? 118 X 13 Sthe organization included in consolidated, i					v
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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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a 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? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a X 20a X 20a X 20b 20a X		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? /f "Yes," complete Schedule I. Parts I and II 21 X	18				
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			206		
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Form 990 (2021) CARDINAL CARBERRY SENIOR LIVING CENTER											
Part IV	Part IV Checklist of Required Schedules (continued)										

			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		X X
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	X	
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 X
	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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
d	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5%		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	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 controlled entity	0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- <u>-</u> -		<u> </u>
	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	<u></u> .		
-			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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021)	CARDINAL						
Statements Regarding Other IRS Filings and Tax Compliance							

					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		0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction:					v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					- -
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ICCOUR	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad			_		v
				5a		X X
b				5b		
c	, o			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					.
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					v
a				7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					-
	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v
е				7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g				7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
0	Section 501(c)(7) organizations. Enter:		1			
а		10a		-		
b		10b		-		
1	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
3	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		1			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c				
				14a		X
4a	Did the organization receive any payments for indoor tanning services during the tax year?					-
4a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedu</i>	le O		14b		I
4a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	le O ration	or	14b		
4a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	le O ration	or	14b 15		X
4a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	le O ration	or			
4a b 5	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	le O ration	or			
l4a b I5	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	le O ration	or	15		X X
l4a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	le O ration t incor any	or ne?	15		
4a b 5 6	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	le O ration t incor any	or ne?	15		

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Form 990 (2021)

Part V

Form 990	(2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Section A. Governing Body and Management	Check if Schedule O contains a response or note to any line in this Part VI	 . [Х
	Section 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	1 a	23			
	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 on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t 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 9	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
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 ap	opoint	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, st	tockhc	lders, 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	ar by th	e following:			
а	The governing body?			8a	Х	
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 read	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y beto	re filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	~	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "	,		10-	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			12c 13	X	
14				14	X	
15	Did the organization have a written document retention and destruction policy?			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by in	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	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 arranger	nent w	rith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990)-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Se	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	financ	cial	
	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 boo					
	ARCHDIOCESE OF ST. LOUIS FINANCE OFFICE - 314-792-7	/127	1			
	20 ARCHBISHOP MAY DRIVE, ST LOUIS, MO 63119					

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Form **990** (2021)

Form 990 (2		Page 7
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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's table	ax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

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Form 990 (2021)

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1212 BERT SMITH 0.10 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(21) KEN SLOAN													
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(23) DAN STUTTE 0.10 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	·,													-
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BOARD MEMBER 2.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			Х						0.		0.			0.
(25) STEVE YOUNG 0.10 x 0.0.0. BOARD MEMBER (TERM ENDED 6/30/22) 2.00 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														•
BOARD MEMBER (TERM ENDED 6/30/22) 2.00 X 0.<			X						0.		0.			0.
c Total from continuation sheets to Part VII, Section A 0.0000 0.000000 0.000000 0.000000 0.000000 0.000000 0.00000000 0.00000000 0.0000000000 0.000000000000 0.00000000000000000 0.00000000000000000000000000000000000			x						0.		0.			0.
c Total from continuation sheets to Part VII, Section A 0.0000 0.000000 0.000000 0.000000 0.000000 0.000000 0.00000000 0.00000000 0.0000000000 0.000000000000 0.00000000000000000 0.00000000000000000000000000000000000														
c Total from continuation sheets to Part VII, Section A 0.0000 0.000000 0.000000 0.000000 0.000000 0.000000 0.00000000 0.00000000 0.0000000000 0.000000000000 0.00000000000000000 0.00000000000000000000000000000000000	1b Subtotal								0.	472,9	80.	4	8,3	64.
d Total (add lines 1b and 1c) ▶ 0. 472,980. 48,364. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? // *Yes, * complete Schedule J for such individual ¥es No 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? // r*yes, * complete Schedule J for such individual for services rendered to the organization? // r*yes, * complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // r*yes, * complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (c) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services Compensation 1 Complete stable for your five highest compensated independent contractors that received more than \$100 of services <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td></td> <td></td> <td></td> <td><u>_</u></td> <td>-</td>									0.				<u>_</u>	-
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such action is tax year. (B) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Compensation 1 Complete this table for your five highest address NONE Description of services Compensation 1 Complete this table for your five highest address NONE Description of services Compensation 2 Name and busin									0.	472,9	80.	4	8,3	64.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Section B. Independent Contractors 5 X 9 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (a) (c) 1 Complete this table for your five highest address NONE Description of services Compensation 1 None Description of services Compensation Compensation Compensation 1 None Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2	2 Total number of individuals (including but r							o re	eceived more than \$100	000 of reportable	Э			0
 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Image: Complete Schedule J for such person (C) Compensation (C) Compensation (C) Compensation (C) Compensation (C) Compensation 													Yes	-
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 X	6 ,			-	•	-		Ŭ			[
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) Description of services Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 X												3		
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rendered to the organization? // "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Image: Compensation for the calendar year ending with or within the organization's tax year. Image: Compensation for the calendar year ending with or within the organization's tax year. Image: Compensation for the calendar year ending with or within the organization for for services Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Ima												4		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than												5		x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than			2 J 10	or st		Jers	011 .				<u> </u>	<u> </u>		
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of ser		mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than §	100.000 of com	oensat	tion fro		
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Total number of independent contractors (including but not limited to those listed above) who received more than					0							(()	
	Name and business	address	NC	ONE	3				Description of s	services	С	ompe	nsatio	n
								_						
								_						
			ot lir	nited	d to t	-		ted	above) who received m	ore than				

Form 990 (2021)

132008 12-09-21

			2021) CARDINAL	CARB	ERRY S	ENIOR	LIVING	CENTER	43-1826	117 Page 9
Pa	rt V	/111	Statement of Revenue							
			Check if Schedule O contains a	response	or note to an	iy line in t			(
						<u> </u>	(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							otal revenue	function revenue	business revenue	from tax under
										sections 512 - 514
S S	1	а	Federated campaigns	1a						
un jun			Membership dues	1b						
ي ق			Fundraising events	1c						
ifts r A		d	Related organizations	1d	631,55	0.				
nila n			Government grants (contributions)	1e		-				
Sir			All other contributions, gifts, grants, and							
uti Jer		•	similar amounts not included above	1f	67,37	1.				
Miscellaneous Bevenue		~	Noncash contributions included in lines 1a-1f	1g \$						
u o u		-	Total. Add lines 1a-1f	IIIΨ			598,921.			
0.0			Total. Add lines 1a-11		Business Co		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
	•	_	ADMINISTRATIVE SER	VTCF	54190		35 876	2,135,876.		
ice	2		OTHER SERVICE REVE		54190		875,868.	375,868.		
erv ue		b	OTHER FEES & SERVICE		54190		180.	180.		
n S /en			OTHER FEES & SERVI		54190	<u> </u>	100.	100.		
Jrar Be∖		d								
2 D		е								
₽		f	All other program service revenue \dots				11 004			
		g	Total. Add lines 2a-2f			▶ <u>८,</u> 5	511,924.			
	3		Investment income (including divide				1 7 1 0 0			1 7 1 0 2
			other similar amounts)				17,193.			17,193.
	4		Income from investment of tax-exem	• •		▶				
nue	5		Royalties							
			(i) Real	(ii) Person	nal				
	6	а	Gross rents 6a							
		b	Less: rental expenses 6b							
		С	Rental income or (loss) 6c							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of (i) S	ecurities	(ii) Other	r				
			assets other than inventory 7a							
		b	Less: cost or other basis							
			and sales expenses							
/en		с	Gain or (loss)							
Re		d	Net gain or (loss)							
ner Revenu			Gross income from fundraising events (r							
ŧ			including \$	of						
			contributions reported on line 1c). S							
			Part IV, line 18	8a	149,64	6.				
		b	Less: direct expenses		36,00					
			Net income or (loss) from fundraising				L13,639.			113,639.
	9		Gross income from gaming activities							
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from gaming ac							
			Gross sales of inventory, less returns							
	-		and allowances		a					
		þ	Less: cost of goods sold							
			Net income or (loss) from sales of inv		-1					
\neg		-			Business Co	ode				
sn	11	2	OTHER REVENUE		54190		190.	190.		
oer ue			DISCOUNTS		54190		2.	2.		
ellaneo. venue			21000000		54170	<u> </u>	2•	<u> </u>		
Sce		с С	All other revenue							
Ϊ			All other revenue		L		192.			
		e	Total. Add lines 11a-11d					2,512,116.	0.	130,832.
	12	<u>-</u>	Total revenue. See instructions			- p,s	J=1,009.	<u>, , , , , , , , , , , , , , , , , , , </u>	I 0.	Form 990 (2021)
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Form 990 (2021) CARDINAL CARBERRY SENIOR LIVING CENTER 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).

0001	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1,630,886.	1,630,886.		
•	and domestic governments. See Part IV, line 21	1,030,000.	1,030,000.		
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,	7,419.		7,419.	
6	trustees, and key employees	7,419•		7,419.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	1,746,839.	637,634.	911,020.	198,185.
7	Other salaries and wages	1,740,039.	037,034.	911,020.	190,105.
8	Pension plan accruals and contributions (include	70 007	17 277	11 501	11 010
~	section 401(k) and 403(b) employer contributions)	72,897. 276,713.	<u> 17,377.</u> 135,232.	<u>44,501.</u> 128,282.	<u>11,019</u> . <u>13,199</u> .
9	Other employee benefits	126,681.	46,035.	65,366.	15,280.
10	Payroll taxes	120,001.	40,035.	00,300.	15,280.
11	Fees for services (nonemployees):				
	Management	0.4		0.4	
	Legal	84.	2 470	84.	1 250
	Accounting	294,142.	3,479.	289,307.	1,356.
	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,		00 450	1 4 2 2 7 2	
	column (A), amount, list line 11g expenses on Sch 0.)	232,882.	28,453.	143,872.	<u>60,557</u> . 262.
12	Advertising and promotion	33,879.	33,617.	10.010	
13	Office expenses	28,022.	599.	12,810.	14,613.
14	Information technology	49,867.	7,242.	41,839.	786.
15	Royalties	100 500	100 110	CO 000	
16	Occupancy	189,598.	126,117.	62,702.	779.
17	Travel	759.	473.	286.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22.452			
19	Conferences, conventions, and meetings	32,150.	582.	20,133.	11,435.
20	Interest				
21	Payments to affiliates	0.045		0.045	
22	Depreciation, depletion, and amortization	2,847.	10 000	2,847.	4 864
23	Insurance	21,544.	10,908.	8,872.	1,764.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES & EQUIPMENT	73,122.	49,652.	19,558.	3,912.
b	VOLUNTEER EXPENSE	1,491.			1,491.
с		-			
d					
	All other expenses	9,749.		8,218.	1,531.
25	Total functional expenses. Add lines 1 through 24e	4,831,571.	2,728,286.	1,767,116.	336,169.
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				
					Form 990 (2021

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Form 990 (2021)

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CARDINAL CARB	ERRY SENIOR	R LIVING	CENTER
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		Check if Schedule O contains a response or no	te to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			48,048.	1	15,033.
	2	Savings and temporary cash investments			737,708.	2	1,288,557.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			12,995.	4	13,584.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				14,914.	9	6,114.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	99,384.			
	b	Less: accumulated depreciation	10b	89,754.	12,477.	10c	9,630.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		5,857,745.	12	4,368,476.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		969,191.	15	988,081.	
	16	Total assets. Add lines 1 through 15 (must equ			7,653,078.	16	6,689,475.
	17	Accounts payable and accrued expenses			250,317.	17	311,197.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Ş	22	Loans and other payables to any current or forr	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ins		22	
	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			656,289.	25	
	26	Total liabilities. Add lines 17 through 25			906,606.	26	1,458,575.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions		6,582,682.	27	5,093,340.	
Ba	28	Net assets with donor restrictions			163,790.	28	137,560.
pur		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.					
0 S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	t fund		30	
As	31	Retained earnings, endowment, accumulated in	ncome, c	r other funds		31	
Net	32	Total net assets or fund balances			6,746,472.	32	5,230,900.
_	33	Total liabilities and net assets/fund balances			7,653,078.	33	<u>6,689,475.</u>

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Form	990 (2021) CARDINAL CARBERRY SENIOR LIVING CENTER	43-1	826117	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,341		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,831		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,489		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,746	<u> </u>	
5	Net unrealized gains (losses) on investments	5	-25	5,81	70.
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	5,230),90	<u> </u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

SC	HED	ULE A		Dublic Obe						OMB No. 1545-0047	
(Fo	rm 990))			rity Status an					2021	
			Co		nization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZ I	
		the Treasury			Attach to Form 990 or F					Open to Public	
		le Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection	
Nam	e of th	ne organizatio			identification number 3-1826117						
Da		Decem		ARDINAL CARBERRY SENIOR LIVING CENTER 43 Dic Charity Status. (All organizations must complete this part.) See instructions.							
Pa								ee instructior	IS.		
The					For lines 1 through 12, cl						
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).			
2					Attach Schedule E (Form						
3		-	-		anization described in se			-			
4		A medical res		ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,	
_											
5		-	-		llege or university owned	for operation	eu by a go	vernmentalu	nit describe		
6		-		Complete Part II.)	aantal unit daaaribad in	anation 1	70/6//4//4/	(.)			
6 7			· •	-	nental unit described in s				no gonoral r	while described in	
'		-		omplete Part II.)	ntial part of its support fr	on a gove	ennentai		ie general p	Jublic described in	
8		•		•	(1)(A)(vi). (Complete Parl	E III)					
9		-			in section 170(b)(1)(A)(i		ed in coniu	inction with a	land-grant	college	
Ŭ		•			ulture (see instructions).	· ·			Ū.	•	
		university:		faint conoge of agrie			name, eny	, and blate of	the conege		
10			on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
					t to certain exceptions; a						
					(less section 511 tax) fro						
		See section &	509(a)(2). (Co	nplete Part III.)							
11		An organizati	on organized a	and operated exclus	ively to test for public sat	fety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). C	Check the box on	
		lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A su	upporting orga	nization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by g	giving	
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting	
		Ũ		complete Part IV, Se							
b				•	l or controlled in connect			0		•	
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted	
		Ũ	.,	t complete Part IV,						al	
с			-	• • • •	g organization operated				ly integrate	a with,	
Ч			•	.,.). You must complete F porting organization open			-	tod organiz	ration(s)	
d			-	• •	zation generally must sati				· ·		
				•	mplete Part IV, Sections			•		01000	
е					written determination from				II. Type III		
-			0					.)pe., .)pe	, . , pe		
f	Enter	-	unctionally integrated, or Type III non-functionally integrated supporting organization. e number of supported organizations								
g	Provi	de the followi	ng informatior	about the supporte							
	(i)	Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	

Total

Schedule A (Form 990) 2021 CARDINAL CARBERRY SENIOR LIVING CENTER 43-1826117 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support		-	-	_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
		(-) 0017	(b) 0010	(-) 0010	(-1) 0000	(-) 0001	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4 Gross income from interest,						
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
۵	and income from similar sources Net income from unrelated business						
9							
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	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 instructi	ons)			12	
	First 5 years. If the Form 990 is for th		,			· · · · ·	
	organization, check this box and stop	0		,	,	()()	
Se	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020		-			15	%
	33 1/3% support test - 2021. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the c	organization did no	ot check a box on				
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstand	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported of	organization	-	
k	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	imstances test. Tl	he organization qu	alifies as a publicl	y supported organi	zation	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
						Cabadula A	(Form 990) 2021

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 CARDINAL CARBERRY SENIOR LIVING CENTER 43-1826117 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support (c) 2019 (d) 2020 (e) 2021 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4315273 1079534. 5359938. 833,320. 698,921.12286986. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 2533349. 2563639. 2369414. 2512116.12453088. 2474570. 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 7923577. 3202734. 3211037.24740074. 6789843. 3612883. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 24740074. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3202734. 3211037.24740074. 9 Amounts from line 6 6789843. 3612883. 7923577. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,952. 7,475. 51,782. 23,241. 17,193. 101,643. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,952. 7,475. 51,782. 23,241 17,193. 101,643. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 75,367. 94.742. 114,564. 128,067. 113,639. 526,379. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3715100. 8089923. 3354042. 3341869.25368096. 6867162. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 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 97.52 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 97.78 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .40 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % 17 .35 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a 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? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes No

1

2

3a

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 CARDINAL CARBERRY SENIOR LIVING CENTER 43-1826117 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	L
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such bopofit carried out the purposes of the supported organization(s) that operated		L

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

Section C. Type II Supporting Organ	izations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 I

Section D. All Type III Supporting Organizations	
--	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>Jul (0000 monore)</i>

- a 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.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2021

2

No

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	dule A (Form 990) 2021 CARDINAL CARBERRY SENI			43-182611/ Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	1
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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CARDINAL CARBERRY SENIOR LIVING CENTER 43	-1826117 Page 7
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Sche Par		ERRY SENIOR LIV		4	3-1826117 Page	7
		a)(b) Supporting Orga	(Continu	iea)	0	
	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	()	10	()	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
	From 2019					
	From 2020					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
					•	-

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021					LIVING		43-1826117 Page
Part VI	Supplemental	lines 1, 2, 3b, 3c, ion D, lines 2 and	4b, 4c, 5a, 6 3; Part IV, S	s, 9a, 9b, 9c, Section E, line	11a, 11b, and s 1c, 2a, 2b, 3	a, and 3b; Part	t V, line 1; Part V	r 17b; Part III, line 12; l and 2; Part IV, Section C, /, Section B, line 1e; Part V, nal information.
	(
								Cabadula A /France 000) 00
32028 01-04-2	2				20			Schedule A (Form 990) 20

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202⁻

Employer identification number

43-	1	82	26	1	1	7
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Name of the organization	

Organization type (check or	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

CARDINAL CARBERRY SENIOR LIVING CENTER

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

CARDINAL CARBERRY SENIOR LIVING CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>		\$ <u>160,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>140,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>328,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

12050413 132842 07178.0125

Employer identification number

43-1826117

²²

Name of organization

CARDINAL CARBERRY SENIOR LIVING CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

ncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	e	
		\$

23

2021.05070 CARDINAL CARBERRY SENIOR 07178.01

43-1826117

	B (Form 990) (2021)		Page 4				
Name of o	rganization		Employer identification number				
	NAL CARBERRY SENIOR LIV		43-1826117				
Part III	from any one contributor. Complete columns (a) through (a) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year http://for.organizations				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) \$				
(a) No.	· · · ·						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
		(e) Transfer of git	ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(2) - 2. poor of 3	(0) 000 01 g.1	(*) _ con pier of give one				
		(a) Transfor of gif					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>							
		(e) Transfer of git	ft				
	T	ad 7 10 4					
-	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
-							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
ľ	· · · · · · · · · · · · · · · · · · ·						
123454 11-11		•	Schedule B (Form 990) (2021				

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Department of the Treasury

Internal Revenue Service

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.

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



Name of the organization

CARDINAL CARBERRY SENIOR LIVING CENTER

Employer identification number 43 - 1826117

Par			or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(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 v	-		
	are the organization's property, subject to the organization's of	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used onl	У
	for charitable purposes and not for the benefit of the donor of			·
Der	impermissible private benefit?			Yes No
Par			Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			cally important land area
	Protection of natural habitat	Preservation of a	a certifie	ed historic structure
-	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a cons	
	day of the tax year.		- H	Held at the End of the Tax Year
	Total number of conservation easements			<u>2a</u>
b			····· Γ	<u>2b</u>
c	Number of conservation easements on a certified historic stru		····· ⊢	2c
d	Number of conservation easements included in (c) acquired a			
~	listed in the National Register			2d
3	_	eased, extinguished, or terminated by the c	organiza	ation during the tax
4	year ► Number of states where property subject to conservation eas			
- 5	Does the organization have a written policy regarding the per			
3	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ		narialing of violations, and onlotoing conse	orvation	casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	ion ease	ments during the year
•	► \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that	describes the
	organization's accounting for conservation easements.		-	
Par			ner Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pub			e of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance s	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance o	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				► \$
2	If the organization received or held works of art, historical trea		gain, pr	ovide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21	25		

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2021.05070	CARDINAL	CARBERRY	SENIOR

07178.01

		L CARBERRY						43-18			age 2
Par	t III Organizations Maintaining C								contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the	following that	t make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	change progr	am					
b	Scholarly research	e	• 🗌 C	other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	he organizatio	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hist	orical trea	sures, or oth	er similar	assets				_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi							_	٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:					A		
									Amoun		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance								7.4		1
	Did the organization include an amount on Fe						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i	Check here if the ex	(planation	has been	provided on	Part XIII					
1 41		(a) Current year		ior year	(c) Two yea		(d) Three y	ware hack	(e) Four	Veare	hack
4.	Devianing of your holenes	(a) Ourient year		ior year		I S DUCK				yours	buok
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g,	column (a	ı)) held as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administe	red for th	e organiza	ation	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par											
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		ccumulate preciation	èd	(d) Boo	k value	e
	Land										
	Buildings				2,340.		1,3	55.		98	85.
	Leasehold improvements				1 1 1 1						
	Equipment				4,112.		4,1				0.
	Other				02,932.		84,28	87.		3,64	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. columr</u>	<u>n (B). line 1</u>	<u>'0c.)</u>					9,63	30.

Schedule D (Form 990) 2021

132052 10-28-21

(2) Closely held equity interests	Part VII Investments - Other Securities.			
(1) Financial derivatives (1) Content of the end of t				
(2) Closely held equity interests (3) Other (3) Other (3) Other (4) RESTRICTED FUND DEPOSITS 2, 0 29. (5) SLAP TIME DEPOSITS 73, 0 75. (5) SLAP TIME DEPOSITS 73, 0 75. (6) Other (6) Other (7) Other (7) Other (8) SLAP TIME DEPOSITS 4, 293, 372. (7) Other (7) Other (6) Other (7) Other (7) Other (7) Other (8) Other (8) Other (9) Other Lagod form 990, Part X, coll (8) line 12, ▶ 4, 358, 476. (9) Other Lagod form 990, Part X, coll (8) line 12, ▶ 4, 358, 476. (9) Description of investment (9) Book value (9) Method of valuation: Cost or end-of-year market value (1) (9) Description (9) Method of valuation: Cost or end-of-year market value (10) (10) Other Assets. (11) DUE FROM ARCHDIOCESAN ENTITIES (12) DUE FROM ARCHDIOCESAN ENTITIES (10) DUE FROM ARCHDIOCESAN ENTITIES (12) COmplete If the organization answered 'Yes' on Form 900, Part X, line 13. (12) ERNEFICIAL INTEREST IN PERPETUAL TRUST 92, 291. (10) (12) ERNEFICIAL INTEREST IN PERPETUAL TRU	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(a) Other (b) RESTRICTED FUND DEPOSITS 2,029. END-OF-YEAR MARKET VALUE (b) RESTRICTED FUND DEPOSITS 73,075. END-OF-YEAR MARKET VALUE (c) MONEY MARKET ACCOUNTS 4,293,372. END-OF-YEAR MARKET VALUE (c) MONEY MARKET ACCOUNTS 4,293,372. END-OF-YEAR MARKET VALUE (c) (c) (c) (c) (c) (a) Description of investment (c) (c) Method of valuation: Cost or end of year market value (1) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (e) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) </td <td></td> <td></td> <td></td> <td></td>				
(a) RESTRICTED FUND DEPOSITS 2,022. END-OF-YEAR MARKET VALUE (b) SLAF TIME DEPOSITS 73,075. END-OF-YEAR MARKET VALUE (c) MONEY MARKET ACCOUNTS 4,293,372. END-OF-YEAR MARKET VALUE (c) MONEY MARKET ACCOUNTS 4,293,372. END-OF-YEAR MARKET VALUE (c) MONEY MARKET ACCOUNTS 4,268,476. (d) missequal form 990, Part X, col. (B) line 12.) 4,368,476. (e) Memod of valuation: Cost or end of-year market value (f) (a) Description of Investment (b) Book value (c) Memod of valuation: Cost or end of-year market value (f) (g) Description of Investment (b) Book value (c) Memod of valuation: Cost or end of-year market value (f) (g) Description (g) Book value (g) Memod of valuation: Cost or end of-year market value (f) (g) Description (g) Book value (g) Memod of valuation: Cost or end of-year market value (f) (g) Description (g) Description (g) Description (g) Description (f) (g) Description (g) Description (g) Description (g) Description (f) (g) Description (g) Description (g) Description (g) Description (g) (g) Descript				
(B) SLAF TIME DEPOSITS 73,075. END-OF-YEAR MARKET VALUE (C) MONEY MARKET ACCOUNTS 4,293,372. END-OF-YEAR MARKET VALUE (D) (E)		2 0 2 0		773 7 777
Image:				
(0) (6) (7) (6) (8) (7) (9) (9) (10) (10) (11) (12) (12) (12) (13) (14) (14) (15) (15) (14) (12) (14) (12) (15) (14) (14) (15) (16) (16) (16) (16) (16) (16) (16) (16) (16) (16) (16) (17) (16) (16) (16) (17) (16) (16) (17) (16) (17) (17) (16) (17) (16) (16) (17) (17) (16) (17) (16) (17) (17) (18) (17) (19) (10) (10)				
(b) (c) (c)		4,293,372.	END-OF-IEAR MARKEI	VALUE
(f) (G) (G) (G) (H) (G) (G)				
(6) (1) (14) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (11) (10) (11) (11) (11) (12) (11) (10) (11) (11) (12) (12) (11) (13) (11) (14) (11) (15) (11) (19) (11) (19) (11) (19) (11) (10) (11) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17) (12) (19) (11) (11) (12) (12) (12) (13) (12) (14) (12) (15) (12) (16) (12) (17)				
(h) 4,368,476. Total. (20. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 4,368,476. Part VIII investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (c) (c) (3) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (a) Description (c) Description (c) Book value (c) (c) Book value (1) DUE FROM ARCHDIOCESAN ENTITIES 892, 790. (c) (c) (c) (a) (c) (c) (c) <t< td=""><td></td><td></td><td></td><td></td></t<>				
Total: (b) must equal form 980, Part X, col. (B) line 12)				
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (ii) (b) Book value (c) Method of valuation: Cost or end of year market value (iii) (i) (i) (iii) (i) (i) (iii) (iii) (iiii) (iii) (iiii) (iiii) (iii) (iii) (iiii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii)		4,368,476.		
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CARDINAL CARBERRY SENIOR LIVING CENTER

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 CARDINAL CARBERRY SENIOR	LIVING CENTER	43-1826117 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		1
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		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
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		
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) t XIII Supplemental Information.		5
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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE INDIVIDUAL AGENCIES THAT COMPRISE THE ARCHDIOCESE ARE LISTED IN THE
OFFICIAL CATHOLIC DIRECTORY AND, THEREFORE, ARE TAX-EXEMPT PUBLIC
CHARITIES UNDER SECTION 501(C)(3) AND SECTION 509(A) OF THE INTERNAL
REVENUE CODE, EXCEPT FOR HOLY INFANT & ST. JOSEPH ASSOCIATES, LP, ROSATI
APARTMENTS, LP AND ST. JOHN NEUMANN ASSOCIATES, LP. HOLY INFANT & ST.
JOSEPH ASSOCIATES, LP, ROSATI APARTMENTS, LP AND ST. JOHN NEUMANN
ASSOCIATES, LP, ARE PARTNERSHIPS ESTABLISHED AS PASSTHROUGH ENTITIES FOR
TAX PURPOSES. AS SUCH, THE ARCHDIOCESE CAN ONLY BE TAXED ON INCOME FROM
ANY ACTIVITIES UNRELATED TO THEIR CHARITABLE PURPOSE. AT JUNE 30, 2022 AND
2021, THE ARCHDIOCESE HAD NOT IDENTIFIED ANY SUCH REVENUE; THEREFORE, NO
TAX EXPENSE HAS BEEN RECORDED. THE ARCHDIOCESE DOES NOT HAVE ANY UNCERTAIN
132054 10-28-21 Schedule D (Form 990) 2021 28
12050413 132842 07178.0125 2021.05070 CARDINAL CARBERRY SENIOR 07178.0

Schedule D (Form 990) 2021 Part XIII Supplemental Infor	CARDINAL	CARBERRY	SENIOR	LIVING	CENTER	43-1826117	Page 5
Part XIII Supplemental Infor	mation (continue	ed)					
TAX POSITIONS.							
						Schedule D (Form 9	990) 2021

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ities o	OMB No. 1545-0047			
(Form 990) 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.								2021	
		Open to Public							
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instr				on.		Inspection	
Name of the organization	า							entification number	
Part I Fundrais		L CARBERRY SENIOR Complete if the organization answe				ino 1	43-1826		
	complete this part		ereu r	65 01	Troini 990, Fait IV, I		7. FOITH 990-E2		
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total		I		•					
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z.		Schedule	e G (Form 990) 2021	

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CARDINAL CARBERRY SENIOR LIVING CENTER 43-1826117 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	
			DINNER		NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	149,646.			149,646.
	2	Less: Contributions				
\downarrow	3	Gross income (line 1 minus line 2)	149,646.			149,646.
	4	Cash prizes				
s	5	Noncash prizes	1,129.			1,129.
pense	6	Rent/facility costs	22,605.			22,605.
Direct Expenses	7	Food and beverages	2,954.			2,954.
	-	Entertainment				1,800. 7,519.
	9 10	Other direct expenses Direct expense summary. Add lines 4 throug				36,007.
		Net income summary. Subtract line 10 from	.,		•	113,639.
	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
å	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
+	5	Other direct expenses				
		Other direct expenses Volunteer labor	└── Yes %	└── Yes % └── No	Yes % No	
	6	Maharda ay lah ay	No		No	
	6 7	Volunteer labor	h 5 in column (d)	No	□ No ►	
	6 7	Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No	□ No ►	
•	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond	No Ih 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	<u> </u>	No ▶	
) a	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming a	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	No No	No ▶	YesNo
e e e	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	No No	No ▶	Yes No
9 a b	6 7 Ent Is ti If "I We	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s revoked, suspended, or te	states?	No	
a b Da	6 7 Ent Is ti If "I We	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s revoked, suspended, or te	states?	No	
a b	6 7 Ent Is ti If "I We	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s revoked, suspended, or te	states?	No	

Sch	edule G (Form 990) 2021	CARDINAL	CARBERRY	SENIOR	LIVING	CENTER 43	-1826117	Page 3
11	Does the organization conduct ga	ming activities with	h nonmembers?				Yes	No
12	Is the organization a grantor, bene							
40	to administer charitable gaming?						Yes	└── No
	Indicate the percentage of gaming The organization's facility						13a	%
	An outside facility							%
	Enter the name and address of the							
	Name							
	Address 🕨							
15a	Does the organization have a con-	tract with a third pa	arty from whom th	ne organization	receives gamin	g revenue?	Yes	No No
Ь	If "Yes," enter the amount of gam		ad by the organize	tion b ¢		and the amount		
U	of gaming revenue retained by the							
с	If "Yes," enter name and address							
	Name							
	Address 🕨							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	▶ \$						
		· · ·						
	Description of services provided	▶						
	Director/officer	Employee	In	dependent co	ntractor			
	Mandatory distributions: Is the organization required under	r stato law to mako	charitable distribu	utions from the	apping process	de to		
a	retain the state gaming license?	state law to make					Yes	🗌 No
b	Enter the amount of distributions							
De	organization's own exempt activit					<i></i>		
Pa	rt IV Supplemental Infor 15b, 15c, 16, and 17b, as						Part III, lines 9,	9b, 10b,
	150, 150, 10, and 170, as	applicable. Also p	novide any addition			115.		
_								
13208	3 10-21-21					Sch	edule G (Form	990) 2021
				32				

Schedule G (Form 900) CARDINAL CARBERY SENIOR LIVING CENTER 43-1826117 Page 4 Part M Supplemental Information (continued)	Schedule G (F	orm 990)	CARDINAL CA	RBERRY	SENIOR	LIVING	CENTER	43-1826117	Page 4
		ouppiemental inform	(continued)						
	132084 11-18-21							Schedule G (F	orm 990)

SCHEDULE I (Form 990)	Go	arants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047			
Department of the Treasury Attach to Form 990.										
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection			
Name of the organization CARDINAL	CARBERRY	SENIOR LIVI	NG CENTER				Employer identification number 43-1826117			
Part I General Information on Grants a	nd Assistance									
1 Does the organization maintain records the criteria used to award the grants or assist	stance?	-			-		on Yes 🛛 🔀 No			
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to										
recipient that received more than S					anization answered "Y	es" on Form 990, Par	tiv, line 21, for any			
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			
MARY QUEEN AND MOTHER ASSOCIATION 7601 WATSON ROAD ST. LOUIS, MO 63119	43-1208064	501(C)(3)	33,990.	0.			GRANT-OPERATIONS			
MOTHER OF PERPETUAL HELP RESIDENCE INC 7609 WATSON ROAD - ST. LOUIS, MO 63119	43-1711912	501(C)(3)	1,596,896.	0.			GRANT-CONSTRUCTION			
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 							▶ <u>2.</u> 0.			

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

Schedule I (Form 990) 2021

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.									

CARDINAL CARBERRY SENIOR LIVING CENTER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			(I-)		
Part IV Supplemental Information. Provide the information req	uirea in Part I, lin	e 2; Part III, column	(b); and any other ac	icitional information.	

43-1826117

Page 2

SC	CHEDULE J	n	1	OMB No. 1	545-004	47		
(Fo	orm 990) For certain Officers, Directors, Trustees, Key Employees,		0004					
\	Compensated Employees	-		2021				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
		P Attach to Form 550.						
Nam	me of the organization		Employer i	dentificatio	on nur	nber		
	CARDINAL CARBERRY SENIOR LIVING CE	INTER	43-1	82611	7			
Pa	Part I Questions Regarding Compensation							
					Yes	No		
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person	on listed on Form 9	990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these	e items.						
	First-class or charter travel Housing allowance or res	sidence for persor	nal use					
	Travel for companions Payments for business us	ise of personal res	sidence					
	Tax indemnification and gross-up payments Health or social club due	es or initiation fees	6					
	Discretionary spending account Personal services (such a	as maid, chauffeu	r, chef)					
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding	g payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to	o explain		1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred b	by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on lin	ne 1a?		2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the	he organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a re	related organizatio	on to					
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment cont	tract						
	Independent compensation consultant Compensation survey or	study						
	Form 990 of other organizations X Approval by the board or	r compensation co	ommittee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to t	the filing						
	organization or a related organization:							
				4 a		X		
						X		
С				4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	in Part III.						
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		any compensation	n					
	contingent on the revenues of:			_		v		
	a The organization?					X X		
b	b Any related organization?			5b		<u> </u>		
~	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	any compensation	n					
	contingent on the net earnings of:					v		
	a The organization?					X X		
b	b Any related organization?			6b				
_	If "Yes" on line 6a or 6b, describe in Part III.	Constant in the second s						
(For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any no			-		v		
~	not described on lines 5 and 6? If "Yes," describe in Part III			7		X		
8						x		
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in			8				
9								
	Regulations section 53.4958-6(c)?					2004		
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forn	1 990)	2021		

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90) 2021 CARDINAL CARBERRY SENIOR LIVING CENTER 43-1826117

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

For each individual whose compensation must be reported 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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THERESA RUZICKA	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO THRU 6/5/22	(ii)	195,219.	0.	0.	10,044.	14,705.	219,968.	0.
(2) CHRIS BAECHLE	(i)	0.	0.	0.	0.	0.	0.	0.
CEO/ASSISTANT SECRETARY	(ii)	188,301.	0.	0.	0.	18,925.	207,226.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM INCLUDING PAY

GRADES & RANGES THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS.

ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY

THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS

FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL & LOCAL

INFLATION RATES, INTERNAL FUNDING ABILITIES & PLANNED SALARY BUDGETS FOR

THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO

REVIEWED WHEN DETERMINING SALARY INCREASES.

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 43-1826117 CARDINAL CARBERRY SENIOR LIVING CENTER FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES TO IMPROVE THE QUALITY OF LIFE FOR SENIOR ADULTS BY PROMOTING AND PROVIDING SOCIAL, HEALTH, AND HOUSING PROGRAMS AND SERVICES IN ST. LOUIS CITY AND COUNTY, AS WELL AS IN ST. CHARLES, JEFFERSON, FRANKLIN INSPIRED BY THE TEACHINGS OF JESUS CHRIST, AND WARREN COUNTIES. THE MISSION OF CRSS IS TO BE RECOGNIZED PROVIDERS OF FIRST CHOICE IN PROVIDING AN INTEGRATED CONTINUUM OF QUALITY RESIDENTIAL HEALTHCARE AND SUPPORTIVE SOCIAL SERVICES FOR SENIOR ADULTS THROUGHOUT THE ARCHDIOCESE OF ST. LOUIS.

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

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

CARDINAL RITTER SENIOR SERVICES (CRSS) PERIODICALLY PROVIDES THE ORGANIZATION WITH CERTAIN MANAGEMENT SERVICES. CRSS PAYS VENDORS THROUGH THE MANAGEMENT AGENT'S DISBURSEMENT SYSTEM FOR THE ORGANIZATION. THIS PROCEDURE WAS IMPLEMENTED FOR THE PURPOSE OF UTILIZING THE MOST COST EFFECTIVE METHOD TO CONSERVE THE ORGANIZATION'S PROCESSING COSTS AND TO PROVIDE INTERNAL CONTROLS TO SAFEGUARD ASSETS. THERE IS NO PAYMENT TO THE MANAGING AGENT FOR THIS CASH DISBURSEMENT SYSTEM. CRSS PAYS ALL EXPENSES SALARIES AND FRINGE BENEFITS INCLUDING PAYROLL, FOR THE ORGANIZATION. TN FEDERAL W-2 FORMS FOR SALARIES AND PAYROLL TAX RETURNS ARE ADDITION, THEINCLUDED ON CRSS' RECORDS. THE ORGANIZATION REIMBURSES CRSS ON A REGULAR BASIS FOR THESE EXPENDITURES.

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Schedule O (Form 990) 2021	Page 2
Name of the organization CARDINAL CARBERRY SENIOR LIVING CENTER	Employer identification number 43-1826117
THE ORGANIZATION PAYS A BOOKKEEPING FEE TO THE ARCHDIOCES	E OF ST. LOUIS.
ADDITIONALLY, A MANAGEMENT FEE IS PAID TO THE ST. LOUIS AN	RCHDIOCESE FUND
(SLAF) FOR THE MANAGEMENT OF THE ORGANIZATION'S INVESTMENT	rs.

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

THE ORGANIZATION HAS ONE MEMBER - CATHOLIC CHARITIES OF ST. LOUIS (CATHOLIC CHARITIES). ADDITIONALLY, THE ARCHBISHOP OF ST. LOUIS IS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES, BY WHICH THE ARCHBISHOP ALSO HAS RESERVED POWERS OVER THE ORGANIZATION.

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

AS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS, BY WHICH THE ARCHBISHOP OF ST. LOUIS ALSO HAS RESERVED POWERS OVER THE ORGANIZATION, THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP TO 50% OF THE BOARD OF DIRECTORS AND TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION.

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

AS THEY ARE MEMBERS WITH RESERVED POWERS, VARIOUS DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY CATHOLIC CHARITIES OF ST. LOUIS AND THE ARCHBISHOP OF ST. LOUIS.

40

ADDITIONALLY, THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS IS

RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITOR FOR ALL

ARCHDIOCESAN ENTITIES.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization CARDINAL CARBERRY SENIOR LIVING CENTER	Employer identification number 43-1826117
ORGANIZATION HAS PROVIDED A .PDF COPY OF THE FORM 990 TO T	HE MEMBERS OF THE
GOVERNING BOARD VIA EMAIL PRIOR TO FILING OF THE TAX RETUR	N. THE EMAIL
SENT TO THE GOVERNING BOARD REQUESTS THAT ALL MEMBERS REVI	EW THE FORM 990
AS OF A SELECT DATE. ANY QUESTIONS AND COMMENTS ARE TO BE	SENT TO THE
CHIEF FINANCIAL OFFICER. THE FORM 990 IS ACCEPTED FOR FIL	ING AND A
REPRESENTATION LETTER IS SIGNED BY THE CHIEF EXECUTIVE OFF	ICER. AT THIS
POINT, THE FORM 990 IS FILED WITH THE IRS.	

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

UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, PERSONS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS. ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO REVIEWED WHEN DETERMINING SALARY INCREASES.

FORM 990, PART VI, SECTION C, LINE 19: ANYONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MUST CONTACT THE CHIEF FINANCIAL OFFICER, AS THIS INFORMATION IS AVAILABLE TO THE PUBLIC 132212 11-11-21 Schedule O (Form 990) 2021 41

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Schedule O (Form 990) 2021	Page 2
Name of the organization CARDINAL CARBERRY SENIOR LIVING CENTER	Employer identification number 43-1826117
UPON WRITTEN REQUEST.	
FORM 990, PART XII, LINE 2C	
THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS ASSU	JMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCI	AL STATEMENTS
AND SELECTION OF AN INDEPENDENT AUDITOR.	

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Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury Internal Revenue Service Name of the organization

CARDINAL CARBERRY SENIOR LIVING CENTER

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ARCHDIOCESE OF ST. LOUIS - 43-0653244							
20 ARCHBISHOP MAY DRIVE					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	RELIGIOUS ORGANIZATION	MISSOURI	501(C)(3)	LINE 1	LOUIS		Х
CARDINAL RITTER INSTITUTE - RESIDENTIAL							
SERVICES CORPORATION - 43-1235755, 7601					ARCHBISHOP OF ST.		
WATSON ROAD, ST. LOUIS, MO 63119	RESIDENTIAL SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
CARDINAL RITTER SENIOR SERVICES - 43-0811604							
7601 WATSON ROAD					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	SOCIAL SERVICES	MISSOURI	501(C)(3)	LINE 7	LOUIS		х
CATHOLIC CHARITIES FOUNDATION - 43-1307878							
4445 LINDELL BOULEVARD	1				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 12B, II	LOUIS		х

43

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

Schedule R (Form 990) 2021

2021 **Open to Public** Inspection

Employer identification number 43-1826117

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CATHOLIC CHARITIES OF ST. LOUIS - 43-0653270	4						
4445 LINDELL BOULEVARD	_				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	SOCIAL SERVICES	MISSOURI	501(C)(3)	LINE 7	LOUIS		Х
MARY QUEEN AND MOTHER ASSOCIATION -							
43-1208064, 7601 WATSON ROAD, ST. LOUIS, MO					ARCHBISHOP OF ST.		
63119	SKILLED NURSING SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х
MOTHER OF PERPETUAL HELP RESIDENCE INC							
43-1711912, 7609 WATSON ROAD, ST. LOUIS, MO					ARCHBISHOP OF ST.		
63119	ASSISTED LIVING FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х
OUR LADY OF LIFE APARTMENTS - 43-1229749							
7601 WATSON ROAD	INDEPENDENT LIVING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
QUEEN OF PEACE CENTER - 43-1528548							
325 NORTH NEWSTEAD	7				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	SOCIAL SERVICES	MISSOURI	501(C)(3)	LINE 7	LOUIS		х
SAINT LOUIS COUNSELING - 43-1338511							
5 PREMIER DRIVE, SUITE 200	7				ARCHBISHOP OF ST.		
FENTON, MO 63026	SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 7	LOUIS		х
ST. MARTHA'S HALL - 43-1350160							
P.O. BOX 4950	7				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	SOCIAL SERVICES	MISSOURI	501(C)(3)	LINE 7	LOUIS		х
ST. PATRICK APARTMENTS, INC 43-1090662							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	- FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
	7						
	7						
	1						
	1						
							<u> </u>
	1						1
	1						1
							<u> </u>
	1						1
	4						1

Schedule R (Form 990) 2021 CARDINAL CARBERRY SENIOR LIVING CENTER

43-1826117 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	ortionate tions?	amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
HOLY INFANT AND ST. JOSEPH											
ASSOCIATES, LP - 26-1150111,											
7601 WATSON ROAD, ST. LOUIS,	LOW INCOME										
MO 63119	HOUSING	MO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
ST. JOHN NEUMANN ASSOCIATES,											
LP - 80-0929525, 7601 WATSON	LOW INCOME										
ROAD, ST. LOUIS, MO 63119	HOUSING	MO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
	1										

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

	· · · · · · · · · · · · · · · · · · ·								
(a) Name, address, and EIN of related organization	(b) Primary activity	activity Legal domicile (state or foreign		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
		country)						Yes	No
	-								
	-								

Schedule R (Form 990) 2021 CARDINAL CARBERRY SENIOR LIVING CENTER

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2021 CARDINAL CARBERRY SENIOR LIVING CENTER

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

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

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign		Are a partners 501(c orgs		Share of total	Share of end-of-year	alloca	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managin partner?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes No	
				$\left \right $					-			+

Schedule R (Form 990) 2021

Schedule R (I	Form 990) 2021
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN									
print CARDINAL CARBERRY SENIOR LIVING CENTER 43-1826117											
File by the due date f filing your return. See	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.								
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST LOUIS, MO 63119											
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1					
Applica	tion	Return	Application			Return					
ls For		Code	Is For			Code					
Form 9	90 or Form 990-EZ	01	Form 1041-A			08					
Form 4	720 (individual)	03	Form 4720 (other than individual)			09					
Form 9	90-PF	04	Form 5227			10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 9	90-T (trust other than above)	06	Form 8870			12					
Form 99	90-T (corporation)	07	OUIS FINANCE OFFIC								
 If the If thi box 1 the the<	behone No. ► <u>314-792-7127</u> e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until the organization named above. The extension is for the organization the organization named above. The extension is for the organization or the organization named above. The extension is for the organization the organization named above. The extension is for the organization or the organization named above. The extension is for the organization or the organization of the organization of the organization or the organization of the	Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	f this is fo all memb	r the whole g ers the exten npt organizati						
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.					
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.					
	alance due. Subtract line 3b from line 3a. Include your pa										
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.					
	n: If you are going to make an electronic funds withdrawal				1	-					
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)					

			** PUBLIC DISCLOSURE COPY								
	0	nn	Return of Organization Exempt Fro				OMB No. 1545-0047				
Forr	9	9 0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			s)	2021				
Department of the Treasury											
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
<u>A</u> F	or the			ing J							
	heck if pplicable				D Employer identific	ation	number				
	Addres		INAL RITTER INSTITUTE RESIDENTIAL								
	change Name		ICES CORP.		43-123575	5 5					
	change Initial		usiness as	m /ouito							
	return Final	7601	and street (or P.O. box if mail is not delivered to street address) Roon WATSON ROAD	m/suite	E Telephone number 314-961-8		า				
	return/ termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		1,718,169.				
	Amend		OUIS, MO 63119		H(a) Is this a group re		<u>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
	return Applica tion		nd address of principal officer: CHRIS BAECHLE		for subordinates?		Yes X No				
	pendin		AS C ABOVE		H(b) Are all subordinates ind						
IT	ax-exe	empt status:		527	If "No," attach a						
			CARDINALRITTERSENIORSERVICES.ORG/		H(c) Group exemption						
κF	orm of	organization:	X Corporation Trust Association Other 🕨 🛛		f formation: 1980 M						
	nrt I	Summary	· · · · · · · · · · · · · · · · · · ·								
	1	Briefly describ	e the organization's mission or most significant activities: $[INSPIRE]$	ED BY	THE TEACHI	INGS	J OF				
Activities & Governance	!	<u>JESUS C</u>	HRIST, CARDINAL RITTER INSTITUTE RESI	IDEN	TIAL SERVIC	ES (CORP.				
rna	2	Check this bo	x if the organization discontinued its operations or disposed of	of more t	han 25% of its net ass	ets.					
ove			ing members of the governing body (Part VI, line 1a)				24				
ۍ م			ependent voting members of the governing body (Part VI, line 1b)				21				
es			of individuals employed in calendar year 2021 (Part V, line 2a)				0				
iviti			of volunteers (estimate if necessary)				21				
Act			d business revenue from Part VIII, column (C), line 12				0.				
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>			0.				
		Osatuikustisas	and events (Deut) (III line 14)		Prior Year 1,759,833.		Current Year 471,575.				
ne			and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		1,586,039.		1,238,422.				
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		-244,022.		1,077.				
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,035.		7,095.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,105,885.		1,718,169.				
			nilar amounts paid (Part IX, column (A), lines 1-3)		202,770.		80,942.				
			to or for members (Part IX, column (A), line 4)		0.		0.				
s	45 0		compensation, employee benefits (Part IX, column (A), lines 5-10)		1,447,750.		704,342.				
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.		0.				
(pei	b.		ng expenses (Part IX, column (D), line 25)								
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,759,566.		1,250,318.				
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,410,086.		2,035,602.				
		Revenue less	expenses. Subtract line 18 from line 12		-304,201.		-317,433.				
Net Assets or Fund Balances				Beg	inning of Current Year		End of Year				
ssets	20	Total assets (I			1,182,217.		867,549.				
et As	21		(Part X, line 26)		728,911.		731,676.				
			fund balances. Subtract line 21 from line 20		453,306.		135,873.				
	nrt II					·	adam and ball of the				
			I declare that I have examined this return, including accompanying schedules and s			KNOWIE	euge and belief, it is				
true,	correc	t, and complete	Declaration of preparer (other than officer) is based on all information of which pr	reparer f	ias any knowledge.						
0.1		Signatur	e of officer		Date						
Sigr	1 I	, -			Duit						

Here	CIRTS BRECHDE, CHIEF E.	AECOIIVE OFFICER								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	KIMBERLY A RYAN			if self-employed	P00829977	7				
Preparer	Firm's name 🕨 RUBINBROWN LLP			Firm's EIN ▶ 43-0765316						
Use Only	Firm's address 7676 FORSYTH BLV	D, SUITE 2100								
	SAINT LOUIS, MO 63105 Phone no. (314)									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 (2	2021)				
~										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	CARDINAL RITTER INSTITUTE RESIDENTIAL 990 (2021) SERVICES CORP. 43-1235755 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: INSPIRED BY THE TEACHINGS OF JESUS CHRIST, CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP. ASSISTS CARDINAL RITTER SENIOR SERVICES IN PROVIDING COMPASSIONATE CARE THROUGH A CONTINUUM OF HIGH QUALITY
	RESIDENTIAL, HEALTHCARE AND SUPPORTIVE SOCIAL SERVICES. WE BRING THE
3	Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:)(Expenses \$1,219,665. including grants of \$1,291.) (Revenue \$794,609.) CRSS AND CRI-RSC'S ASSISTED LIVING FACILITIES OFFER INDEPENDENCE WITH A LITTLE HELP. EACH LOCATION IS AN ASSISTED LIVING FACILITY LICENSED BY THE STATE OF MISSOURI. TWENTY-FOUR HOUR SUPERVISION AND SECURITY, THREE NUTRITIOUS MEALS DAILY, MEDICATION STORAGE AND DISTRIBUTION, PERSONAL CARE ASSISTANCE, BEAUTICIAN SERVICES, LAUNDRY, HOUSEKEEPING, TRANSPORTATION FOR ACTIVITIES AND AN EMERGENCY CALL SYSTEM ARE AMONG THE MANY SERVICES AVAILABLE TO RESIDENTS.
	(Code:)(Expenses \$237,916. including grants of \$79,651.) (Revenue \$409,111.) CRI-RSC'S HOUSING MANAGEMENT PROGRAM PROVIDES A VARIETY OF RESIDENT LICENSED PROGRAMS AND SERVICES, AND ASSISTS IN THE OPERATIONS AND MANAGEMENT OF THE MANY INDEPENDENT APARTMENT BUILDINGS RUN BY CRSS. THIS PROGRAM ALSO WORKS WITH THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) TO CONTINUE TO DEVELOP NEW PROPERTIES TO MEET THE HOUSING NEEDS OF EXTREMELY AND VERY LOW INCOME SENIOR ADULTS IN ST. LOUIS.
	(Code:)(Expenses \$120,354. including grants of \$0.) (Revenue \$41,797.) CRI-RSC PROVIDES ACTIVITIES FOR RESIDENTS OF THE MANY INDEPENDENT APARTMENT BUILDINGS RUN BY CRSS.
4d	Other program services (Describe on Schedule O.)
ти	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,577,935.
132002	Form 990 (2021)

11540413 132842 07178.0128

SERVICES CORP.

Part IV Checklist of Required Schedules

Form 990 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
D		11b		х
с	assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>.</u> .		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	
132003	3 12-09-21	⊢orm	330	(2021)

3

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SERVICES CORP. 43-1235755 Page 4 Form 990 (2021) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete х Schedule I Part I 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "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 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If С Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable h 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С (gambling) winnings to prize winners? Form 990 (2021) 132004 12-09-21

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	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the colored by this return	2a 0			
h	filed for the calendar year ending with or within the year covered by this return	II	2b		
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-fi/e}$. See instruction		20		
а			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR).			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
		-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
,	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
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 wa	is required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
3	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		
)	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		
)	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
I	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	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	12b			
3	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	13b			
с	Enter the amount of reserves on hand	13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
;	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
		income?	16		X
5	Is the organization an educational institution subject to the section 4968 excise tax on net investment				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.				
6 7					
	If "Yes," complete Form 4720, Schedule O.	any	17		

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SERVICES CORP.

Form 990 (2021)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	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 on line 1a, above, who are independent 1b 21			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	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			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
11-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<u></u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120		
U	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
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	
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	financ	lal	
20	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 ARCHDIOCESE OF ST. LOUIS FINANCE OFFICE - 314-792-7127			
	20 ARCHBISHOP MAY DRIVE, ST. LOUIS, MO 63119			
132004		Form	990	(2021)
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CARDINAL	RITTER	INSTITUTE	RESIDENTIAL
SERVICES	CORP.		

Form 990 (2		SERVICES					43-1
Part VII	Compensation	of Officers, I	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independer	nt Contra	ctors			

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

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

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

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

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

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

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

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

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

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

Name and title Average hours par weak (ist ary bours for the ard attents hours par bours of attents hours par inter ard attents hours part (ist ary bours for hours are related organization below line) Reportable arganization from related organization (02/1009-MISC/ 1009-MI			T	mzai			ipen	Juic			
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(8) JARED BRYSON 1.00 X 0. 0. 0. 0. EX-OFFICIO EFFECTIVE 6/6/22 35.00 X 0.	(7) DR. MIKE NASH										
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(12) JOE DOWNS 0.10 BOARD MEMBER (TERM ENDED 6/30/22) 2.00 X 0. 0. 0. (13) TOM GORSKI 0.10 0.10 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER 0.10 0. 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X	(11) JOHN CORICH										
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(15) BILL HOPFINGER 0.10 0.00 0.00 0.00 BOARD MEMBER 2.00 X 0.00 0.00 0.00 (16) ERNESTINE SHIVERS-JONES 0.10 0.00 0.00 0.00 0.00 BOARD MEMBER 2.00 X 0.00 0.00 0.00 0.00 (17) DONNA PELIKAN 0.10 0.10 0.00 0.00 0.00 0.00 BOARD MEMBER 2.00 X 0.00 0.00 0.00 0.00	(14) THOMAS GREGORY										
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(17) DONNA PELIKAN 0.10 0	(16) ERNESTINE SHIVERS-JONES										
BOARD MEMBER 2.00 X 0. 0. 0.	BOARD MEMBER		Х						0.	0.	0.
	(17) DONNA PELIKAN										
	BOARD MEMBER	2.00	Х						0.	0.	0. Form 990 (2021)

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Form **990** (2021)

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Form 990 (2021) SERVICES	CORP.								43-12	<u>35</u>	/55	Page	8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0		•		(D)	(E)			(F)	
Name and title	Average		I		itior	n		Reportable	Reportable			mated	
	hours per		not ch . unles					compensation	compensatio	_		ount of	
	week		, unies cer an					from	from related			ther	
	(list any	u.						the					
	hours for	irect							organizations	I		ensation	i .
	related	or d	ee			ated		organization	(W-2/1099-MIS	U		m the	
	organizations	Istee	trust		æ	bens		(W-2/1099-MISC/	1099-NEC)		•	nization	
	below	al tru	onal		loye	l com		1099-NEC)				related	
		ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organ	izations	
	line)	lnd	lns	Offi	Key	en Hig	Бr			$ \rightarrow $			
(18) TIM ROGAN	0.10												
BOARD MEMBER	2.00	Х						0.		0.		0	•
(19) GREG SAHRMANN	0.10												
BOARD MEMBER	2.00	х						0.		0.		0	
(20) GARY SCHUTTE	0.10												÷
		77										0	
BOARD MEMBER	2.00	Х						0.		0.		0	•
(21) KEN SLOAN	0.10												
BOARD MEMBER	2.00	Х						0.		0.		0	•
(22) ELIZABETH SMITH	0.10												
BOARD MEMBER	2.00	х						0.		0.		0	
(23) DAN STUTTE	0.10					-						•	÷
BOARD MEMBER	2.00	v						0				0	
		Х						0.		0.		0	•
(24) KIM WALDMAN	0.10											-	
BOARD MEMBER	2.00	Х						0.		0.		0	•
(25) STEVE YOUNG	0.10												
BOARD MEMBER (TERM ENDED 6/30/22)	2.00	Х						0.		0.		0	•
													_
								0.	172 09		10	261	—
1b Subtotal									472,98		40	,364	
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0	
d Total (add lines 1b and 1c)								0.	472,98	0.	48	,364	•
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable				
compensation from the organization									·				0
												es No	<u>~</u>
• Did the second institute list and former office	-P									Г			-
3 Did the organization list any former officer,	-		-	•									_
line 1a? If "Yes," complete Schedule J for s	uch individual										3	<u> </u>	<u> </u>
4 For any individual listed on line 1a, is the su	im of reportabl	е со	mpe	nsa	tion	and	oth	ner compensation from th	ne organization				
and related organizations greater than \$150),000? If "Yes.	" со	mple	te S	Sche	edule	e J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," corr										- I	5	X	
Section B. Independent Contractors		; J / (JI SU	СПĻ	JEIS	011				····	Ŭ		
· · · ·								• • • • • • • • • • • • • • • • • • •	100.000 - (—
1 Complete this table for your five highest co										ensat	ion fron	n	
the organization. Report compensation for	the calendar ye	ear e	endin	g w	ith c	or wi	thin	the organization's tax ye	ear.				
(A)								(B)			(C)		
Name and business	address							Description of s	ervices	C	ompens	sation	
TONY MARINO CATERING, 972	1 TESSO	Ν	CRI	EE)	Κ			MEALS- ST. EI	LIZABETH				
ESTATES DRIVE, ST. LOUIS,	MO 631	23						HALL			261	,915	
							-					1	-
							_						
				_									_
2 Total number of independent contractors (ii		nt lin	nited	to 1	ther	se lie	ted	above) who recoived me	ore than				
\$100.000 of compensation from the organiz		. III	inicu	.0	1		lou						
					_	-							

\$100,000 of compensation from the organization

Form **990** (2021)

132008 12-09-21

CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.

		(2021) SERVICES CORP.				43-1235	755 Page 9
Pa	τv						
		Check if Schedule O contains a response or i	note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
							sections 512 - 514
ts Its	1	a Federated campaigns 1a	83,264.				
àrar oun	I	b Membership dues 1b					
Am C		c Fundraising events 1c					
Gift İlar			33,564.				
ns, Simi		3 ()	34,231.				
er S	1	f All other contributions, gifts, grants, and	20 516				
Oth		similar amounts not included above1f	20,516. 79,651.				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines 1a-1f 1g \$	<u>, , , , , , , , , , , , , , , , , , , </u>	471,575.			
0 0			Business Code	4/1,5/5.			
	2		623000	794,609.	794,609.		
Program Service Revenue	_		541900	443,813.	443,813.		
Ser		c					
am		d					
- Bo		e					
Pr	i	f All other program service revenue					
		g Total. Add lines 2a-2f	🕨	1,238,422.			
	3	Investment income (including dividends, interest,					
		other similar amounts)		1,077.			1,077.
	4	Income from investment of tax-exempt bond proc	ceeds 🕨				
	5	Royalties					
	•		(ii) Personal				
	6						
		b Less: rental expenses 6b c Rental income or (loss) 6c					
		c Rental income or (loss) 6c d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
e		and sales expenses 7b	I				
evenue		c Gain or (loss) 7c					
Rev		d Net gain or (loss)	►				
Other R		a Gross income from fundraising events (not including \$ of					
Ŭ		contributions reported on line 1c). See	I				
		Part IV, line 18 8a	I				
	I	b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events	►				
	9	a Gross income from gaming activities. See	I				
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	····· ►				
	10	a Gross sales of inventory, less returns	I				
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	Business Code				
sņ	11		541900	6,200.	6,200.		
neo			541900	895.	895.		
Miscellaneous Revenue		c					
Be		d All other revenue					
Σ		e Total. Add lines 11a-11d		7,095.			
	12	Total revenue. See instructions	🕨	1,718,169.	1,245,517.	0.	1,077.
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CARDINAL RITTER INSTITUTE RESIDENTIAL Form 990 (2021) SERVICES CORP. Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	e s lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	80,942.	80,942.		
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	69,514.	69,514.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	462 450	460.450		
7	Other salaries and wages	463,450.	463,450.		
8	Pension plan accruals and contributions (include		22.004		
	section 401(k) and 403(b) employer contributions)	22,064. 110,322.	22,064.		
9	Other employee benefits	<u>110,322</u> .	110,322.		
10	Payroll taxes	38,992.	38,992.		
11	Fees for services (nonemployees):				
a	Management	68,595.		68,595.	
b	Legal	13,340.		13,340.	
c	Accounting	13,340.		15,540.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	393,641.	44,301.	349,340.	
12	Advertising and promotion	555,041.	44,501.	545,540.	
12	Office expenses				
13 14	Information technology				
15	Royalties				
16	Occupancy	295,183.	295,183.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,623.	20,623.		
23	Insurance	28,440.	28,440.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES AND EQUIPMENT	400,797.	400,797.		
b	UNCOLLECTIBLE ACCTS.	26,392.		26,392.	
c	DUES & ASSESSMENTS	1,874.	1,874.		
d					
	All other expenses	1,433.	1,433.		
25	Total functional expenses. Add lines 1 through 24e	2,035,602.	1,577,935.	457,667.	0.
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 Figure if following SOP 98-2 (ASC 958-720)				Earm 990 (2021

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Form **990** (2021)

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CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.

		2021) SERVICES CORP.		43-	1235755 _{Page} 1
Par	τΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	550.		550
	2	Savings and temporary cash investments	880,257		678,351
	3	Pledges and grants receivable, net		3	91,638
	4	Accounts receivable, net		4	27,837
	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	
<u>ہ</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	10 615	_	0
		Land buildings and equipment: cost or other			-
	ieu	basis Complete Part VI of Schedule D 10a 323, 829			
	h	Less: accumulated depreciation10a323,82910b298,946	• 45,507.	10c	24,883
	11	Investments - publicly traded securities		11	,
	12	Investments - other securities. See Part IV, line 11		12	
	13			13	
	13 14	Investments - program-related. See Part IV, line 11		14	
	15				44,290
	15 16	Other assets. See Part IV, line 11	1 1 0 0 01 17		867,549
	17	Total assets. Add lines 1 through 15 (must equal line 33)			80,590
		Accounts payable and accrued expenses		17	00,550
	18	Grants payable			6,276
	19 00	Deferred revenue			0,270
	20	Tax-exempt bond liabilities	56 / 95	20	43,173
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	45,175
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ja		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	E00 276		601 627
		of Schedule D	580,276.		<u>601,637</u> 731,676
_	26	Total liabilities. Add lines 17 through 25	/20,911.	26	/31,0/0
s		Organizations that follow FASB ASC 958, check here 🕨 🗴			
S		and complete lines 27, 28, 32, and 33.	240.004		00.000
alar	27	Net assets without donor restrictions			23,833
ñ	28	Net assets with donor restrictions	103,442.	28	112,040
ŭ		Organizations that do not follow FASB ASC 958, check here			
۳ ۲		and complete lines 29 through 33.			
s l	29	Capital stock or trust principal, or current funds		29	
ŝŝ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Se l	32	Total net assets or fund balances	453,306.		135,873
1	33	Total liabilities and net assets/fund balances	1,182,217.	33	867,549

Form 990 (2021)

132011 12-09-21

Form	990 (2021) SERVICES CORP.	43-12	35755	Pag	_{le} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,718		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,035		
3	Revenue less expenses. Subtract line 2 from line 1	3	-317		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	453	,30)6.
5	Net unrealized gains (losses) on investments	5			
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	135	,87	/3.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b		red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

(Form 99) Department of Internal Reve	of the Treasury nue Service	Co	omplete if the organ 49∕ ▶ ∕ ▶ Go to www.irs.gov	rity Status an lization is a section 501 47(a)(1) nonexempt cha Attach to Form 990 or F //Form990 for instruction	(c)(3) orga ritable tru form 990-l ons and th	anization o st. EZ. le latest ir	or a section		OMB No. 1545-0047
Name of	the organization		INAL RITTE	R INSTITUTE P	RESIDE	ENTIAI	4		identification number 3-1235755
Part I	Reason	or Public (Charity Status.	(All organizations must c	omplete th	nis part) S	ee instruction		3-1233733
				For lines 1 through 12, cl					
1		-		n of churches described	•		I)(A)(i).		
2				Attach Schedule E (Form			· · · · · · · · · · · · · · · · · · ·		
3				anization described in se		(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and state	e:							
5				lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
	section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	•		-	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in
•	-		omplete Part II.)						
8 🛄 9 🗍	-			(1)(A)(vi). (Complete Parl		d in aanii	nation with a	land grant	
9	•			in section 170(b)(1)(A)(i ulture (see instructions).				°,	•
	university:	n a nornano g	grant conege of agrici			ame, eny	, and state of	the conege	
10 X		on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
	activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11 📃	An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12	•	-	-	vely for the benefit of, to				•	
			-	d in section 509(a)(1) o					Check the box on
• □	-	-	• •	f supporting organization				-	aivina
a 🔄				upervised, or controlled gularly appoint or elect a	• • • •	-		•••••	
		•	complete Part IV, Se		majonty o				pporting
b			-	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
			•	anization vested in the sa		• •	•		•
			t complete Part IV,					• • • •	
с 🗌	Type III fur	ctionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functiona	lly integrate	ed with,
	its supporte	ed organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d	Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)
			с с	ation generally must sati	•		•	an attentiv	/eness
_	-			nplete Part IV, Sections					
e		•		written determination from			Type I, Type	II, Type III	
f Ent	er the number			nally integrated supportir					
		• •	about the supporte	d organization(s).					
	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Total									

CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.

43-1235755 Page 2

(Complete only if you checke fails to qualify under the test	ed the box on line 5	5, 7, or 8 of Part I o	or if the organizatio			•
Section A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I	,			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(4) 2011	(6) 2010	(0) 2010	(4) 2020		
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support	<u> </u>					
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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						
12 Gross receipts from related activities	, etc. (see instructi	ons)			12	
13 First 5 years. If the Form 990 is for t						
organization, check this box and sto						>
Section C. Computation of Publ					<u> </u>	
14 Public support percentage for 2021 (%
15 Public support percentage from 2020						%
16a 33 1/3% support test - 2021. If the				14 is 33 1/3% or r	nore, check this bo	
stop here. The organization qualifies		-				
b 33 1/3% support test - 2020. If the						
and stop here. The organization qua						
17a 10% -facts-and-circumstances tes						
and if the organization meets the fac			-		-	
meets the facts-and-circumstances to	-			•	17a and line 15 ia	
b 10% -facts-and-circumstances tes		-				10% 01
more, and if the organization meets t						
organization meets the facts-and-circ 18 Private foundation. If the organization						
	si ala not oncon a	201 01 110 10, 10		5, 011001 till5 00A (

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

SERVICES CORP. Part III Support Schedule for Organizations Described in Section 509(a)(2) 43-1235755 Page 3

(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 gualify under the tests listed below, please complete Part II.)

Section A. Public Support (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3514093 2218502. 1308467. 1759833. 471,575. 9272470. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 2186923. 1934376. 1586039. 1245517. 9238317. 2285462. 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 3345872. 1717092.18510787. 5799555 4405425. 3242843. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 18510787. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3242843 1717092.18510787. 9 Amounts from line 6 5799555 4405425. 3345872. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,450. 2,954. 3,294. 1,305. 1,077. 10,080. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,450 2,954 3,294 1,305. 1,077. 10,080. c 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.) 1718169.18520867. 5801005. 4408379. 3246137. 3347177. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 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 99.95 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 99.94 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .05 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % 17 .06 18 18 Investment income percentage from 2020 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a 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? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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Yes No

Part IV Supporting Organizations (continued)

Schedule A (Form 990) 2021

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations 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, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	<i>'</i>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	0 L		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
Ŀ	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" <i>provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	00		

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Schedule A (Form 990) 2021

SERVICES CORP.

CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.

Sche	dule A (Form 990) 2021 SERVICES CORP.			3-1235755 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on l	Nov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-			· - · · ·	/

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.

Sche	dule A (Form 990) 2021 SERVICES CORP			4	3-1235755 Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	CARDINAL SERVICES		INSTITUTE	RESIDENTIAL	43-1235755 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanation 5a, 6, 9a, 9b, 9 IV, Section E,	9c, 11a, 11b, and 1 ⁻ lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a a 1c; Part IV, Section B, lines and 3b; Part V, line 1; Part blete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, : V, Section B, line 1e; Part V,
132028 01-04-2	22			20		Schedule A (Form 990) 2021

		_
Schedule	B	

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	*
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Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

43-1235755

SERVICES	CORP.

Organization	1 type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

CARDINAL RITTER INSTITUTE RESIDENTIAL

Check if your organization is covered by the General Rule or a Special Rule.

4

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is the set in the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is the set in the set is the set is the set in the set is the set i

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>183,264.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>79,651.</u>	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,106.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 22,500.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)	

SERVICES CORP.

CARDINAL RITTER INSTITUTE RESIDENTIAL

Name of organization

Page **2** Employer identification number

43-1235755

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ <u> 10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ <u>8,856.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$9,408.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,796.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,504.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Part I

Name of organization CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

43-1235755

Schedule B (Form 990) (2021)

Page 2

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23 2021.05070 CARDINAL RITTER INSTITUTE 07178.01

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SERVIC	CES CORP.	43	-1235/55
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
13		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
14		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
15		\$54,580.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio

Schedule B (Form 990) (2021)

Name of organization CARDINAL RITTER INSTITUTE RESIDENTIAL ~~~~

Employer identification number

42 1005755

n

13			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4		Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4		Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Payroll Occupies Payroll Payroll Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		¢	Person Payroll Noncash

Schedule B (Form 990) (2021)

(Complete Part II for noncash contributions.)

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	B (Form 990) (2021)		Page 3
	organization NAL RITTER INSTITUTE RESIDENTIAL		Employer identification number
	CES CORP.		43-1235755
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
2	FOOD BOXES	_	
		\$\$79,6	51. 06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Listo received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Listo received
		\$	

Schedule B (Form 990) (2021)

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Schedule	B (Form 990) (2021)			Page 4								
	organization			Employer identification number								
	NAL RITTER INSTITUTE RE	SIDENTIAL										
	CES CORP.			43-1235755								
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line en	try. For organizations									
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. o	nce.) ► \$								
(a) No.	Use duplicate copies of Part III if additional	space is needed.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held								
<u> </u>												
		(e) Transfer of gif	t									
	T		Deletienskie of te									
	Transferee's name, address, a	na ZIP + 4	Relationship of th	ansferor to transferee								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held								
Part I												
	(e) Transfer of gift											
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									
(a) No.												
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held								
		e) Transfer of gif	•									
			L									
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee								
(a) No.												
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held								
<u> </u>												
		(e) Transfer of gif	t									
	Transferes's name address a	nd 7ID + 4	Polotionship of tr	anofarar to transforma								
	Transferee's name, address, a			ansferor to transferee								
123454 11-11	1-21	~~		Schedule B (Form 990) (2021)								
		26										

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	HEDULE D			al Financial S			ł	OMB No. 1545-0047	
(Forn	n 990)			anization answered "`), 11a, 11b, 11c, 11d, 1				2021	
	ment of the Treasury		· · · · · •	Attach to Form 990.				Open to Public	
	I Revenue Service			<u>90 for instructions an</u> STITUTE RESI		nation.		Inspection	
Nam	e of the organizati	SERVICES		STITUTE RESI	LDENTIAL			identification numbe 3 – 1 2 3 5 7 5 5	er
Par	tl Organiza	ations Maintaining		d Funds or Other	Similar Funds	or Ac			
		n answered "Yes" on F							
				(a) Donor advi	sed funds	(k) Funds and	d other accounts	
1	Total number at er	nd of year							
2		f contributions to (durin							
3		f grants from (during ye							
4		t end of year							
5		on inform all donors and			held in donor advi	sed fund	S		
	are the organizatio	on's property, subject to	the organization's	exclusive legal control	?			Yes N	lo
6	Did the organization	on inform all grantees, c	lonors, and donor a	advisors in writing that g	grant funds can be	e used on	lly		
	for charitable purp	ooses and not for the be	enefit of the donor o	or donor advisor, or for	any other purpose	conferrir	ng		
	impermissible priv							Yes	lo
Par		ation Easements.				Part IV,	line 7.		
1		servation easements he	, ,	、 · · · · · ·	<u>/).</u>				
		n of land for public use	(for example, recrea	ation or education)	Preservation o				
		of natural habitat		L	Preservation of	of a certif	ied historic s	structure	
		n of open space							
2	•	through 2d if the organ	ization held a quali	fied conservation contr	ibution in the form	of a con			
	day of the tax year					ŀ		it the End of the Tax Yea	ar
		onservation easements				·····	2a		
b	•	ricted by conservation				r	2b		
с		vation easements on a					2c		
d		vation easements inclu	., .						
2		nal Register					2d	the tex	
3	year	vation easements modi	neo, transierreo, rei	leased, extinguished, o	r terminated by th	e organiz	ation during	the tax	
4		where property subject	to conservation ear	sement is located					
5		tion have a written polic		-		-			
Ŭ	0	forcement of the conser		0, 1				Yes N	ю
6		r hours devoted to mor							
•				nanonig or riolationo,			- euconnonno	aannig me year	
7	· · · · · · · · · · · · · · · · · · ·	es incurred in monitorir	na. inspectina. hand	dling of violations, and	enforcina conserva	ation eas	ements durii	ng the vear	
	▶\$		5, T 5,	5	5			5	
8	Does each conser	vation easement report	ed on line 2(d) abov	ve satisfy the requireme	ents of section 170	(h)(4)(B)(i)		
	and section 170(h))(4)(B)(ii)?						Yes N	lo
9		be how the organizatior							
	balance sheet, and	d include, if applicable,	the text of the footr	note to the organizatior	n's financial statem	ents tha	t describes t	he	
		ounting for conservatio							
Par	_	ations Maintaining			easures, or O	ther Si	milar Ass	ets.	
	Complete if	f the organization answ	ered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization	elected, as permitted u	Inder FASB ASC 95	58, not to report in its re	evenue statement	and bala	nce sheet w	orks	
	of art, historical tre	easures, or other simila	r assets held for put	blic exhibition, educatio	on, or research in f	urtherand	ce of public		
	service, provide in	Part XIII the text of the	footnote to its finar	ncial statements that de	escribes these iter	ns.			
b	If the organization	elected, as permitted u	Inder FASB ASC 95	58, to report in its reven	ue statement and	balance	sheet works	of	
	art, historical treas	sures, or other similar as	ssets held for public	c exhibition, education,	or research in furt	herance	of public ser	vice,	
	provide the followi	ing amounts relating to	these items:						
	(i) Revenue inclu	ded on Form 990, Part	VIII, line 1				▶ \$		
	(ii) Assets included in Form 990, Part X								
2									
	the following amou	unts required to be repo	orted under FASB A	SC 958 relating to the	se items:				
а	Revenue included	on Form 990, Part VIII,	line 1				▶ \$		
		Form 990, Part X					▶ \$		
LHA	For Paperwork R	eduction Act Notice, s	ee the Instruction	s for Form 990.			Scheo	lule D (Form 990) 20	21
132051	10-28-21								
				27					

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		L RITTER	INSTII	UTE F	RESIDENT	IAL			~	
Sche	dule D (Form 990) 2021 SERVICES					<u></u>			35755	
Par	t III Organizations Maintaining Co								(continu	ed)
3	Using the organization's acquisition, accession	on, and other reco	ords, check	any of the	e following that	make sign	ificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition				kchange progra					
b	Scholarly research		e 🗌 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit or		-		-				7	
Der	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		plete if the	organizat	ion answered "	Yes" on Fo	orm 990	, Part IV, I	ine 9, or	
4	· · · · · · · · · · · · · · · · · · ·									
та	Is the organization an agent, trustee, custodia		-						7.2	X No
	on Form 990, Part X?		6 - 11					L	Yes	
b	If "Yes," explain the arrangement in Part XIII a	and complete the	following ta	able:					Amount	
	5								Amount	
	Beginning balance						1c			
	Additions during the year						1d			
-	Distributions during the year						1e			
f	Ending balance						1f	v	Yes	<u> </u>
	Did the organization include an amount on Fo					-				No X
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it									
		(a) Current year		rior year	(c) Two year) Three v	ears back	(e) Four y	ears back
10	Beginning of year balance	(4) 0 4.1 0 1.1 9 0 4.	(-).	, iei yeu	(0) 110 your		,		(0) : 0 a. j	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
e										
f	and programs Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the current	ont year and hala	nco (lipo 1a	column						
	Board designated or quasi-endowment		nce (inte Ty %	, column	(a)) Helu as.					
a b	Permanent endowment		70							
0		70 %								
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
20	Are there endowment funds not in the posses		vization that	are hold	and administor	od for the (vrapniza	ntion		
Ja		ssion of the organ		are neiu			nyaniza		Γ γ	'es No
	by: (i) Unrelated organizations								3a(i)	
									3a(ii)	
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the				•				50	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 9	990, Part IV,	, line 11a.	See Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost o basis (inve			st or other s (other)	(c) Acc depre	umulate	ed	(d) Book	value
1a	Land		,							
	Buildings				67,547.	5	57,32	11.	10	,236.
	Leasehold improvements					-	-		-	
	Equipment				93,772.	g	3,59	92.		180.
	Other				62,510.		8,04		14	,467.
	Add lines 1a through 1e. (Column (d) must ed		art X colum							,883.
		<u>4441 1 0111 330, FC</u>			100./	<u></u>		<u> </u>		000 0001

Schedule D (Form 990) 2021

CARDINAL	RITTER	INSTITUTE	RESIDENTIAL
SERVICES	CORP.		

Schedule D (Form 990) 2		RP.		43-1235755 Page 3
	ents - Other Securities.			
Complete i	f the organization answered "Yes"		11b. See Form 990, Part X, line 12.	
(a) Description of securit	ty or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives	\$			
(2) Closely held equity i	interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal	Form 990, Part X, col. (B) line 12.)			
Part VIII Investme	ents - Program Related.			
Complete i	f the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Descr	iption of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Form 990, Part X, col. (B) line 13.)			
Part IX Other As				
Complete i	f the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1) DUE FROM	ARCHDIOCESAN ENT	ITIES		44,290.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	equal Form 990, Part X, col. (B) lin	e 15)		▶ 44,290.
Part X Other Li	abilities.			
Complete i	if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.
1.	(a) Description of liability			(b) Book value
(1) Federal income				
	RCHDIOCESAN ENTIT	IES		601,637.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Totol (0, 1,, (1))		27.)		▶ 601,637.
	equal Form 990, Part X, col. (B) lin			· · · · · · · · · · · · · · · · · · ·
2. Liability for uncertain	n tax positions. In Part XIII, provide	e the text of the foothote to	the organization's financial statemer	nts that reports the

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

CARDINAL	RITTER	INSTITUTE	RESIDENTIAL
CEDUTCEC	CODD		

	dule D (Form 990) 2021 SERVICES CORF.		4J-IZJJ/JJ Page-	T
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	-	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

ST.	ELIZZ	ABETH	MAINT	AINS A	SEP.	ARATE	RES	SIDENT	' TRU	ST FUNI	ACCOU	NT WHERE	THE
RES	IDENT	S MAY	MAKE	DEPOSI	TS A	ND WI	THDE	RAWALS	5. TH	ERE IS	A SEPA	RATE BANI	K
ACC	OUNT 2	AT CO	MMERCE	BANK	AS W	ELL A	AS A	PETTY	CAS	H FUND	AT ST.	ELIZABE'	TH.
THE	ACCO	JNT I	S RECO	NCILED	MON	THLY.	REC	CORDS	ARE 1	MAINTA	INED IN	MATRIX,	THE
<u>A/R</u>	BILL	ING S	OFTWAR	E USEI) BY	ST. E	LIZA	ABETH.	1				

PART X, LINE 2:

THE INDIVIDUAL AGENCIES THAT COMPRISE THE ARCHDIOCESE ARE LISTED IN THE

OFFICIAL CATHOLIC DIRECTORY AND, THEREFORE, ARE TAX-EXEMPT PUBLIC

CHARITIES UNDER SECTION 501(C)(3) AND SECTION 509(A) OF THE INTERNAL

REVENUE CODE, EXCEPT FOR HOLY INFANT & ST. JOSEPH ASSOCIATES, LP, ROSATI 132054 10-28-21

Schedule D (Form 990) 2021

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CARDINAL RITTER INSTITUTE RESIDENTIAL Schedule D (Form 990) 2021 SERVICES CORP. 43-1235755 Page 5 Part XIII Supplemental Information (continued) Continued) Continued
APARTMENTS, LP AND ST. JOHN NEUMANN ASSOCIATES, LP. HOLY INFANT & ST.
JOSEPH ASSOCIATES, LP, ROSATI APARTMENTS, LP AND ST. JOHN NEUMANN
ASSOCIATES, LP, ARE PARTNERSHIPS ESTABLISHED AS PASSTHROUGH ENTITIES FOR
TAX PURPOSES. AS SUCH, THE ARCHDIOCESE CAN ONLY BE TAXED ON INCOME FROM
ANY ACTIVITIES UNRELATED TO THEIR CHARITABLE PURPOSE. AT JUNE 30, 2022 AND
2021, THE ARCHDIOCESE HAD NOT IDENTIFIED ANY SUCH REVENUE; THEREFORE, NO
TAX EXPENSE HAS BEEN RECORDED. THE ARCHDIOCESE DOES NOT HAVE ANY UNCERTAIN
TAX POSITIONS.
132055 10-28-21

132055 10-28-21

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni [.]	ted States		OMB No. 15	2 1
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 for	m 990. r the latest inform	nation.		Open to Inspec	
Name of the organizati	on CARDINAL SERVICES		STITUTE RES					Employer identification 43-123	
	nformation on Grants a								
criteria used to a	zation maintain records t ward the grants or assis IV the organization's pro	stance?							🗌 No
Part II Grants an	d Other Assistance to hat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the orga	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
.,	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
3 Enter total numb	per of section 501(c)(3) a per of other organization	s listed in the line 1	table					▶	

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

CARDINAL RITTER INSTITUTE RESIDENTIAL

Schedule I (Form 990) 2021

SERVICES CORP.

43-1235755

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CONTRIBUTED GOODS	1431	0.	79,651.	FMV	BOXES OF FOOD
IEDICAL	97	1,291.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE SPENDING OF FUNDS FOR AID TO INDIVIDUALS IS MONITORED BY THE

ORGANIZATION THROUGH MONTHLY BUDGET ANALYSIS.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	71			
		Compensated Employees		20				
Dono	rtment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	ne of the organizatio	CARDINAL RITTER INSTITUTE RESIDENTIAL	Employer i			mber		
		SERVICES CORP.	43-1	23575	5			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropr	ate 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 o	charter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>		
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant						
	Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee					
4	During the year di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-			4a		x		
b		e payment or cnange-or-control payment?				X		
						x		
U		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on					
-	contingent on the							
а	•			5a		X		
		ation?				X		
		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r							
а	-	~ 		6a		X		
		ation?				X		
		or 6b, describe in Part III.						
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3					
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)) 2021		

132111 11-02-21

CARDINAL RITTER INSTITUTE RESIDENTIAL

Schedule J (Form 990) 2021

SERVICES CORP.

43-1235755

Page 2

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

For each individual whose compensation must be reported 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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THERESA RUZICKA	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO THRU 6/5/22	(ii)	195,219.	0.	0.	10,044.	14,705.	219,968.	0.
(2) CHRIS BAECHLE	(i)	0.	0.	0.	0.	0.	0.	0.
CEO/ASST. SECRETARY	(ii)	188,301.	0.	0.	0.	18,925.	207,226.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

SERVICES CORP.

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY

GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS.

ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY

THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS

FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL

INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR

THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO

REVIEWED WHEN DETERMINING SALARY INCREASES.

Schedule J (Form 990) 2021

(Fo	rm 990)						20	21	
	ment of the Treasury I Revenue Service	Attach to Form 990			n Form 990, Part IV, lines 2 I the latest information.	9 or 30.	Open to Public Inspection		
Nam	e of the organizatior	CARDINAL RIT	TER IN	STITUTE RI	ESIDENTIAL	Employer	identificatio	n nun	nber
		SERVICES COR	Ρ.			4	3-12357	755	
Pa	rt I Types of	Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) I of determini Intribution an	•	S
1									
2		sures							
3		erests							
4		tions							
5		ehold goods							
6		nicles							
7	Boats and planes								
8	Intellectual propert	у							
9	Securities - Public	y traded							
10	Securities - Closely	/ held stock							
11	Securities - Partner	rship, LLC, or							
	trust interests								
12	Securities - Miscell	aneous							
13	Qualified conserva	tion contribution -							
	Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid	ential							
16	Real estate - Comr	nercial							
17	Real estate - Other								
18	Collectibles								
19	Food inventory		X	1	79,651.	FMV			
20		supplies							
21	Taxidermy								
22									
23		ns							
24		acts							
25)							
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms	3283 received by the organi	zation during	g the tax year for co	ontributions				
	for which the organ	nization completed Form 82	83, Part V, D	onee Acknowledg	ement				
								Yes	No
30a	During the year, di	d the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at lea	ast three years from the dat	e of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes f	or the entire holding period	?				30a		Х
b		he arrangement in Part II.							
31	Does the organizat	tion have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	tions?	31		Х
32a	Does the organizat	tion hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?	•					32a		Х
b	If "Yes," describe i								
33	If the organization	didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is che	cked,			
	describe in Part II.				· ·				
LHA	For Paperwork	Reduction Act Notice, see	the Instruct	tions for Form 990).	Scheo	dule M (Form	n 990)	2021

Noncash Contributions

OMB No. 1545-0047

132141 11-17-21

SCHEDULE M

CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.

Schedule M (Form 990) 2021 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2021

43-1235755

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. CARDINAL RITTER INSTITUTE RESIDENTIAL Name of the organization SERVICES CORP.



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

ASSISTS CARDINAL RITTER SENIOR SERVICES IN PROVIDING COMPASSIONATE CARE

Supplemental Information to Form 990 or 990-EZ

THROUGH A CONTINUUM OF HIGH QUALITY RESIDENTIAL, HEALTHCARE AND

SUPPORTIVE SOCIAL SERVICES. WE BRING THE MISSION TO LIFE BY LIVING THE

CORE VALUES OF LOVE, COMPASSION, HOPE AND INTEGRITY.

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

MISSION TO LIFE BY LIVING THE CORE VALUES OF LOVE, COMPASSION, HOPE AND INTEGRITY.

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

CARDINAL RITTER SENIOR SERVICES (CRSS) PAYS VENDORS THROUGH THE MANAGEMENT AGENT'S DISBURSEMENT SYSTEM FOR THE ORGANIZATION. THIS PROCEDURE WAS IMPLEMENTED FOR THE PURPOSE OF UTILIZING THE MOST COST EFFECTIVE METHOD TO CONSERVE THE ORGANIZATION'S PROCESSING COSTS AND TO PROVIDE INTERNAL CONTROLS TO SAFEGUARD ASSETS. CRSS PAYS ALL EXPENSES, SALARIES, AND FRINGE BENEFITS INCLUDING PAYROLL, FOR THE ORGANIZATION. IN ADDITION, THE FEDERAL W-2 FORMS FOR SALARIES AND PAYROLL TAX RETURNS ARE INCLUDED ON CRSS' RECORDS. THE ORGANIZATION REIMBURSES CRSS ON A REGULAR BASIS FOR THESE EXPENDITURES. CRI-RSC HAD 28 EMPLOYEES DURING THE YEAR ENDED JUNE 30, 2022.

THE ORGANIZATION PAYS A BOOKKEEPING FEE TO THE ARCHDIOCESE OF ST. LOUIS. ADDITIONALLY, A MANAGEMENT FEE IS PAID TO THE ST. LOUIS ARCHDIOCESE FUND (SLAF) FOR THE MANAGEMENT OF THE ORGANIZATION'S INVESTMENTS.

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

Schedule O (Form 990) 2021	Page 2
Name of the organization CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.	Employer identification number 43-1235755
THE ORGANIZATION HAS ONE MEMBER, CATHOLIC CHARITIES OF ST.	LOUIS (CATHOLIC
CHARITIES) WHICH HAS RESERVED POWERS OVER THE ORGANIZATION	. THE ARCHBISHOP
OF ST. LOUIS IS A MEMBER WITH RESERVED POWERS OVER CATHOLI	C CHARITIES, BY
WHICH THE ARCHBISHOP HAS ALSO RESERVED POWERS OVER THE ORG	ANIZATION.

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

THE ORGANIZATION HAS ONE MEMBER, CATHOLIC CHARITIES OF ST. LOUIS (CATHOLIC CHARITIES), WHICH HAS RESERVED POWERS OVER THE ORGANIZATION. THE ARCHBISHOP OF ST. LOUIS ALSO HAS RESERVED POWERS OVER THE ORGANIZATION. THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP TO 50% OF THE BOARD OF DIRECTORS AND TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B: AS THEY ARE MEMBERS WITH RESERVED POWERS, VARIOUS DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY CATHOLIC CHARITIES OF ST. LOUIS, AND THE ARCHBISHOP OF ST. LOUIS.

ADDITIONALLY, THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITOR FOR ALL ARCHDIOCESAN ENTITIES.

FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE ORGANIZATION HAS PROVIDED A .PDF COPY OF THE FORM 990 TO THE MEMBERS OF THE GOVERNING BOARD VIA EMAIL PRIOR TO FILING OF THE TAX RETURN. THE EMAIL SENT TO THE GOVERNING BOARD REQUESTS THAT ALL MEMBERS REVIEW THE FORM 990 AS OF A SELECT DATE. ANY QUESTIONS AND COMMENTS ARE TO BE SENT TO THE CHIEF 132212 11-11-21 Schedule O (Form 990) 2021

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2021.05070 CARDINAL RITTER INSTITUTE 07178.01
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Name of the organization CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.	Employer identification number 43-1235755
FINANCIAL OFFICER. ONCE ALL QUESTIONS AND COMMENTS ARE REV	IEWED/CLEARED BY
THE CHIEF FINANCIAL OFFICER, THE FORM 990 IS ACCEPTED FOR	FILING AND A
REPRESENTATION LETTER IS SIGNED BY THE CHIEF EXECUTIVE OFF	ICER. AT THIS
POINT, THE FORM 990 IS FILED WITH THE IRS.	

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

UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, PERSONS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS. ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO REVIEWED WHEN DETERMINING SALARY INCREASES.

FORM 990, PART VI, SECTION C, LINE 19:

ANYONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MUST CONTACT THE

CHIEF FINANCIAL OFFICER, AS THIS INFORMATION IS AVAILABLE TO THE PUBLIC

UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

132212 11-11-21

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization CARDINAL RITTER INSTITUTE RESIDEN SERVICES CORP.	TTIAL Employer identification number 43-1235755
ADMIN-FEES & SERVICES:	
PROGRAM SERVICE EXPENSES	30,565.
MANAGEMENT AND GENERAL EXPENSES	349,340.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	379,905.
BANK SERVICES:	
PROGRAM SERVICE EXPENSES	3,598.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,598.
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	1,867.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,867.
PERSONNEL SERVICES:	
PROGRAM SERVICE EXPENSES	558.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	558.
OTHER FEES AND SERVICES:	
PROGRAM SERVICE EXPENSES	7,713.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0 • Schedule O (Form 990) 202
42	ARDINAL RITTER INSTITUTE 0717

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Schedule O (Form 990) 202	21			Page 2
Name of the organization	CARDINAL SERVICES	INSTITUTE	RESIDENTIAL	Employer identification number 43-1235755
TOTAL EXPENSES	5			7,713.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 393,641.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

AND SELECTION OF AN INDEPENDENT AUDITOR.

Schedule O (Form 990) 2021

132212 11-11-21

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer ide 43 - 121 Name of the organization CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP. Employer ide 43 - 121 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Dir		tion umber
Name of the organization CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP. Employer ide 43-12 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (e) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Dir	35755 (f) rect controllin	
(a)(b)(c)(d)(e)Name, address, and EIN (if applicable)Primary activityLegal domicile (state orTotal incomeEnd-of-year assetsDir	rect controlling	
Name, address, and EIN (if applicable)Primary activityLegal domicile (state orTotal incomeEnd-of-year assetsDir	rect controlling	g
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax organizations during the tax year.	c-exempt	
(a)(b)(c)(d)(e)(f)Name, address, and EIN of related organizationPrimary activityLegal domicile (state or foreign country)Exempt CodePublic charityDirect controllingforeign countryforeign country)sectionstatus (if sectionentity	ng _{cont}	(g) 512(b)(13) trolled ntity?
501(c)(3))	Yes	No
ARCHDIOCESE OF ST. LOUIS - 43-0653244 20 ARCHBISHOP MAY DRIVE ST. LOUIS, MO 63119 RELIGIOUS ORGANIZATION MISSOURI 501(C)(3) LINE 1 LOUIS		x
CATHOLIC CHARITIES OF ST. LOUIS - 43-0653270 ARCHBISHOP OF 4445 LINDELL BLVD. ARCHBISHOP OF ST. LOUIS, MO 63108 SOCIAL SERVICES	ST.	x
CARDINAL CARBERRY SENIOR LIVING CENTER -		
43-1826117, 7601 WATSON ROAD, ST. LOUIS, MO ARCHBISHOP OF 63119 SUPPORTIVE SERVICES	ST.	x
CARDINAL RITTER SENIOR SERVICES - 43-0811604 ARCHBISHOP OF 7601 WATSON ROAD SOCIAL SERVICES ST. LOUIS, MO 63119 SOCIAL SERVICES	ST.	x

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

Schedule R (Form 990) 2021

Schedule R (Form 990)

SERVICES CORP.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled zation?
		loreign country,		501(c)(3))		Yes	No
MARY QUEEN AND MOTHER ASSOCIATION -							
43-1208064, 7601 WATSON ROAD, ST. LOUIS, MO					ARCHBISHOP OF ST.		
63119	SKILLED NURSING SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х
MOTHER OF PERPETUAL HELP RESIDENCE, INC							
43-1711912, 7609 WATSON ROAD, ST. LOUIS, MO					ARCHBISHOP OF ST.		
63119	ASSISTED LIVING FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х
OUR LADY OF LIFE APARTMENTS - 43-1229749							
7601 WATSON ROAD	INDEPENDENT LIVING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х
ST. AGNES APARTMENTS, INC 43-1447602							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
ST. JOHN NEUMANN APARTMENTS, INC							
43-1335641, 7601 WATSON ROAD, ST. LOUIS, MO	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
63119		MISSOURI	501(C)(3)	LINE 10	LOUIS		х
ST. PATRICK APARTMENTS, INC 43-1090662							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119		MISSOURI	501(C)(3)	LINE 10	LOUIS		х
ST. PATRICK APARTMENTS II, INC 43-1847771							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS MO 63119		MISSOURI	501(C)(3)	LINE 10	LOUIS		х
HOLY ANGELS APARTMENTS, INC 75-2984948							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119		MISSOURI	501(C)(3)	LINE 10	LOUIS		х
HOLY ANGELS APARTMENTS II, INC 83-0349296							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS MO 63119	- FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
POPE JOHN PAUL II APARTMENTS, INC							
43-1774480, 7601 WATSON ROAD, ST. LOUIS, MO	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		x
ST. CLARE OF ASSISI SENIOR VILLAGE, INC							
75-2985292, 7601 WATSON ROAD, ST. LOUIS, MO	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		x
ST. WILLIAM APARTMENTS II, INC 26-4401173							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		x

Schedule R (Form 990)

SERVICES CORP.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
ST. WILLIAM APARTMENTS, INC 20-8199655	_						
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х
CARDINAL RITTER GENERAL PARTNER CORPORATION							
- 45-4151973, 7601 WATSON ROAD, ST. LOUIS,					ARCHBISHOP OF ST.		
MO 63119	SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х
SAINT LOUIS COUNSELING, INC 43-1338511							
9200 WATSON ROAD, SUITE G101					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63126	SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х
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CARDINAL RITTER INSTITUTE RESIDENTIAL

Schedule R (Form 990) 2021 SERVICES CORP.

43-1235755 Page 2

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

		,					1				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	managir partner	⁹ Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
HOLY INFANT & ST. JOSEPH											
ASSOCIATES LP - 26-1150111,											
7601 WATSON ROAD, ST. LOUIS,	LOW-INCOME										
MO 63119	HOUSING	MO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
ST. JOHN NEUMANN ASSOCIATES	7										
LP - 80-0929525, 7601 WATSON	LOW-INCOME										
ROAD, ST. LOUIS, MO 63119	HOUSING	MO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
	7										
	7										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion b)(13) rolled ity?
		country)		01 11000		400010		Yes	No
									1
									1
									1
									1

CARDINAL RITTER INSTITUTE RESIDENTIAL SERVICES CORP.

Schedule R (Form 990) 2021 SI

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	·		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			X
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	<u>1f</u>		x
g Sale of assets to related organization(s)	<u>1g</u>		X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)		X	_
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
I Performance of services or membership or fundraising solicitations for related organization(s)		X	
m Performance of services or membership or fundraising solicitations by related organization(s)			Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses		x	
q Reimbursement paid by related organization(s) for expenses		X	_
r Other transfer of cash or property to related organization(s)			x
s Other transfer of cash or property from related organization(s)			X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships a	and transaction thresholds.		

CARDINAL RITTER INSTITUTE RESIDENTIAL

Schedule R (Form 990) 2021 SERVICES CORP.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

CARDINAL	RITTER	INSTITUTE	RESIDENTIAL
SERVICES	CORP.		

Schedule	R	Form	990)	2021
JULIEUUIE	111		330	12021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instru CARDINAL RITTER INSTITUTE R SERVICES CORP.		NTIAL	Taxpayer	identificatio	n number (TIN)
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 7601 WATSON ROAD	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for ST LOUIS, MO 63119	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above)	06	Form 8870			12
Form 990)-T (corporation)	07	OUIS FINANCE OFFIC			
 If the of If this box ▶ 1 I re the ▶ 2 If th 	quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginning JUL 1 , 2021 ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's , an heck reasc	mption Number (GEN) I ch a list with the names and TINs of <u>Z</u> 15, 2023, to file return for: d ending	f this is fo all memb	r the whole gers the externation of the externation	group, check this
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b lftł	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			-
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Ba	ance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by			-
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment
IHA F	or Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions		Form 8	8868 (Rev. 1-2022)

123841 01-12-22

Return of Organization Exempt From Income Tax Control To Colspan="2">Control To Control To Colspan="2">Control To Control To Control To Colspan="2">Control To Control To C				** PUBLIC DISCLOSURE COPY *	* *	
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>		Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
Description Description Description Description Description A For the 2021 calendary year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 D Employer identification number B constant CARDINAL RITTER SENIOR SERVICES D Employer identification number 43-0811604 Winther and street (of P.0. bot if mails inci delivered to street address) Room/suite E Telephone number Figure 1 Constantes 802,868. Streetwork 802,868. View 1 Figure 1 Streetwork View 1 View 1 View 1 View 1 Figure 1 Streetwork View 1 View 1 View 1 View 1 Streetwork Streetwork View 1 View 1 View 1 View 1 Streetwork Streetwork View 1	For	m y	90			ons) 2021
Bit ment Benerse Benerse Impediation Impediation Impediation A For the 2827 calendar year. or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 B Creck and a service of tax year beginning JUL 1, 2021 and ending JUN 30, 2022 B Creck and tax and the service of tax year beginning JUL 1, 2021 and ending JUN 30, 2022 B Creck and tax and the service of tax year beginning JUL 1, 2021 and ending JUN 30, 2022 CARDINAL RITTER SENIOR SERVICES Junber and street (0P.0. box if mail is not delivered to street address) Roomsuite T at a second part of the service of province, country, and ZIP of foreign postal code Gravesweets 8 802, 868. Market ST Total SAS C ABOVE H(a) bit is a second part of the service (X No No I tax exempt status: Summary Year of target and tax sec instructions H(b) Are at socond part of the second part of the second part of target and tax at target and t	Depa	artment	of the Treasury	-		
B Control CName of organization D Employer identification number CARDINAL RITTER SENIOR SERVICES 43-0811604 Comparison Doing business as 43-0811604 Number and street (ar P0, box if mail is not delivered to street address) Rounvisule 14-961-8000 Tax exempt status ST LOUIS, MO 63119 H(a) Is this a group return 60 creations at 802,868. Tax exempt status ST LOUIS (S) S01(c) (S) S01(c) (S) S01(c) (S) J Webster WWW. CARDINALRITTERSENIORSERVICES.ORG/ H(b) Are at poordmate nucker? Yes No I Tax exempt status S01(c) (S) S01(c) (S) S01(c) (S) S01(c) (S) S01(c) (S) J Webster WWW. CARDINALRITTERSENIORSERVICES.ORG/ H(c) Are at poordmate nucker? Yes No I Breity describe the organization's mission or most significant activities: WORK TO IMPROVE THE QUALITY OF LIFE OF THE ELDERLY WITHIN THE COMMUNITY OF ST. LOUIS BY PROMOTING 2 Check this box Imperiod to transmission or most significant activities: WORK TO IMPROVE THE QUALITY OF Control to runner of materiation discontinued is operation or disposed of more than 25% of the net assets. 3 Number of volumeers of the oporaning body (Part V, line 1b) 4 19 5 Total number of volundesendopeut ontom Form 9007, Part L line 11	Inter	nal Reve	enue Service			-
Address When Weight					,	
CARDINAL XLITER SERVICES 43-0811604 Origo business as Number and street (uP 0.b (b) (in mail is not delivered to street address) Room/sulte E Telephone number Time Total NATSON ROAD B007/sulte E Telephone number Origo business as an Total WATSON ROAD B02,868. Matter SAME AS C ABOVE H(b) Are at autocidates? Yes X No I Tax-exempt status: [X] 501(c)(3) 501(c) () () (message) (mest no.) 4947(a)(1) or 527 J Website: > WWW CARDINALRITTERSENIORSERVICES ORG/ H(b) Are at autocidates? Yes X No I Tax-exempt status: [X] 501(c)(3) 501(c) () () (message) (mest no.) 4947(a)(1) or 527 J Website: > WWW CARDINALRITTERSENIORSERVICES ORG/ LYear of tormation: 1966 M State of legal domilel: MO Pert II Summary I Briefly describe the organization: Statisco or most significant activities: WORK TO IMPROVE THE QUALITY OF LIFE OF THE ELDERLY WITTHIN THE COMMUNITY OF ST. LOUIS BY PROMOTING 1 99 Catal number of independent voting members of the governing body (Part VI, line 1a) 3 (21 A Number of voling members of the governing body (Part VI, line 1a) 3 (21, 634, 100, 657. Tata number of individuals employed in calendary year 2021 (Part VI, line 1a) 3 (20, 935. 599	B	Check if applicab	le: C Name of	organization	D Employer identi	fication number
Number of programmeters of the governing body (Part V), line 1a) 3 - 0.811604 Taxexempter status: [X] Sill(3) Sill(3) Sill(3) Sill(3) Sill(3) I are and street of province, country, and ZIP or foreign postal code G. cross recents 802,868. Amender Amender Sill AS C ABOVE H(a) Is this a group return for subcordinates? Yes Non H(a) Is this a group return for subcordinates? I areaxempter status: [X] Sill(3) Sill(3) Sill(3) Sill(3) Sill(3) J Website: Part I Summary WWN. CARDINALRITTERSENTORSERVICES.ORG/ I Brefly describe the organization is mission or most significant activities: WORK TO IMPROVE THE QUALITY OF LIPE OF THE ELIDERLY WITHIN THE COMMUNITY OF ST. LOUIS BY PROMOTING 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volume mores of the governing body (Part V, line 1a) 3 2 2 4 Number of individuals employed in calendary ear 2021 (Part V, line 1a) 3 2 2 4 Number of individuals employed in calendary ear 2021 (Part V, line 1a) 3 2 2 5 Contributions and grants (Part VIII, Ine 1n) 770, 538. 199, 924. <		Addre		TNAL RITTER SENTOR SERVICES		
Head Number and steet (in P.0. box if mail is not delivered to street address) Room/suite E Telephone number Approved the street and the steet or province, country, and ZIP or foreign postal code ST LOUIS, MO 63119 G 0 correstreets ST LOUIS, MO 63119 B02,968. F Name and address of principal officer: CHRIS BAECHLE SAME AS C ABOVE F Name and address of principal officer: CHRIS BAECHLE SAME AS C ABOVE H(a) Is this a group return for subordinates incluster? Yes No I Taxexempt status: IX S010(3) 501(c) ((insert no.) 4947(a)(1) or for subordinates incluster? Yes No I Briefly describe the organization status: TX Softo(1) (insert no.) 4947(a)(1) or for subordinates incluster? Yes No I Briefly describe the organization's mission or most significant activities: WOR X TO IMPROVE THE QUALITY OF LIFE OF THE ELDERLY WITHIN THE COMMUNITY OF ST. LOUIS BY PROMOTING 2 Check this box > in the organization ficeonting body (Part VI, line 1a) 3 2 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 2.900 6 Total number of outing members of the governing body (Part VI, line 1a) 380, 935, 599, 824. 9 Program service revence (Part VIII, column (C), line 12 7a 0. 10 Investment income (Part VIII, line 1h) 380, 935, 5599, 824. <		Name			43-08116	604
Total warson 314-961-8000 City or town, state or province, country, and ZIP or foreign postal code ST LOUIS, MO 63119 802,868. Pender Pender State F Name and address of principal officer. CIRIS BAECHLE H(a) its his a group return for subordinates? Yes X No I trax.exempt status: X 501(c)(3) 501(c) (4) (nest no.) 4947(a)(1) or 10 wet subordinates? Yes X No I trax.exempt status: X 501(c)(3) 501(c) (1) (nest no.) 4947(a)(1) or 10 wet subordinates? Yes X No I trax.exempt status: X 501(c)(3) 501(c) (1) (nest no.) 4947(a)(1) or 10 wet subordinates? Yes X No I wobstt: WWW. CARDINALRITTERSENIORSERVICES.ORG/ H(b) wet subordinates? Yes X No Part I Summary I briefly describe the organization's mission or most significant activities: WORK TO IMPROVE THE QUALITY OF 5 T. LOUIS BY PROMOTING 2 Check this box I the organization is discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of indipendent voting members of the governing body (Part VI, line 1a) 3 210 4 Number of indipendent voting members of the governing body (Part VI, line 1a) 3 210 5 total number of voting members of the governing body (Part VI, line 1a) 3 210		Initial				
Stripping City or town, state or province, courtry, and ZIP or foreign postal code Grows reseaps 3 802,868. Main and the stripping STL LOUIS, MO 63119 H(a) is this a group return for subordinates? Yes No I Tax-exempt status: XS 501(c)(3) 501(c)(1) (insett no.) 4947(a)(10 227 I website: WWW. CARDINALRITTERSENIORSERVICES.ORG/ H(b) <i>xe</i> all subordinates? Yes No I tax-exempt status: XS 501(c)(1) Sasciation Other L year of formation: 1966 M state of legal domicie: MO Part I Summary I Briefly describe the organization's mission or most significant activities: WORK TO IMPROVE THE QUALITY OF LIFE OF THE ELDERLY WITHIN THE COMMUNITY OF ST. LOUIS BY PROMOTING 2 6 2990 2 Total number of indiceated business taxable in calend ray enzor1 (Part V, line 2a) 5 2990 6 999 7 a Total number of volunteers (estimate if necessary) 7a 0.1 20. 20. 5 299, 824. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7c) 773, 559. 802, 868. 191, 933. 191, 933. 10 Investment income (Part VIII, column (A), lines 5, 61, 80, 60, 10, and 11		Final	7601	, , , , , , , , , , , , , , , , , , , ,		
ST LOUIS, MO 63119 H(a) is this a group return for subordinaties? Yes X no Applica- ingended SAME AS C ABOVE No H(a) is this a group return for subordinaties? Yes No I taxexempt status: Soft(x) 501(x) Image: Soft (x) H(b) <i>kee</i> is advording include? Yes No J website: WWW.CARDINALRITTERSENIORSERVICES.ORG/ H(b) <i>kee</i> is advording include? Yes No Form of organization: X Corporation Tust Association Uter of formation: 1966 M State of legal dunicit: MO Part I Summary State of soft (x) WITHIN THE COMMUNITY OF ST. LULIS BY PROMOTING 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 21 4 Number of indipendent voting members of the governing body (Part VI, line 1a) 3 21 5 Total number of volunteers (estimate if necessary) 7a 0. 2 7 total unrelated business revenue (Part VIII, column (A), lines 3, 4, and 7d) 310, 535. 599, 624. 404. 10 Other evenue (Part VIII, column (A), lines 4, 4, and 7d) 127, 485. 91, 256. 1391,		termir		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	802,868.
SAME AS C ABOVE H(b) Are at subcirculates includes? Yes No I Taxexempt status: 30 10(a) (insert n.). 4947(a)(1) or 217 H(b) Are at subcirculates includes? Yes No Website:-WWW.CCARDINALRITTERSENIORSERVICES.ORG/ H(c) Group exemption number > H(c) Are at subcirculates includes? H(c) Are at subcirculates includes? Yes No Part I Summary I Briefly describe the organization's mission or most significant activities: WORK TO IMPROVE THE QUALITY OF 1 Diriefly describe the organization's mission or most significant activities: WORK TO IMPROVE THE QUALITY OF 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 21 4 Number of viding members of the governing body (Part VI, line 1a) 4 19 5 290 5 290 6 999 7a 0 7a			ST L	OUIS, MO 63119	H(a) Is this a group	return
SAME ASS C ABOVE MBD Area autoriantes included? Yes No I Taxexemptisitatus: Sillo(13) 501(c)(1) (insert no.) 4947(a)(1) or 527 H(b) Are al subcritaintes included? Yes No J Website: WWW. CARDINALRITTERSENIORSERVICES.ORG/ H(c) Group exemption number H(c) Group exemption number H(c) Group exemption number Reference Signature I Briefly describe the organization's mission or most significant activities: WORK TO IMPROVE THE QUALITY OF LIFE OF THE ELDERLY WITHIN THE COMMUNITY OF ST. LOUIS BY PROMOTING 2 Check this box if the organization discontinue di ts operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2021 (Part V, line 1a) 4 19 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 299.0 6 Total number of individuals employed in calendar year 2021 (Part V, line 1b) 7a 0. 0. 9 Program service revenue (Part VIII, column (C), line 12 7a 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3.4, and 7d) 452. 404.1 10, 657.		tion			for subordinate	es? Yes X No
J Website: ▶ WWW. CARDINALRITTERSENIORSERVICES.ORG/ H(c) Group exemption number K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 19 66 M State of legal domicile; MO Part I Summary 1 Briefly describe the organization's mission or most significant activities: WORK TO IMPROVE THE QUALITY OF LIFE OF THE ELDERLY WITHIN THE COMMUNITY OF ST. LOUIS BY PROMOTING 2 Check this box ▶ if the organization discontinue dits operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part V, line 1a) 3 21 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 2900 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business revenue (Part VIII, ice 1m) 7b 0. 9 Porgram service revenue (Part VIII, line 1h) 21, 6334.10, 657. 380, 9355.599, 824.404.404. 10 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 452.404.404.506. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< td=""><td></td><td></td><td>SAME</td><td></td><td> · /</td><td>sincluded? Yes No</td></td<>			SAME		· /	sincluded? Yes No
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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					299,836	. 421,304.
			_			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						ny knowledge and belief, it is
	true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	

Sign		Signature of	officer				Date			
Here		CHRIS	BAECHLE,	CHIEF EX	XECUTIVE OFFICER	ł				
		Type or prin	t name and title							
	Prin	nt/Type prepare	er's name		Preparer's signature	Date	Check	I	PTIN	
Paid	ΚIJ	MBERLY	A RYAN				self-em	ployed PO	08299	77
Preparer	Firm	n's name 🕒	RUBINBRO	WN LLP			Firm's EIN	43-0	765316	5
Use Only	Firm	n's address 🕨	7676 FOR	SYTH BLVI	D, SUITE 2100					
		-	SAINT LOU	JIS, MO (63105		Phone no. (314)	290-33	300
May the IF	RS di	iscuss this re	turn with the prep	arer shown abo	ve? See instructions			X	Yes	No
132001 12-09	9-21	LHA For	Paperwork Redu	ction Act Notic	e, see the separate instruction	ons.			Form 990	(2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) CARDINAL RITTER SENIOR SERVICES	43-0811604	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: CARDINAL RITTER SENIOR SERVICES (CRSS) PROVIDES SERVIO	CES TO IMPROVE	
	THE QUALITY OF LIFE FOR SENIOR ADULTS BY PROMOTING AND		
	SOCIAL, HEALTH, AND HOUSING PROGRAMS AND SERVICES IN		
	AND COUNTY, AS WELL AS IN ST. CHARLES, JEFFERSON, FRA		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces?	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		
4a		(Revenue \$ 176,9	75.)
	THE FOSTER GRANDPARENTS PROGRAM IS A FEDERALLY FUNDED		
	ESTABLISHED IN 1965 TO HAVE INDIVIDUALS 60 YEARS OR OF	LDER AND INCOME	
	ELIGIBLE PROVIDE A STABLE, CARING, AND LOVING RELATION	NSHIP WITH	
		NTEERS EXPERIENC	E
	A SPECIAL JOY AND WARMTH THAT COMES FROM SHARING THEIR		
	COMPASSION WITH CHILDREN. GRANDPARENTS VOLUNTEER 20 H		
	HOURS PER DAY, 5 DAYS A WEEK.		
4b	(Code:) (Expenses \$ 297, 190. including grants of \$ 91, 256.)	(Revenue \$ 10,1	31.
чы	CRSS HAS A DEDICATED SOCIAL SERVICES DEPARTMENT THAT		<u>, , , , , , , , , , , , , , , , , , , </u>
	IN THE COMMUNITY WITH ACCESS TO EXTENSIVE SERVICES AND		
	PROGRAMS, INFORMATION RESOURCES, AND REFERRAL SERVICES		
	INCLUDE: GERIATRIC CASE MANAGEMENT, PROGRAMS FOR GRAM		AS
	PARENTS, SERVICES TO CONNECT SENIORS WITH FOOD AND SHI		
	SUPPORT AND MANAGEMENT, PSYCHOLOGICAL AND MEDICAL RES	•	
	COUNSELING. SOCIAL SERVICES ARE ALSO PROVIDED FOR THE		
	APARTMENT LIVING, ASSISTED LIVING, SKILLED NURSING FA		<u> </u>
	WHO LIVE IN THEIR OWN HOMES.	CILLII AND INODE	
4c	(Code:) (Expenses \$ including grants of \$)	(Pevenue *)
)
4d	Other program services (Describe on Schedule O.)		
чu		4,877.)	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 631,828.	<i>⊒₁∪≀≀∙)</i>	
4e		Form 99	0 (2021)
100000	2 10 00 01	Form 33	- (2021)
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Form 990 (2021) CARDINAL RITTER SENIOR SERVICES
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	-11	
D		11b		х
~	assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.03	
	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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	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		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
0 -	Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of eaction 512/b)(12)2 (Cliver II even late 0, but to 0	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	350		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 58	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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021)	CARDINAL				
Statements R	Regarding Othe	er IRS Filing	gs 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 290		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.	2-		x
la b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	50		
ru	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	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		
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
_	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.	Tou		
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 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
	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		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			x
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
5	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16 17		

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Form 990 (2021)

Part V

Form 990	(2021)
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CARDINAL RITTER SENIOR SERVICES

43-0811604 Page 6

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

						X					
Sec	tion A. Governing Body and Management										
			_		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21								
	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 on line 1a, above, who are independent	1b	19								
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?		L	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			3	X	x					
4											
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
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 ap										
	more members of the governing body?		7	'a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockholders, or									
	persons other than the governing body?		🗖	′b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			Ba	X						
b	Each committee with authority to act on behalf of the governing body?		٤	ßb	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)									
					Yes	No					
	Did the organization have local chapters, branches, or affiliates?		1	0a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	• • •		~							
			···· –	0b	x						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	· 1	1a	^						
b 10a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			2a	x						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		···· ⊢	za 2b	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>		···· -	20	-						
С		,	4	2c	x						
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	x						
14			··· –	14	x						
15	Did the process for determining compensation of the following persons include a review and approval		···· '								
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by macpendent									
а	The organization's CEO, Executive Director, or top management official		1	5a	x						
	Other officers or key employees of the organization			5b	X	<u> </u>					
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		··· F	-							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a									
	taxable entity during the year?			6a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi										
	exempt status with respect to such arrangements?		1	6b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501(c)(3)s or	nly) a	vailab	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain	on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest policy	, and fir	nanci	al						
	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 boo										
	ARCHDIOCESE OF ST. LOUIS FINANCE OFFICE - 314-792-7	127									
	20 ARCHBISHOP MAY DRIVE, ST LOUIS, MO 63119										
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Form 990 (2021)	CARDINAL	RITTER	SENIOR	SERVICES	43-
Part VII Compensation	of Officers, D	Directors, T	rustees, K	ey Employees,	Highest Compensated
Employees, an	d Independer	nt Contract	ors		

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

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

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

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

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

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

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

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

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

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

Name and title Average hours per weak ist any hours for weak balow Description balow Description balow Reportable compensation from updated organization Reportable compensation from updated organization Estimated and prom related organization Estimated and prom related organization Estimated and prom related organization Estimated and prom related organization (1) THERESA FUZICKA (THEU 6/22) 1.000 X 0. 195,219. 24,749. (2) CHIS EASCHLE 1.000 X X 188,301. 0. 18,925. (3) 703 JAREEN 1.000 X X 188,301. 0. 18,925. (3) 703 JAREEN 1.000 X X 0. 0. 0. (4) JERKY NUMPH 0.10 X X 0. 0. 0. (5) SR RENTA BRUMMER 0.10 X X 0. 0. 0. (6) 0.0 X X 0. 0. 0. 0. (3) 0.10 X X 0. 0. <td< th=""><th>(A)</th><th>(B)</th><th colspan="3">(C)</th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></td<>	(A)	(B)	(C)					(D)	(E)	(F)	
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Form 990 (2021)

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Page 7

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E)	(F) Estimated
Desition	
Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation Reportable compensation	amount of other
hours for related organization (W-2/1099-MISC/ related organizations (W-2/1099-MISC/ organizations related organization (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) GARY SCHUTTE 0.10	
BOARD MEMBER 2.00 X 0. 0.	0.
(19) ERNESTINE SHIVER-JONES0.10BOARD MEMBER2.00 X0.0.	0.
(20) KEN SLOAN 0.10 BOARD MEMBER 2.00 X 0. 0.	0.
(21) ELIZABETH SMITH 0.10 0.00<	0.
Control Manufact Z:00 K O:00 (22) DAN STUTTE 0.10 0.10	0.
BOARD MEMBER 2.00 X 0. 0.	0.
(23) KIM WALDMAN 0.10 BOARD MEMBER 2.00 X 0.00 0.00	0.
1b Subtotal ▶ 277,761. 195,219.	48,364.
c Total from continuation sheets to Part VII, Section A ▶ 0. 0. d Total (add lines 1b and 1c) ▶ 277,761. 195,219.	0. 48,364.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1
	Yes No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	3 X
line 1a? If "Yes," complete Schedule J for such individual	
and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	4 X
	5 X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization. Report compensation for the calendar year ending with or within the organization's tax year.	n from
(A) (B) Name and business address NONE Description of services Corr	(C) npensation
	-
2 Total number of independent contractors (including but not limited to those listed above) who received more than	
\$100,000 of compensation from the organization 6 Fo	orm 990 (2021)

132008 12-09-21

Check if Schedule C contains a response or note to any line in the Part III. (A) Total revenue (C) Unrelated C Unrelated C campaigns total campaigns total campaigns (C) (C) Unrelated D calmes revenue (C)		n 990	2021) CARDINAL RITTE	ER SENIOR	SERVICES		43-0811	604 Page 9
Sector Description Description <thdescription< th=""> <thdescription< th=""> <thd< td=""><td>Pa</td><td>rt VII</td><td>Statement of Revenue</td><td></td><td></td><td></td><td></td><td></td></thd<></thdescription<></thdescription<>	Pa	rt VII	Statement of Revenue					
Total revonue Redet of exempt Unclose revenue Previne exclude Total revonue Revenue excludes Total revonue Revenue excludes Total revonue Definition of the context of the c			Check if Schedule O contains a response o	or note to any line i		(P)	(0)	
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	13000							Form 990 (2021)

132009 12-09-2

12280413 132842 07178.0124

9

CARDINAL RITTER SENIOR SERVICES Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	. etal expensee	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	01 050	01 05 6		
	individuals. See Part IV, line 22	91,256.	91,256.		
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,	7,932.		7,932.	
~	trustees, and key employees	7,952.		1,952.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	346,655.	346,655.		
7	Other salaries and wages	J40,0JJ.	540,055.		
8	Pension plan accruals and contributions (include	11,444.	11 444		
9	section 401(k) and 403(b) employer contributions)	58,990.	<u>11,444.</u> 57,810.	1,180.	
9 10	Other employee benefits	19,655.	19,655.	<u> </u>	
11	Payroll taxes Fees for services (nonemployees):	±,055.	<u> </u>		
ii a		20,998.		20,998.	
		20,5501		2075501	
	Accounting	4,925.		4,925.	
	Lobbying	1,5250			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
5	column (A), amount, list line 11g expenses on Sch O.)	59,724.	47,194.	6,712.	5,818.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	30,188.	30,188.		
17	Travel	4,826.	4,826.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	342.	342.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,770.	1,770.		
23	Insurance	5,239.	3,232.	2,007.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES AND EQUIPMENT	10,956.	10,956.		
b	VOLUNTEER EXPENSE	6,500.	6,500.		
с		-			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	681,400.	631,828.	43,754.	5,818.
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)				

10

132010 12-09-21

2021.05070 CARDINAL RITTER SENIOR SE 07178.01

Form 990 (2021)

12280413 132842 07178.0124

33

Total liabilities and net assets/fund balances

642,900.

33

788,288.

Form 990 (2021)

CARDINAL H	RITTER	SENIOR	SERVICES
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Check if Schedule O contains a response or note to any line in this Part X

(A) (B) Beginning of year End of year 2,437. Ο. 1 1 Cash - non-interest-bearing 298,145. 152,183. 2 Savings and temporary cash investments 2 105,659. 108,888. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 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 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 8,850. basis. Complete Part VI of Schedule D _____ 10a 7,670. 2,950. 1,180. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 378,879. 380,867. 15 Other assets. See Part IV, line 11 15 642,900. 788,288. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 31,814. 40,400. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 311,250. 25 326,584. of Schedule D 343,064. 366,984. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 146,767. 110,357. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 153,069. 310,947. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 299,836. 421,304. Total net assets or fund balances 32 32

Form 990 (2021)
Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

	1990 (2021) CARDINAL RITTER SENIOR SERVICES	43-081	.1604	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			68.
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	00.
3	Revenue less expenses. Subtract line 2 from line 1	3		-	68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	299	9,8:	36.
5	Net unrealized gains (losses) on investments	5			
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	421	1,3	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			1
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	
			-	aan /	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	of t	he organization							identification number
Dort				R SENIOR SERV					3-0811604
Part		Reason for Public					ee instruction	S.	
	_	zation is not a private found							
1	_	A church, convention of ch				n 170(b)(1	l)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					•		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
_	_	city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
_	_	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	•				.,		
7 2	ζ	An organization that norma	Illy receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	oublic described in
_	_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
_	_	university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
_	_	See section 509(a)(2). (Co							
11	4	An organization organized							
12 🗌		An organization organized							
		more publicly supported or							Check the box on
		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	• • •	-			
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting
b		organization. You must o	-					e (e) less leses	
b		Type II. A supporting org							
		control or management c organization(s). You mus			ame perso	ns that co	ntroi or manaç	je me supp	Jonea
с		Type III functionally inte	•		in connect	ion with a		ly intograte	od with
C		its supported organizatio						iy integrate	ia with,
d		Type III non-functionally						ted organiz	zation(s)
u		that is not functionally inf							
		requirement (see instruct	0 0	0 ,			•	anationti	
e		Check this box if the orga	,	• •				I Type III	
		functionally integrated, o					, , , , , , , , , , , , , , , , , , ,	., . , po iii	
fΕ	Inte	r the number of supported of	raonizationa		0 0				
		vide the following information	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total									

CARDINAL RITTER SENIOR SERVICES

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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1560788.	1136664.	441,072.	380,935.	599,824.	4119283.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1560788.	1136664.	441,072.	380,935.	599,824.	4119283.	
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)						65,560.	
	Public support. Subtract line 5 from line 4.						4053723.	
	ction B. Total Support				1			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	1560788.	1136664.	441,072.	380,935.	599,824.	4119283.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	100		4 = 4 4				
	and income from similar sources \dots	138.	1,611.	1,709.	452.	404.	4,314.	
9	Net income from unrelated business							
	activities, whether or not the	10.070	4.0			4.0 655		
	business is regularly carried on	10,879.	13,692.	11,063.	10,657.	10,657.	56,948.	
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						4180545.	
12	,						,794,990.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
-	organization, check this box and stop							
	ction C. Computation of Publi						0.0.07	
	Public support percentage for 2021 (I		•	())		14	96.97 %	
	Public support percentage from 2020					15	98.07 %	
16a	33 1/3% support test - 2021. If the o	-					N V	
	stop here. The organization qualifies		-					
C	33 1/3% support test - 2020. If the o							
47-	and stop here. The organization qual					nd line 14 is 100/		
1/8	17a 10% -facts-and-circumstances test - 2021. 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							
p.	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
C		-					1070 01	
	more, and if the organization meets the organization meets the facts-and-circu							
18	Private foundation. If the organization				• •			
				.,,,	, chook this box a		(Form 990) 2021	
							· · · · · · · · · · · · · · · · · · ·	

132022 01-04-22

CARDINAL RITTER SENIOR SERVICES 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.)

Sec	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
F	•						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
~	• • …						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	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						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b 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, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiza	ation,
					·		>
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20	17	%				
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a	-	-				►
b	33 1/3% support tests - 2020. If the						
~~	line 18 is not more than 33 1/3%, che						n P
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
13202	23 01-04-22		15			Schedule	e A (Form 990) 2021

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CARDINAL RITTER SENIOR SERVICES

1

2

3a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a 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? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

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16

CARDINAL RITTER SENIOR SERVICES Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

2

		Ye	s No)
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above? 11	b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	с		
Sec	tion B. Type I Supporting Organizations			_
		Ye	s No	<u>,</u>
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations 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, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			

Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

Section D	. All Typ	e III Suj	oporting	Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
•		(000 110 1 00 1010)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

17

Schedule A	(Form 990)) 2021	CAR	DINAL	RITTEF	SENIOR	SERVICES	
Part V	Type III	Non-Fu	nctionally	Integrat	ed 509(a)	(3) Supporti	ng Organizati	ons

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> i	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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		
Section C - Distributable Amount				Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

12280413 132842 07178.0124

e Excess from 2021

Section D - Distributions

2

3

Schedule A (Form 990) 2021

4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020

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1

2

3

Current Year

ICES anizations (continued)

	(Form 990) 2021	CARDINAL			
Part V	Type III Non-Fu	unctionally Integrat	ed 509(a)(3	8) Supportii	ng Orga

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Schedule A	(Form 990) 2021	CARDINAL	RITTER	SENIOR	SERVICES	43-0811604 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the explanati , 5a, 6, 9a, 9b, t IV, Section E,	ons required b 9c, 11a, 11b, lines 1c, 2a, 2	by Part II, line 10; Pa and 11c; Part IV, Se 2b, 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; iction B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
132028 01-04-2	22			20		Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

SERVICES	

43-0811604

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

CARDINAL RITTER SENIOR

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

1		\$ <u>128,499.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$49,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$82,024.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$35,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
	22		,, <u>,</u>

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2021) Name of organization

12280413 132842 07178.0124

(a)

No.

Employer identification number

(d)

Type of contribution

43 - 0811604

(c)

Total contributions

Name of organization

CARDINAL RITTER SENIOR SERVICES

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 48,776. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

12280413 132842 07178.0124

Schedule B (Form 990) (2021)

Employer identification number

43-0811604

^{123452 11-11-21}

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11	I-21		Schedule B (Form 990) (2021)

24

Name of organization

Schedule B (Form 990) (2021)

Part II

Employer identification number

43-0811604

12280413 132842 07178.0124

2021.05070 CARDINAL RITTER SENIOR SE 07178.01

CARDINAL RITTER SENIOR SERVICES

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	B (Form 990) (2021)			Page ²			
Name of o	rganization		En	nployer identification number			
CARDII	NAL RITTER SENIOR SERVIC	ES		43-0811604			
Part III		ons to organizations described in s	ection 501(c)(7), (8), or (10) that t				
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)	►\$			
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held			
		(e) Transfer of git	t				
·	Transferee's name, address, an	d ZIP + 4	Relationship of transfe	eror to transferee			
		[
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, an	d 7 IP ± 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held			
Part I							
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		(e) Transfer of git	τ				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
		[
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(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held			
Part I							
	(e) Transfer of gift						
·	Transferee's name, address, an	d ZIP + 4	Relationship of transfe	eror to transferee			
							
123454 11-11	1-21	25		Schedule B (Form 990) (2021)			

12280413 132842 07178.0124

25 2021.05070 CARDINAL RITTER SENIOR SE 07178.01

SCHEDULE	D
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(Form	990)
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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.

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



Department of the Treasury Internal Revenue Service Name of the organization

CARDINAL RITTER SENIOR SERVICES

Employer identification number 43 - 0811604

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other 1 Total number at end of year	er accounts
	er 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 funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. 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).	
Preservation of land for public use (for example, recreation or education)	and area
Protection of natural habitat	ure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easemed	
	End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the t	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?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements durin	ng the year
▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the	e year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	Yes No
 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	
provide the following amounts relating to these items:	
(i) Assets included in Form 990, Part X	
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	
	D (Form 990) 2021
132051 10-28-21	,, , _

26

PartIL Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. gentinued. 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of ta a Depide certificion d b Detrive certificion d c Depide certificion d c Provide acciption of the organization solucitons and explain how they further the organization's oscentpt purpose in Part XIII. 5 Dring the year, did the organization solucitons of art, historical treasures, or other ainteir assets to be add or more 300, Part X me 21. Ta Is the organization and one 300, Part X, Ine 21. Ta Is the organization and part, throate, cutodian or other internodiary for contributions or other assets not included on form 300, Part X, Ine 21. Ta Is the organization an angent, trustee, cutodian or other internodiary for contributions or outbe assets not included an form 300, Part X, Ine 21. Ta Is the organization an angent, trustee, cutodian or other internodiary tor contributions or outbe assets not included an form 300, Part X, Ine 21. Ta Is the organization analyset. Ta Is the organization analyset. C Beginning balance D If 'Yes' or form 300, Part X, Ine 21. <th>Sche</th> <th></th> <th>L RITTER S</th> <th></th> <th></th> <th></th> <th></th> <th>43-</th> <th>081160</th> <th>)4 F</th> <th>-age 2</th>	Sche		L RITTER S					43-	081160)4 F	-age 2
collection items (check all that apply): Collection items (check all that apply): Scholarly research Collection items (check all that apply): Scholarly research Collection items (check all that apply): Scholarly research Collection items (check all that apply): Collection (check here items (check here items (check here items); Collection (check here items); Collection (check here items); Collection (check here items); Collection (check here items); Collection (check here items); Collection (check here items); Collection (check here items); Collection (check here items); Collection (check here items); Collection (check here items); Collection (check here items); Collection (check here items);<td>Par</td><td>t III Organizations Maintaining C</td><td>ollections of A</td><td>rt, Hist</td><td>orical Tre</td><td>easures, oi</td><td>r Other S</td><td>Similar Ass</td><td>sets _{(coni}</td><td>tinued)</td><td></td>	Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, oi	r Other S	Similar Ass	sets _{(coni}	tinued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other recor	ds, checł	k any of the	following that	: make sigr	nificant use of	its		
b Scholary research e Other c Prevention for future generations 4 Provide a description of the organization solic or receive donations of art, historical treasures, or other similar assets to be solid the organization solic or receive donations of art, historical treasures, or other similar assets Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or response an answert on Form 990, Part X, line 21,		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 6 Derrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 590, Part X, line 9.7 7 Is the organization and purpose in Part XIII and complete the following table: 6 16 7 Perse 7 No 8 16 16 16 16 4 16 16 16 16 16 16 17 17 18 16 19 Part V 10 16 10 16 11 16 12 11 14 10 15 16 16 16 16 16 16 16 16 16 16 16 17 17 28 10 18 16 19 17 20 11 21 11 22 11 23 11 24 20 25 11 26 11 26 11 <t< td=""><td>а</td><td>Public exhibition</td><td></td><td>d 🗌</td><td>Loan or exc</td><td>hange progra</td><td>am</td><td></td><td></td><td></td><td></td></t<>	а	Public exhibition		d 🗌	Loan or exc	hange progra	am				
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To be sold to raise funds rather than to be maintained as part of the organization scelection? Yes No. Part IW Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an arrangement in Part XIII and complete the following table: Amount Is dialations during the year Is dialacocunt liability? Yes No Part V Endowment Funds. Complete if the organization naswered 'Yes' on Form 990, Part IV, line 10. Is dialacocunt liability? Yes No Is a Beginning of year balance Is Current year Is Dialacocunt liability? Is dialacocunt liability? Yes No Is dialacocunt divers for facilities Is dialacocunt liability? Is dialacocunt liability? Is dialacocunt liability? Yes No Is designated or quasis adokolarships Is dis current y	4	Provide a description of the organization's co	ollections and expla	ain how th	ney further th	ne organizatio	on's exemp	t purpose in F	Part XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/ Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the organization answered "Yes" on Form 900, Part XIII: Image: Complete the organization answered "Yes" on Form 900, Part XIII: Image: Complete the organization answered "Yes" on Form 900, Part XIII: Image: Complete the organization answered "Yes" on Form 900, Part XIII: Image: Complete the organization answered "Yes" on Form 900, Part XIII: Image: Complete the organization answered "Yes" on Form 900, Part XIII: Image: Complete the organization answered "Yes" on Form 900, Part XIII: Image: Complete the organization answered "Yes" on Form 900, Part XIII: Image: Complete the organization answered "Yes" on Form 900, Part XIII:	5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	er similar as	ssets			
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on Form 990, Part X?	Par			olete if the	e organizatio	on answered "	'Yes" on Fo	orm 990, Part	IV, line 9, c	or	
on Form 990, Part X?	1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other ass	sets not inc	luded			
b If "Yes," explain the arrangement in Part XIII and complete the following table: Geginning balance Geginning of year balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance Geginning balance									Yes		No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation naws teep provided on Part XIII. Image: Check here if the explanation naws teep provided on Part XII. Image: Check here if the explanation naws teep provided on Part XII. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back 1b Contributions (b) Prior year (c) Two years back (e) Four years back 1b Contributions (b) Prior year (c) Two years back (e) Four years 1a Contret weanothument (b) So year	b										
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs			(a) Current year	(b) F	Prior year	(c) Two year	rs back (d	I) Three years b	ack (e) Fo	ur year	s back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Image: State	1a	Beginning of year balance									
d Grants or scholarships	b	Contributions									
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses									
and programs	d	Grants or scholarships									
f Administrative expenses	е	Other expenditures for facilities									
g End of year balance		and programs									
2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	f	Administrative expenses									
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g	-									
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1	g, column (a)) held as:					
c Term endowment > % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations insted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Cuber (f) Book part X, column (B), line 10c.) (f) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land basis (investment) basis (other) (c) Accumulated depreciation b Buildings	С		•								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) No. Yes No. 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3b 3b 3c 3b 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c			-								
(i) Unrelated organizations 3a(i) 3a(3a	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held ar	nd administer	ed for the	organization			T
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		-									No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 8,850. 7,670. 1,180.	_)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	-								3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	_			owment 1	funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Fai				/ line 11e C	Soo Form 000	Dort V lin	o 10			
basis (investment) basis (other) depreciation 1a Land					Í	1			() 5		
1a Land		Description of property							(d) Bo	ok val	ue
b Buildings	4.	Land		anony	54315		depri	55141011			
c Leasehold improvements											
d Equipment 8,850. 7,670. 1,180. e Other 8,850. 7,670. 1,180. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) ▶ 1,180.											
e Other 8,850. 7,670. 1,180. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,180.											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					1	8.850.		7.670.		1 1	80.
				t V colur	nn (P) line 1	-		<u> </u>		-	
	1.510		<u>quai Forni 990, Par</u>		<u>uu (p). IIIle T</u>	<u>vo,</u> /		Sche	dule D (For		

132052 10-28-21

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990. Part X. line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	al derivatives			-
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	an Fauna 000 Dart IV lines	11a Cas Farm 000 Bart V line 10	
	Complete if the organization answered "Yes"		(c) Method of valuation: Cost or end-	
	(a) Description of investment	(b) Book value	(C) Method of Valuation. Cost of end-	or-year market value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) DU	E FROM ARCHDIOCESAN ENT	ITIES		380,867
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu. Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>) 15.)</u>	·····	380,867
FaitA	Complete if the organization answered "Yes"	on Form 000 Dart IV line	11. or 11f Soc Form 000 Port V line 25	
	(a) Description of liability		The of This See Form 990, Fait A, line 23.	(b) Book value
<u>1.</u>				(b) DOOK Value
	eral income taxes E TO ARCHDIOCESAN ENTIT.	TES		326,584
(3)	I TO ARCHIDIOCIDAR HATTI			520,501
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	e 25.)		326,584
	for uncertain tax positions. In Part XIII, provide			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🛄 🐰

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Schedule D (Form 990) 2021 CARDINAL R Part VII Investments - Other Securities.

	dule D (Form 990) 2021 CARDINAL RITTER SENIOR		43-0811604 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	le per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE INDIVIDUAL AGENCIES THAT	F COMPRISE THE ARCHDIOCESE ARE LISTED IN THE
OFFICIAL CATHOLIC DIRECTORY	AND, THEREFORE, ARE TAX-EXEMPT PUBLIC
CHARITIES UNDER SECTION 501	(C)(3) AND SECTION 509(A) OF THE INTERNAL
REVENUE CODE, EXCEPT FOR HOI	LY INFANT & ST. JOSEPH ASSOCIATES, LP, ROSATI
APARTMENTS, LP AND ST. JOHN	NEUMANN ASSOCIATES, LP. HOLY INFANT & ST.
JOSEPH ASSOCIATES, LP, ROSAT	II APARTMENTS, LP AND ST. JOHN NEUMANN
ASSOCIATES, LP, ARE PARTNERS	SHIPS ESTABLISHED AS PASSTHROUGH ENTITIES FOR
TAX PURPOSES. AS SUCH, THE A	ARCHDIOCESE CAN ONLY BE TAXED ON INCOME FROM
ANY ACTIVITIES UNRELATED TO	THEIR CHARITABLE PURPOSE. AT JUNE 30, 2022 AND
2021, THE ARCHDIOCESE HAD NO	OT IDENTIFIED ANY SUCH REVENUE; THEREFORE, NO
	ED. THE ARCHDIOCESE DOES NOT HAVE ANY UNCERTAIN
132054 10-28-21	Schedule D (Form 990) 2021 2 9
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	(Form 990) 2021		INAL	
Part XIII	Supplemental	Information	(continue	d)

TAX	POSITIONS.	

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individua	ls in the Uni ' on Form 990, Pa	ted States		OMB No. 1545-0047 2021 Open to Public
Department of the Treasury Internal Revenue Service		► Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	RITTER SE	NIOR SERVIC	ES				Employer identification number $43-0811604$
Part I General Information on Grants	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pi 	istance?				-		
2 Describe in Part IV the organization's p Part II Grants and Other Assistance to recipient that received more than	Domestic Organia	zations and Domestic	c Governments.	Complete if the org	anization answered "\	/es" on Form 990, Par	t IV, line 21, for any
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
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 	ns listed in the line	1 table					

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Schedule I (Form 990) 2021

CARDINAL RITTER SENIOR SERVICES

43-0811604

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					RENT, MORTGAGE, UTILITIESAND
HOUSING/UTILITIES	195	0.	48,629.	FMV	HOME REPAIRS
					MEDICAL/DENTAL SERVICES AND
MEDICAL SERVICES/SUPPLIES	22	0.	17,158.	FMV	SUPPLIES
CLOTHING	32	0.	3,914.	FMV	CLOTHING
					MISC ITEMS, FOOD,
DTHER	81	0.	21,555.	FMV	TRANSPORTATION, GIFT CARDS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE SPENDING OF FUNDS FOR AID TO INDIVIDUALS IS MONITORED BY THE

ORGANIZATION THROUGH BUDGET ANALYSIS.

SC	HEDULE J		OMB No. 1545-0047				
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest	ŀ		1		
•		Compensated Employees		20	Z	1	
_		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organizatio	n	Employer	identificatio	on nui	nber	
		CARDINAL RITTER SENIOR SERVICES	43-0	0811604	4		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate 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 o	charter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, 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			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee Written employment contract					
	Independent of	compensation consultant Compensation survey or study					
	Form 990 of c	ther organizations Approval by the board or compensation c	ommittee				
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severand	e payment or change-of-control payment?		<u>4a</u>		X	
b	Participate in or rec	ceive payment from a supplemental nonqualified retirement plan?		4b		X	
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the					37	
						X	
b		ation?		<u>5b</u>		X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r	-				37	
						X	
b		ation?		6b		X	
_		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				v	
~		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			77	
_				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2021	

132111 11-02-21

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

For each individual whose compensation must be reported 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 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THERESA RUZICKA (THRU 6/22)	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO, CATHOLIC CHARITIES	(ii)	195,219.	0.	0.	10,044.	14,705.	219,968.	0.
(2) CHRIS BAECHLE	(i)	188,301.	0.	0.	0.	18,925.	207,226.	0.
CEO/ASST SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY

GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS. THE

AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS

INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR

REVIEWED WHEN DETERMINING SALARY INCREASES.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number

OMB No. 1545-0047

CARDINAL RITTER SENIOR SERVICES

43-0811604

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

AND PROVIDING SOCIAL, HEALTH, AND HOUSING SERVICES.

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

COUNTIES. INSPIRED BY THE TEACHINGS OF JESUS CHRIST, THE MISSION OF

CRSS IS TO BE A RECOGNIZED PROVIDER OF FIRST CHOICE IN HEALTHCARE AND

SUPPORTIVE SOCIAL SERVICES FOR SENIOR ADULTS THROUGHOUT THE ARCHDIOCESE

OF ST. LOUIS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,877.

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

CARDINAL RITTER SENIOR SERVICES (CRSS) PERIODICALLY PROVIDES OTHER

ORGANIZATIONS WITH CERTAIN MANAGEMENT SERVICES. CRSS PAYS VENDORS THROUGH

THE MANAGEMENT AGENT'S DISBURSEMENT SYSTEM FOR THE ORGANIZATIONS. THIS

PROCEDURE WAS IMPLEMENTED FOR THE PURPOSE OF UTILIZING THE MOST COST

EFFECTIVE METHOD TO CONSERVE THE ORGANIZATION'S PROCESSING COSTS & TO

PROVIDE INTERNAL CONTROLS TO SAFEGUARD ASSETS. THERE IS NO PAYMENT TO THE

MANAGING AGENT FOR THIS CASH DISBURSEMENT SYSTEM. CRSS PAYS ALL EXPENSES,

SALARIES & FRINGE BENEFITS INCLUDING PAYROLL FOR THE ORGANIZATION. IN

ADDITION, THE FEDERAL W-2 FORMS FOR SALARIES & PAYROLL TAX RETURNS ARE

INCLUDED ON CRSS' RECORDS. THE ORGANIZATIONS REIMBURSE CRSS ON A REGULAR

BASIS FOR THESE EXPENDITURES. THE ORGANIZATION PAYS A BOOKKEEPING FEE TO

 THE ARCHDIOCESE OF ST. LOUIS. ADDITIONALLY, A MANAGEMENT FEE IS PAID TO THE

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

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 Schedule O (Form 990) 2021

IS AN EMPLOYEE OF CATHOLIC CHARITIES OF ST LOUIS. THE SALARY AND RELATED

TAXES AND BENEFITS ARE REIMBURSED BY CARDINAL RITTER SENIOR SERVICES.

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

THE ORGANIZATION HAS ONE MEMBER - CATHOLIC CHARITIES OF ST. LOUIS (CATHOLIC CHARITIES). ADDITIONALLY, THE ARCHBISHOP OF ST. LOUIS IS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES, BY WHICH THE ARCHBISHOP ALSO HAS RESERVED POWERS OVER THE ORGANIZATION.

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

AS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS, BY WHICH THE ARCHBISHOP OF ST. LOUIS ALSO HAS RESERVED POWERS OVER THE ORGANIZATION, THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP TO 50% OF THE BOARD OF DIRECTORS AND TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION.

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

AS THEY ARE MEMBERS WITH RESERVED POWERS, VARIOUS DECISIONS OF THE

ORGANIZATION ARE SUBJECT TO APPROVAL BY CATHOLIC CHARITIES OF ST. LOUIS AND

37

THE ARCHBISHOP OF ST. LOUIS.

ADDITIONALLY, THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS IS

RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITOR FOR ALL

ARCHDIOCESAN ENTITIES.

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

132212 11-11-21

2021.05070 CARDINAL RITTER SENIOR SE 07178.01

Schedule O (Form 990) 2021	Page 2
Name of the organization CARDINAL RITTER SENIOR SERVICES	Employer identification number 43-0811604
THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM.	THE
ORGANIZATION HAS PROVIDED A .PDF COPY OF THE FORM 990 TO T	HE MEMBERS OF THE
GOVERNING BOARD VIA EMAIL PRIOR TO FILING OF THE TAX RETUR	N. THE EMAIL
SENT TO THE GOVERNING BOARD REQUESTS THAT ALL MEMBERS REVI	EW THE FORM 990
AS OF A SELECT DATE. ANY QUESTIONS AND COMMENTS ARE TO BE	SENT TO THE
CHIEF FINANCIAL OFFICER. ONCE ALL QUESTIONS/COMMENTS ARE	REVIEWED/CLEARED
BY THE CHIEF FINANCIAL OFFICER, THE FORM 990 IS ACCEPTED F	OR FILING AND A
REPRESENTATION LETTER IS SIGNED BY THE CHIEF EXECUTIVE OFF	ICER. AT THIS
POINT, THE FORM 990 IS FILED WITH THE IRS.	

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

UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, PERSONS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS. ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO REVIEWED WHEN DETERMINING SALARY INCREASES.

FORM 990, PART VI, SECTION C, LINE 19:

ANYONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNING DOCUMENTS, 132212 11-11-21 Schedule O (Form 990) 2021 38 CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MUST CONTACT THE

CHIEF FINANCIAL OFFICER, AS THIS INFORMATION IS AVAILABLE TO THE PUBLIC

UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

AND SELECTION OF AN INDEPENDENT AUDITOR.

Schedule O (Form 990) 2021

132212 11-11-21

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

43-0811604

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

Name of the organization

CARDINAL RITTER SENIOR SERVICES

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ARCHDIOCESE OF ST. LOUIS - 43-0653244							
20 ARCHBISHOP MAY DRIVE					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	RELIGIOUS ORGANIZATION	MISSOURI	501(C)(3)	LINE 1	LOUIS		Х
CATHOLIC CHARITIES OF ST. LOUIS - 43-0653270							
4445 LINDELL BLVD.					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	SOCIAL SERVICES	MISSOURI	501(C)(3)	LINE 7	LOUIS		Х
CARDINAL CARBERRY SENIOR LIVING CENTER -							
43-1826117, 7601 WATSON ROAD, ST. LOUIS, MO					ARCHBISHOP OF ST.		
63119	SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 12B, II	LOUIS		Х
CARDINAL RITTER INSITUTE - RESIDENTIAL							
SERVICES CORPORATION - 43-1235755, 7601	7				ARCHBISHOP OF ST.		
WATSON ROAD, ST. LOUIS, MO 63119	RESIDENTIAL SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		х

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
MARY QUEEN AND MOTHER ASSOCIATION -						103	
43-1208064, 7601 WATSON ROAD, ST. LOUIS, MO	-				ARCHBISHOP OF ST.		
63119	SKILLED NURSING SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		x
MOTHER OF PERPETUAL HELP RESIDENCE, INC							
43-1711912, 7609 WATSON RD., ST. LOUIS, MO	-				ARCHBISHOP OF ST.		
63119	ASSISTED LIVING FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
OUR LADY OF LIFE APARTMENTS - 43-1229749							
7601 WATSON ROAD	INDEPENDENT LIVING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
ST. AGNES APARTMENTS, INC 43-1447602							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
ST. JOHN NEUMANN APARTMENTS, INC							
43-1335641, 7601 WATSON ROAD, ST. LOUIS, MO	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
ST. PATRICK APARTMENTS, INC 43-1090662							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
HOLY ANGELS APARTMENTS, INC 75-2984948							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
HOLY ANGELS APARTMENTS II, INC 83-0349296							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
POPE JOHN PAUL II APARTMENTS, INC							
43-1774480, 7601 WATSON ROAD, ST. LOUIS, MO	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
ST. WILLIAM APARTMENTS II, INC 26-4401173							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
ST. WILLIAM APARTMENTS, INC 20-8199655							
7601 WATSON ROAD	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
ST. CLARE OF ASSISI SENIOR VILLAGE, INC							í – – – – – – – – – – – – – – – – – – –
75-2985292, 7601 WATSON ROAD, ST. LOUIS, MO	LOW-INCOME HOUSING				ARCHBISHOP OF ST.		l
63119	FACILITY	MISSOURI	501(C)(3)	LINE 10	LOUIS		х

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr organiz	zation?
CARDINAL RITTER GENERAL PARTNER CORPORATION				501(c)(3))		Yes	No
- 45-4151973, 7601 WATSON ROAD, ST. LOUIS,	-				ARCHBISHOP OF ST.		
MO 63119	SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		x
SAINT LOUIS COUNSELING, INC - 43-1338511		MIDDOOKI	501(0)(3)				<u></u>
5 PREMIER DRIVE, SUITE 200	-				ARCHBISHOP OF ST.		
FENTON, MO 63026	SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		x
CATHOLIC CHARITIES FOUNDATION - 43-1307878							
4445 LINDELL BLVD.	-				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	- SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		x
ST LOUIS ARCHDIOCESAN FUND (SLAF) -							
43-1787735, 20 ARCHBISHOP MAY DRIVE, ST.	-				ARCHBISHOP OF ST.		
LOUIS, MO 63119	SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
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Schedule R (Form 990) 2021 CARDINAL RITTER SENIOR SERVICES

43-0811604 Page 2

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

(a) (b) (c)			(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		tionate Code V-UBI amount in box 20 of Schedule		Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No)
HOLY INFANT AND ST JOSEPH											
ASSOCIATES LP - 26-1150111,											
7601 WATSON ROAD, ST LOUIS,	LOW INCOME										
MO 63119	HOUSING	MO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
ST. JOHN NEUMANN APARTMENTS											
LP - 80-0929525, 7601 WATSON	LOW INCOME										
ROAD, ST LOUIS, MO 63119	HOUSING	MO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
	1										
	1										
	1										

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

	3 ,	1				1	1		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	(i Sect 512(b contr enti	i) ;tion b)(13) rolled
or related organization		foreign country)	or trust)		income	assets			tity? No
	-								
	-								
	-								
								 	<u> </u>
									<u> </u>

Schedule R (Form 990) 2021 CARDINAL RITTER SENIOR SERVICES

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 CARDINAL RITTER SENIOR SERVICES

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

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

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, sections 512-514) Share of biologi yes Share of end-of-year assets Share of end-of-year assets Code V-UBI (somount in box 20) (Form 1065) General or yes Percentage ownership	(-)	(1)	(-)	(.0)			(0)	(.)			(1)	(1)		(1.)
Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, exclude from tax under sections 512-514) Share of total Share of end-of-year Uspropri- end-of-year Code V-UB and into 20 of Schedule K-1 Code V-UB (managing) partners; Yes Code V-UB (managing) partners; Code V-UB (solute K-1) Code V-UB (managing) partners; Code V-UB (managing) partners; Code V-UB (solute K-1) Code V-UB (solute K-1) Code V-UB (managing) partners; Code V-UB (solute K-1) Code V-UB (solut K-1) Code V-UB (solute K-1) <td></td> <td></td> <td>(C)</td> <td>(a)</td> <td>Are</td> <td>e all</td> <td></td> <td></td> <td></td> <td>I)</td> <td>(1)</td> <td>ຼູ</td> <td></td> <td>(K)</td>			(C)	(a)	Are	e all				I)	(1)	ຼູ		(K)
of entity (state or foreign country) (Fulded firm tax under sections 512-514) (Fotal sections 512-514) end-of-year assets allocations? of Schedule K-1 (Form 1065) partner? ownership	Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partne	rs sec. c)(3)	Share of	Share of	Dispr tion	opor- nate	Code V-UBI	Genera	al or F aina	Percentage
country sections 512-514) Yes No income assets Yes No (Form 1065) Yes No	of entity		(state or foreign	excluded from tax under	org		total			tions?	of Schedule K-1	partn	er?	ownership
			country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
													_	
													-	
					<u> </u>									
													-	
												\vdash		

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see instructions. T print T T				Taxpaye	ridentificatio	n number (TIN)
CARDINAL RITTER SENIOR SERVICES					43-08	11604
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s		ions.			
return. See instruction		oreign addı	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation)	07	OUIS FINANCE OFFIC			
• If the • If this box • 1 Ir th • 2 If [the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta MAX anization's , an heck reasc	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>X</u> 15, 2023 , to file return for: d ending	f this is fo all memb	r the whole (ers the exter npt organizat 	group, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.
сB	alance due. Subtract line 3b from line 3a. Include your pa	ayment with	h this form, if required, by			-
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Cautior instructi	:: If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	153-TE an	d Form 8879	-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	3868 (Rev. 1-2022)

123841 01-12-22

			** PUBLIC DISCLOSURE COPY *		
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Fo	rm 🚽	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations	» 2021
Dor	ortmont	of the Treasury	Do not enter social security numbers on this form as it may	ay be made public.	Open to Public
Inte	rnal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
<u>A</u>	For th			JUN 30, 2022	
В	Check if applicab	le: C Name of	organization	D Employer identific	ation number
	Addre		OTTERN AND NORTER ACCOUNTING		
	chang Name		QUEEN AND MOTHER ASSOCIATION	42 120006	А.
	chanı Initial		usiness as	43-120806	4
	returr Final	7601	and street (or P.O. box if mail is not delivered to street address) Room/s WATSON ROAD	uite E Telephone number 314-961-8	000
	returr termi ated	0_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	16,801,090.
	Amer	ded CTT T	OUIS, MO 63119	H(a) Is this a group ret	
	Appli		nd address of principal officer: CHRIS BAECHLE	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates inc	
Т	Tax-ex	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		st. See instructions
J	Webs	ite: 🕨 WWW .	CARDINALRITTERSENIORSERVICES.ORG/	H(c) Group exemption	number 🕨
		f organization:	X Corporation Trust Association Other ► L Y	'ear of formation: 1978 M	State of legal domicile: MO
P	art I	Summary			
d	1		e the organization's mission or most significant activities: MARY QUE		
200		ASSOCIA	TION ASSISTS CARDINAL RITTER SENIOR SE		IN
Governance	2	Check this bo			
201	3				23
à	8 4		lependent voting members of the governing body (Part VI, line 1b)		22
ooi.			of individuals employed in calendar year 2021 (Part V, line 2a)		30
Activitios 8.			of volunteers (estimate if necessary)		0.
<	ζ (['] α		business taxable income from Form 990-T, Part I, line 11		0.
	<u> </u>	Hot an olatoa		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	2,185,513.	4,170,888.
Bavanua	9		ce revenue (Part VIII, line 2g)	10,036,091.	12,557,694.
	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	4,793.	3,920.
	² 11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,750.	68,588.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,254,147.	16,801,090.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)	0.	0.
9	g 15		compensation, employee benefits (Part IX, column (A), lines 5-10)	6,733,331.	6,481,420.
200	2 16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Evnancae	Σ b		ng expenses (Part IX, column (D), line 25) 0.	6,939,568.	0 1 2 0 2 0 1
-	1 1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	13,672,899.	<u>8,128,391.</u> 14,609,811.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	-1,418,752.	2,191,279.
r		i levende less		Beginning of Current Year	End of Year
ets c	20 20	Total assets (F	Part X, line 16)	6,732,158.	5,283,792.
Net Assets or	ен 20 Н 21		(Part X, line 26)	14,696,559.	11,056,914.
Net	22 1		fund balances. Subtract line 21 from line 20	-7,964,401.	-5,773,122.
	art II	Signature			
Un	der pen	alties of perjury, I	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my l	knowledge and belief, it is
tru	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.	
		1.5			

Sign Here	Signature of officer CHRIS BAECHLE, CHIEF E Type or print name and title	XECUTIVE OFFICER		Date		
Paid	Print/Type preparer's name KIMBERLY A RYAN	Preparer's signature	Date	Check if self-employed	PTIN P00829977	
Preparer	Firm's name 🕒 RUBINBROWN LLP			Firm's EIN 🕨 43	8-0765316	
Use Only	Firm's address 🕨 7676 FORSYTH BLV	D, SUITE 2100				
	SAINT LOUIS, MO 63105 Phone no. (314) 290-3300					
May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) MARY QUEEN AND MOTHER ASSOCIATION	43-1208064 Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	·····
-	THE MISSION OF MARY QUEEN AND MOTHER ASSOCIATION IS TO A	SSIST CRSS TO
	BE A RECOGNIZED PROVIDER OF FIRST CHOICE IN PROVIDING AN	
	CONTINUUM OF QUALITY RESIDENTIAL HEALTHCARE AND SUPPORTI	
	SERVICES FOR SENIOR ADULTS THROUGHOUT THE ARCHDIOCESE OF	ST. LOUIS.
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported.	10 606 000
4a	(Code:) (Expenses \$ 12,810,987. including grants of \$) (Revention OF 230-BED SKILLED NURSING FACILITY CERTIFIED	
	MEDICAID, AND HMO PAYORS. OFFERING 24-HOUR CARE, ACTIVIT	
	THERAPY, AND DAILY MASS.	ILD, IN HOUSE
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue\$)
		· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 12,810,987.	
		Form 990 (2021)
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Form 990 (2					MOTHER	ASSOCIATION
Part IV	Checklist of R	lequired	Schedule	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		v	
10	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	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ļ
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	0000	Х
132003	12-09-21	Form	990	(2021)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
	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_
	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	04-		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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 of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		х
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		Х
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 23	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Fai				
	Check if Schedule O contains a response or note to any line in this Part V		Vac	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	↓ 12-09-21	Form	990	(2021)
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Statement	s Regardin	g Other II	RS Fili	ngs and Ta	ax 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	21:	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	S				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	utho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5</u> a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact					X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				37
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		0			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-		v
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv					X
				7b	+	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		•	7-		x
لم	to file Form 8282?	7d		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		•	- 7e		x
e f	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contra			7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		399 as required?	7g		
b b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		•		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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11 a		_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	124	.1			
~	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b 13c				
			•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				t –	
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.			_		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
		•		17		
	If "Yes," complete Form 6069.					
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Form 990 (2021)

Part V

Form	990	(2021)
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MARY QUEEN AND MOTHER ASSOCIATION

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23			
	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 on line 1a, above, who are independent 1b 22			
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		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	L		
74	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D.		7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	- 23	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 23
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b		10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i>	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120		
C		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13 14		14	X	
15	Did the organization have a written document retention and destruction policy?	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a 15b	X	
U.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	154		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availat	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	(Ority)	avanak	510
	Own website Another's website X 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	finan	tial	
	statements available to the public during the tax year.	man		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ARCHDIOCESE OF ST. LOUIS FINANCE OFFICE - 314-792-7127			
	20 ARCHBISHOP MAY DRIVE, ST. LOUIS, MO 63119			
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Form 990 (2021	MARY QUEEN AND MOTHER ASSOCIATION	43-1208064	Page 7
Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
En	nployees, and Independent Contractors		
Che	eck if Schedule O contains a response or note to any line in this Part VII		
Section A. Of	ficers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	nis table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization?	s tax year.
	the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of compens	ation.
Enter -0- in colu	mns (D), (E), and (F) if no compensation was paid.		

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

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

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

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

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

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

Name and title Position incompensation processing week (list any hours for related organizations (list any hours for related organization (list for hours for related organization (list for hours for related organization (list for hours for related organization for related organization (list for hours for related organization (list for hours for related organization for related organization for related organization for related organization for related organiz	(A)	(B)	(C)			(D)	(E)	(F)			
Hours per week (ist any hours for related organizations below line) Dot an and curt of the organization below line) Compensation from the organization (W-2/1099-NEC) Compensation from the organization (W-2/1099-NEC) Compensation from the organization of the organization and related organization and relat	Name and title	Average	(do	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
Week (list ary hours for related organizations biolow line) week (list ary hours for related organizations biolow line) Image are biologing biologiologing biologing biologing biologing biologing biol		· ·	box								
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(14) THOMAS GREGORY 0.10	(13) TOM GORSKI										
			Х						0.	0.	0.
	(14) THOMAS GREGORY										
	BOARD MEMBER	2.00	Х						0.	0.	0.
(15) BILL HOPFINGER 0.10											
BOARD MEMBER 2.00 X 0. 0. 0.			Х						0.	0.	0.
(16) ERNESTINE SHIVERS-JONES 0.10											
BOARD MEMBER 2.00 X 0. 0. 0.			Х						0.	0.	0.
(17) DONNA PELIKAN 0.10									_		
BOARD MEMBER 2.00 X 0. 0. 0. 0. Form 990 (2021)	BOARD MEMBER	2.00	Х						0.	0.	

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Form 990 (2021)

MARY	OUEEN	AND	MOTHER	ASSOCIATION

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Form 990 (2021) MARY QUEE	EN AND M	ЮТ	HE	R	AS	sso	C]	LATION	43-12	<u>2080</u>	164	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	compensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F	;)
Name and title	Average			Posi				Reportable	Reportable	<u>ا</u> د	Estim	
	hours per					than c is both		compensation	compensatio		amou	
	week					or/trust		from	from related		oth	er
	(list any	ctor						the	organization	is	comper	nsation
	hours for	r dire				ed		organization	(W-2/1099-MIS	SC/	from	the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	,	organiz	zation
	organizations	l trus	nal tr		oyee	duo		1099-NEC)			and re	lated
	below	ndividual trustee or director	Institutional trustee	cer	em pl	Highest compensated employee	Former				organiz	ations
	line)	Indi	Inst	Officer	Key	Higlemp	For					
(18) TIM ROGAN	0.10											
BOARD MEMBER	2.00	Х						0.		0.		0.
(19) GREG SAHRMANN	0.10											•
BOARD MEMBER	2.00	Х						0.		0.		0.
(20) GARY SCHUTTE	0.10											0
BOARD MEMBER	2.00	Х						0.		0.		0.
(21) KEN SLOAN	0.10	v										٥
BOARD MEMBER	2.00	Х						0.		0.		0.
(22) ELIZABETH SMITH BOARD MEMBER	0.10 2.00	x						0.		0.		0.
(23) DAN STUTTE	0.10	^				-		0.		<u> </u>		0.
BOARD MEMBER	2.00	x						0.		0.		0.
(24) KIM WALDMAN	0.10							Ŭ.		~ +		
BOARD MEMBER	2.00	x						0.		0.		0.
(25) STEVE YOUNG	0.10											
BOARD MEMBER (TERM ENDED 6/30/22)	2.00	х						0.		0.		Ο.
1b Subtotal								0.	472,98		<u>48,</u>	364.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								0.	472,98	80.	48,	364.
2 Total number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э		
compensation from the organization												0
										_	Ye	s No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	phest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									L	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										[4 X	1
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .		-			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	s tł	hat received more than \$	100,000 of comp	pensati	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wit	thir	n the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Co	ompensa	tion
AEGIS THERAPIES, INC.		-		_								
PO BOX 936653, ATLANTA, G	A 31193	-6	65	3				REHAB SERVIC	ES	<u> </u>	,654,	509.
MEDICAL STAFFING NETWORK												
PO BOX 840292, DALLAS, TX	75284-	02	92					PERSONNEL SE	RVICES		899,	565.
INTELYCARE, INC.	D 1 C	<u>م</u> ۲		~ <i>•</i> •	1 7						420	200
PO BOX 200413, PITTSBURGH		25	T – (04	13			PERSONNEL SE	KVICES		430,	369.
AP (MIDWEST STAFFING SOLU		10	104	.	ว ∕	C 1					0 0 F	676
PO BOX 823461, PHILADELPH SHIFTKEY, LLC, 5221 N O C								PERSONNEL SE	XVICES		<u> </u>	676.
SUITE 1400, IRVING, TX 75			יידיי	v Al	עא	'		PERSONNEL SEI	RVICES		196,	068
2 Total number of independent contractors (in			aitad	to t	ther						<u> </u>	

those listed abo 5 Total number of independent contractors (includii ng but not limite \$100,000 of compensation from the organization

Form 990 (2021)

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Pa	rt V	/111								
			Check if Schedule O c	contains a	response	or note to any line I	e in this Part VIII (A)	(B)	(C)	D
							Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns		1a					
ran		b			1b					
G U U		с	Fundraising events		1c					
àifts ar A			Related organizations		1d	83,990.				
s, s Bili		е	Government grants (contri	ibutions)	1e	4,078,283.				
Sig		f	All other contributions, gifts,	grants, and						
the			similar amounts not included	above	1f	8,615.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in I	lines 1a-1f	1g \$					
<u>0</u> 2		h	Total. Add lines 1a-1f				4,170,888.			
						Business Code				
<u>c</u> e	2	а	SKILLED NURSING FACI			623000	12,557,694.	12557694.		
ervi		b								
n S In S		С								
Bey		d								
Program Service Revenue		e								
			All other program service r				12,557,694.			
	3	g	Total. Add lines 2a-2f Investment income (includ				12,007,001.			
	5		other similar amounts)	-			3,920.			3,920.
	4		Income from investment o				/ -			
	5		Royalties		• •	· · ·				
			····,		i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss))		►				
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
Iue			and sales expenses	7b						
Revenue			Gain or (loss)	7c						
, Be			Net gain or (loss)			🕨				
Other	8	а	Gross income from fundraisin	ng events (r	not					
ō			including \$		- ^{of}					
			contributions reported on							
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from t Gross income from gaming		-	·····				
	9	a	Part IV, line 19	-						
		h								
			Net income or (loss) from g		·····					
			Gross sales of inventory, le	• •						
			and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from s		·····					
			,, 5,		,	Business Code				
sno	11	а	RECOVERIES			541900	52,369.	52,369.		
nue			LAUNDRY AND VENDING	REVENUE		541900	7,514.	7,514.		
scellaneo Revenue		с	REBATES			541900	6,689.	6,689.		
Miscellaneous Revenue	1	d	All other revenue			541900	2,016.	2,016.		
2		е	Total. Add lines 11a-11d				68,588.			
	12		Total revenue. See instructio	ons		►	16,801,090.	12626282.	0.	3,920.
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MARY QUEEN AND MOTHER ASSOCIATION

Form 990 (2021)

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Page **9**

43-1208064

MARY QUEEN AND MOTHER ASSOCIATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	159,324.		159,324.	
6	trustees, and key employees	139,324.		139,324.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	1000000000000000000000000000000000000				
7	Other salaries and wages	4,731,960.	4,668,167.	63,793.	
8	Pension plan accruals and contributions (include	_,,	_,,,		
3	section 401(k) and 403(b) employer contributions)	138,383.	134,165.	4,218.	
9	Other employee benefits	1,090,146.	1,045,888.	44,258.	
10	Payroll taxes	361,607.	346,129.	15,478.	
11	Fees for services (nonemployees):				
а	Management				
	Legal	32,620.		32,620.	
	Accounting	79,854.		79,854.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	4,904,027.	4,043,447.	860,580.	
12	Advertising and promotion				
13	Office expenses	292,736.	86,580.	206,156.	
14	Information technology				
15	Royalties			10 010	
16	Occupancy	755,960.	745,047.	10,913.	
17	Travel	680.	138.	542.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	419.	120.	299.	
19 00	Conferences, conventions, and meetings	286,490.	280,850.	5,640.	
20	Interest	200,490.	200,030.	5,040.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	437,864.	437,864.		
22 23	Insurance	243,324.	243,324.		
23 24	Other expenses. Itemize expenses not covered	215,521.	245,524		
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES & EQUIPMENT	469,153.	469,153.		
b	FOOD & BEVERAGES	309,193.	308,914.	279.	
С	UNCOLLECTIBLE ACCOUNTS	304,034.		304,034.	
d					
е	All other expenses	12,037.	1,201.	10,836.	
25	Total functional expenses. Add lines 1 through 24e	14,609,811.	12,810,987.	1,798,824.	0.
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 Figure if following SOP 98-2 (ASC 958-720)				Eorm 990 (202

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Form 990 (2021)

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MARY QUEEN AND MOTHER ASSOCIATION	MARY	OUEEN	AND	MOTHER	ASSOCIATION
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	990 () t X	2021) MARY QUEEN AND MOTHER ASSOCIATI Balance Sheet	ON	43-	1208064 Page 1
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,044,987.	1	643,719
	2	Savings and temporary cash investments	90.	2	0
	3	Pledges and grants receivable, net	1,033,445.	3	0
	4	Accounts receivable, net	873,239.	4	1,018,116
	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	
0	7	Notes and loans receivable, net		7	
ASSELS	8	Inventories for sale or use		8	
2	9	Prepaid expenses and deferred charges	50,152.	9	6,673
		Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D10a17,294,447.Less: accumulated depreciation10b14,460,383.	2,994,170.	10c	2,834,064
	11	Investments - publicly traded securities	,,	11	, ,
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	736,075.	15	781,220
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,732,158.	16	5,283,792
	17	Accounts payable and accrued expenses	1,019,762.	17	1,009,609
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	105,011.	21	74,62
	22	Loans and other payables to any current or former officer, director,			, 1, 01
	LL	trustee, key employee, creator or founder, substantial contributor, or 35%			
				22	
	23	Secured mortgages and notes payable to unrelated third parties	9,349,938.	23	9,160,370
	23 24	Unsecured notes and loans payable to unrelated third parties	5751575560	23	57200757
	2 . 25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
			4,221,848.	25	812,308
	26	of Schedule D Total liabilities. Add lines 17 through 25	14,696,559.	26	11,056,914
	20	Organizations that follow FASB ASC 958, check here X	11/030/3331	20	11/030/91
3		and complete lines 27, 28, 32, and 33.			
	27		-7,965,146.	27	-5,773,372
	28	Net assets without donor restrictions	745.	28	250
	20	Organizations that do not follow FASB ASC 958, check here	, 10 (20	100
		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
;	32		-7,964,401.	32	-5,773,122
2		Total net assets or fund balances Total liabilities and net assets/fund balances	6,732,158.	_32 	5,283,792
	33	Total liabilities and net assets/fund balances	0,,02,100.	აა	Form 990 (20

	990 (2021) MARY QUEEN AND MOTHER ASSOCIATION	43-	<u>12080</u>	64	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,	, 80	1,0	90.
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,8	
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	,19:	1,2	79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-7	.96	4,4	01.
5	Net unrealized gains (losses) on investments	5				
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	-5,	, 77	3,1:	22.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			1
	Act and OMB Circular A-133?		L	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	t			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
					aan .	

Form **990** (2021)

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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

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Name of the c	organization
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Nam	e of t	the organization			~				identification number
D -		MARY	QUEEN AND	MOTHER ASSO	CIATIC	<u>N</u>			3-1208064
Pa		Reason for Public (ee instruction	S.	
	organ	ization is not a private found							
1		A church, convention of ch				on 170(b)(1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv).							
6		A federal, state, or local go	-						
7		An organization that norma		ntial part of its support fr	om a gove	ernmental ı	unit or from th	ne general p	oublic described in
_		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city,	, and state of	the college	or
	v	university:							
10	X	An organization that norma	•					-	-
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	itter June 30, 1975.
		See section 509(a)(2). (Co							
11		An organization organized a	-	•	•				
12		An organization organized a	-	-	-			-	
		more publicly supported or							Direck the box on
_		lines 12a through 12d that							
а		Type I. A supporting orga		-	•	-			
		the supported organization			majonty o	or the direc	lors or truste	es of the st	ipporting
h		organization. You must o			ion with it		d organizatio	o(o) by boy	ina
b		Type II. A supporting org	-				-		•
		control or management o organization(s). You mus			arrie persoi	ns that coi		ye me supp	Joned
~		Type III functionally inte			in connoct	tion with a	and functional	ly intograte	d with
С		its supported organization						ly integrate	a with,
d		Type III non-functionally		-				ted organiz	zation(s)
u		that is not functionally int						-	
		requirement (see instruct			•		-	anatonti	
۵		Check this box if the orga	,	•				II. Type III	
Ū		functionally integrated, or					19001, 1900	n, 1990 m	
f	Ente	er the number of supported of							
		vide the following information	•						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota									

Schedule A (Form 990) 2021	MARY	QUEEN	AND	MOTHER	ASSOCIATION
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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				-	-	
4	Total. Add lines 1 through 3						
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)						
~	···						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(d) 2018	(C) 2019	(d) 2020	(e) 2021	
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	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		etc. (see instructi	ons)		-	12	
13	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stor	o here			-		
Se	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2021. If the c	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	۱ ۱			
I	o 33 1/3% support test - 2020. If the c	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17a	a 10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact			-	-	t VI how the organi	zation
	meets the facts-and-circumstances te	•	• •		•		
I	o 10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box a		
						Schedule A	(Form 990) 2021

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Part II

Schedule A (Form 990) 2021

MARY QUEEN AND MOTHER ASSOCIATION 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.)

Sec	ction A. Public Support	-	-			-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2692137.	1577744.	86,122.	2185513.	4170888.	10712404.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12005279.	13494500.	13240629.	10063841.	12626282.	61430531.
3	Gross receipts from activities that						
U	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization'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	14697416.	15072244.	13326751.	12249354.	16797170.	72142935.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						72142935.
	Public support. (Subtract line 7c from line 6.)						/2142955.
	ndar year (or fiscal year beginning in)	(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(6) Tatal
	Amounts from line 6	(a)2017 14697416.	(b) 2018 15072244	(c) 2019 1 3 3 2 6 7 5 1	(d) 2020	(e) 2021	(f) Total 721/2935
	Gross income from interest,	1409/410.	13072244.	13320731.	12249554.	10/9/1/01	12142955.
IUa	dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,064.	10,001.	13,968.	4,793.	3,920.	49,746.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	17,064.	10,001.	13,968.	4,793.	3,920.	49,746.
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, and 12.)	14714480.	15082245.	13340719.	12254147.	<u>16801090.</u>	72192681.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2021 (I	line 8, column (f), d	ivided by line 13, o	column (f))		15	<u>99.93 %</u>
	Public support percentage from 2020					16	99.93 <u>%</u>
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	021 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.07 %
	Investment income percentage from					18	.07 %
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2020. If the	e organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	
13202	23 01-04-22					Schedule A	A (Form 990) 2021

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MARY QUEEN AND MOTHER ASSOCIATION

1

2

3a

3b

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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132024 01-04-21

3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 MARY QUEEN AND MOTHER ASSOCIATION

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations 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, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
4	Did the examination provide to each of its supported examinations, but he last day of the fifth month of the			

			100	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Chec	k the box next to the me	thod that the organization	used to satisfy the Ir	ntegral Part Test during	the year (see instructions).
--------	--------------------------	----------------------------	------------------------	--------------------------	------------------------------

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	f each of its support	ed organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	-------------------	------------------------

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI)				Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

MARY QUEEN AND MOTHER ASSOCIATION

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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MARY	QUEEN	AND	MOTHER	ASSOCIATION
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		D MOTHER ASSOCI			3-1208064	Page 7
Par		a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		-	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D.					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021	MARY	QUEEN	AND	MOTHER	ASSOC	IATION	43-1208064 Page
	Part IV, Section A, lines 1	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 3; Part IV, \$	6, 9a, 9b Section E	o, 9c, 11a, 11 E, lines 1c, 2a	o, and 11c; I , 2b, 3a, and	Part IV, Section d 3b; Part V, lin	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
	(
32028 01-04-22	2				20			Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

MARY	QUEEN	AND	MOTHER	ASSOCIATION	

43-1208064

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Schedule B (Form 990) (2021)

MARY QUEEN AND MOTHER ASSOCIATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 33,990. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 3,018,661. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 1,059,622. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

43-1208064

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II

MARY QUEEN AND MOTHER ASSOCIATION

Page **3**

Employer identification number

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Schedule B (Form 990) (2021)

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Schedule I	B (Form 990) (2021)		Page 4
Name of o	rganization		Employer identification number
MARY (QUEEN AND MOTHER ASSOCI	ATION	43-1208064
Part III		tions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) ► \$
(a) No.	Use duplicate copies of Part III if additiona	i space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	tt
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gif	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Deceription of how sift is hold
Part I			(d) Description of how gift is held
-		(e) Transfer of gif	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
123454 11-11	1-21		Schedule B (Form 990) (2021)

12230413 132842 07178.0106

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.



tment of the Treasury

nterna	Revenue Service	Go to www.irs.gov/Form99	00 for instructions and the latest inform	nation.		Inspect	ion
Nam	e of the organizati	on MARY QUEEN AND MOTH	HER ASSOCIATION			er identificatio 43-1208(
Par	t I Organiza	ations Maintaining Donor Advised		or Acc			
		n answered "Yes" on Form 990, Part IV, lin				e e inpiere in a	
			(a) Donor advised funds	(b) Funds a	and other accou	unts
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funde			
Ŭ	•	on's property, subject to the organization's	5			Yes	No
6		on inform all grantees, donors, and donor a					
-		poses and not for the benefit of the donor of					
	impermissible priv		· · · · ·			Yes	No
Par	t II Conserv	ation Easements. Complete if the org					
1		servation easements held by the organization					
	Preservation	n of land for public use (for example, recreat	tion or education) Preservation of	f a histor	ically imp	ortant land area	a
	Protection o	of natural habitat	Preservation of		• •		
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ed conservation contribution in the form	of a con	servation	easement on th	ne last
	day of the tax year			ſ		d at the End of th	
а	Total number of co	onservation easements		Г	2a		
b	Total acreage rest	ricted by conservation easements			2b		
с		vation easements on a certified historic stru			2c		
d	Number of conser	vation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ıre			
	listed in the Natior	nal Register			2d		
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the	organiz	ation duri	ng the tax	
	year 🕨						
4	Number of states	where property subject to conservation eas	ement is located				
5	Does the organiza	tion have a written policy regarding the per	odic monitoring, inspection, handling of				
		orcement of the conservation easements it				Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation	easemer	nts during the y	ear
	▶						
7		ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion ease	ements dı	uring the year	
_	►\$						
8		vation easement reported on line 2(d) above					
~	and section 170(n))(4)(B)(ii)?				Yes	
9		be how the organization reports conservation	•			- +l	
	,	d include, if applicable, the text of the footn ounting for conservation easements.	ote to the organization's infancial statem	ents that	l describe	strie	
Par		ations Maintaining Collections of	Art. Historical Treasures. or Ot	her Si	milar As	ssets.	
		f the organization answered "Yes" on Form					
1a		elected, as permitted under FASB ASC 95		nd balar	nce sheet	works	
	U U	easures, or other similar assets held for pub					
		Part XIII the text of the footnote to its finan				-	
b		elected, as permitted under FASB ASC 95			sheet wor	ks of	
	-	sures, or other similar assets held for public					
		ing amounts relating to these items:				-	
	-	ded on Form 990, Part VIII, line 1			▶ \$		
					► \$_		
2	.,	received or held works of art, historical trea					
		unts required to be reported under FASB A					
а	Revenue included	on Form 990, Part VIII, line 1			▶ \$_		

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

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Schedule D (Form 990) 2021

Sche		EEN AND MO						43-12			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othei	r Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t make si	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🗆 ı	Loan or exc	hange progra	am					
b	Scholarly research	e			0.0						
c	Preservation for future generations										
4	Provide a description of the organization's co	lections and explain	how the	ev further th	ne organizatio	on's exer	not ouroc	se in Part	XIII		
5	During the year, did the organization solicit o	-		-	-				/		
Ŭ	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange								_		
	reported an amount on Form 990, Par			organizatio		103 011	1 0111 330	5, i aitiv,	iii ie 5, 6i		
10	Is the organization an agent, trustee, custodi		iany for c	ontribution	s or other as	sote not i	included				
Id									Yes	x	No
	on Form 990, Part X?							L		Δ	
b	If "Yes," explain the arrangement in Part XIII	and complete the lo	lowing ta	abie.					Amoun	+	
									Amoun		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance								<u> </u>		1
	Did the organization include an amount on Fe						ity?	[^	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									X	
Fai	t V Endowment Funds. Complete i								(-) [haali
		(a) Current year	(b) P	rior year	(c) Two yea	IS DACK	(a) Three	years back	(e) Fou	years	раск
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administe	red for th	e organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulat	ed	(d) Boo	k value	e
		basis (investr		()	(other)		preciation		,,200		
1a	Land			39	3,200.		-		39	3,20	00.
	Buildings				4,830.	9.8	863,7	75.	2,14		
	Leasehold improvements			,	_,	- / (,,		-,	.,	•
	Equipment			4.22	1,919.	4 (039,6	23.	18	2,29	96.
	Other				4,498.		556,9			7,51	
			V c='		-				2,83		
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	gual Form 990, Part	<u>х. colum</u>	іп (В), line 1	<u>UC.)</u>			Cala aluda	-		

Schedule D (Form 990) 2021

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on Form 990, Part IV, line		
(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(b) BOOK Value	(c) wethod of valuation: Cost of end	or-year market value
	11d. See Form 990, Part X, line 15.	
Description		(b) Book value
		666,198
		40,395
		74,627
15.)	▶	781,220
on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
		(b) Book value
ES		812,308
	(b) Book value	Description

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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MARY OUEEN AND MOTHER ASSOCIATION Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

	edule D (Form 990) 2021 MARY QUEEN AND MOTHER A			1208064 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	16,801,090.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			16,801,090.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
				16 901 000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			16,801,090.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	••••••	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With Expen e 12a.	ses per Retur	n.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen e 12a.	ses per Retur	
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With Expen e 12a.	ses per Retur	n.
1	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a.	ses per Retur	n.
1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With Expen e 12a. 	ses per Retur	n.
1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	e 12a. 2a	ses per Retur	n.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ses per Retur	n.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ses per Retur	n. <u>14,609,811.</u> 0.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Retur 1 2e	n.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Retur 1 2e	n. <u>14,609,811.</u> 0.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ses per Retur 1 2e	n. <u>14,609,811.</u> 0.
1 2 3 4 3 4	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d 2d	ses per Retur 1 2e	n. <u>14,609,811.</u> 0.
1 2 b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2e 3	n. <u>14,609,811.</u> <u>0.</u> <u>14,609,811.</u> 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2b 2c 2d 2d 4a 4b	2e 3 4c 4c	n. <u>14,609,811.</u> 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

MARY	QUE	EEN	MAI	NTA	INS	AR	ESID	ENT	' TR	UST	FU	JND	ACC	OUNT	WH	ERE	THE	RE	SID	ENTS	S MA	Y
							3 T.73 T	a			та	-		100	~				Dan			a
MAKE	DEF	OS1	LTS	AND	M T.I	HDR	AWAL	ıS•	THE	RE	TS	А	BANK	ACC	OUN.	I, A,I	COL	MME	RCE	BAN	IK A	S
WELL	AS	AI	PETT	Y CZ	ASH	FUN	D AI	' MA	RY	QUE	EN.	Т	HE A	ccou	NT I	IS R	ECO	NCI	LED			
MONTI	HLY.	RI	ECOR	DS A	ARE	MAI	NTAI	NED) IN	MA	TRI	x,	THE	A/R	BI	LIN	GS	OFT	WAR	E US	SED	
		0111																				
BY MA	ARY	QUF	SEN.																			

PART X, LINE 2:

THE INDIVIDUAL AGENCIES THAT COMPRISE THE ARCHDIOCESE ARE LISTED IN THE

OFFICIAL CATHOLIC DIRECTORY AND, THEREFORE, ARE TAX-EXEMPT PUBLIC

CHARITIES UNDER SECTION 501(C)(3) AND SECTION 509(A) OF THE INTERNAL

REVENUE CODE, EXCEPT FOR HOLY INFANT & ST. JOSEPH ASSOCIATES, LP, ROSATI

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 MARY QUEEN AND MOTHER ASSOCIATION 43-1208064 Page 5 Part XIII Supplemental Information (continued)
APARTMENTS, LP AND ST. JOHN NEUMANN ASSOCIATES, LP. HOLY INFANT & ST.
JOSEPH ASSOCIATES, LP, ROSATI APARTMENTS, LP AND ST. JOHN NEUMANN
ASSOCIATES, LP, ARE PARTNERSHIPS ESTABLISHED AS PASSTHROUGH ENTITIES FOR
TAX PURPOSES. AS SUCH, THE ARCHDIOCESE CAN ONLY BE TAXED ON INCOME FROM
ANY ACTIVITIES UNRELATED TO THEIR CHARITABLE PURPOSE. AT JUNE 30, 2022 AND
2021, THE ARCHDIOCESE HAD NOT IDENTIFIED ANY SUCH REVENUE; THEREFORE, NO
TAX EXPENSE HAS BEEN RECORDED. THE ARCHDIOCESE DOES NOT HAVE ANY UNCERTAIN
TAX POSITIONS.

Schedule D (Form 990) 2021

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SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
		- For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	71	
		Compensated Employees		20		1
Dono	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio			identificatio		nber
		MARY QUEEN AND MOTHER ASSOCIATION	43-1	L208064	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or					
	Travel for con					
		cation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chef)			
-						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	la dia ata udai ala lifa					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III.	JILO			
		ation of the CEO/Executive Director, but explain in Part III.				
			ommittoo			
		ther organizations Approval by the board or compensation of	Ommittee			
4	During the year di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
		elated organization:				
а	-	ce payment or change-of-control payment?		4a		x
b		ceive payment from a supplemental nonqualified retirement plan?				x
		ceive payment from an equity-based compensation arrangement?				x
-	-	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the					
а	-			5a		X
		zation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n			
	contingent on the	net earnings of:				
а	The organization?			6a		X
		zation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
	initial contract exc	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, o	lid the organization also follow the rebuttable presumption procedure described in				
	Regulations sectio	n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork F	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021

132111 11-02-21

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

For each individual whose compensation must be reported 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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THERESA RUZICKA	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO THRU 6/5/22	(ii)	195,219.	0.	0.	10,044.	14,705.	219,968.	0.
(2) CHRIS BAECHLE	(i)	0.	0.	0.	0.	0.	0.	0.
CEO/ASSISTANT SECRETARY	(ii)	188,301.	0.	0.	0.	18,925.	207,226.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY

GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS.

ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY

THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS

FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL

INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR

THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO

REVIEWED WHEN DETERMINING SALARY INCREASES.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. EZ 2021 Open to Public Inspection Employer identification number

OMB No. 1545-0047

MARY QUEEN AND MOTHER ASSOCIATION

IATION 43-1208064

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

PROVIDING SERVICES TO IMPROVE THE QUALITY OF LIFE FOR SENIOR ADULTS BY

PROMOTING AND PROVIDING SOCIAL, HEALTH, AND HOUSING PROGRAMS AND

SERVICES IN ST. LOUIS CITY AND COUNTY AS WELL AS IN ST. CHARLES,

JEFFERSON, FRANKLIN, AND WARREN COUNTIES. INSPIRED BY THE TEACHINGS OF

JESUS CHRIST. THE MISSION OF CRSS IS TO BE A RECOGNIZED PROVIDER OF

FIRST CHOICE IN PROVIDING AN INTEGRATED CONTINUUM OF QUALITY

RESIDENTIAL HEALTHCARE AND SUPPORTIVE SOCIAL SERVICES FOR ADULTS

THROUGHOUT THE ARCHDIOCESE OF ST. LOUIS.

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

CARDINAL RITTER SENIOR SERVICES (CRSS) PERIODICALLY PROVIDES THE ORGANIZATION WITH CERTAIN MANAGEMENT SERVICES. CRSS PAYS VENDORS THROUGH THE MANAGEMENT AGENT'S DISBURSEMENT SYSTEM FOR THE ORGANIZATION. THIS PROCEDURE WAS IMPLEMENTED FOR THE PURPOSE OF UTILIZING THE MOST COST EFFECTIVE METHOD TO CONSERVE THE ORGANIZATION'S PROCESSING COSTS AND TO PROVIDE INTERNAL CONTROLS TO SAFEGUARD ASSETS. THERE IS NO PAYMENT TO THE MANAGING AGENT FOR THIS CASH DISBURSEMENT SYSTEM.

THE ORGANIZATION PAYS A BOOKKEEPING FEE TO THE ARCHDIOCESE OF ST. LOUIS. ADDITIONALLY, A MANAGEMENT FEE IS PAID TO THE ST. LOUIS ARCHDIOCESE FUND (SLAF) FOR THE MANAGEMENT OF THE ORGANIZATION'S INVESTMENTS.

THE CHIEF EXECUTIVE OFFICER OF CARDINAL RITTER SENIOR SERVICES IS AN

EMPLOYEE OF CATHOLIC CHARITIES OF ST. LOUIS. THE SALARY AND RELATED TAXES

AND BENEFITS ARE REIMBURSED BY CARDINAL RITTER SENIOR SERVICES.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202113221111-11-21

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

THE ORGANIZATION HAS ONE MEMBER, CATHOLIC CHARITIES OF ST LOUIS (CATHOLIC CHARITIES), WHICH HAS RESERVED POWERS OVER THE ORGANIZATION. ADDITIONALLY, THE ARCHBISHOP OF ST. LOUIS IS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES BY WHICH THE ARCHBISHOP ALSO HAS RESERVED POWERS OVER THE ORGANIZATION.

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

AS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS, BY WHICH THE ARCHBISHOP OF ST. LOUIS ALSO HAS RESERVED POWERS OVER THE ORGANIZATION, THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP TO 50% OF THE BOARD OF DIRECTORS AND TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION.

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

AS THEY ARE MEMBERS WITH RESERVED POWERS, VARIOUS DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY CATHOLIC CHARITIES OF ST. LOUIS, AND THE ARCHBISHOP OF ST. LOUIS.

ADDITIONALLY, THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITOR FOR ALL ARCHDIOCESAN ENTITIES. HOWEVER, THE CRSS FINANCE COMMITTEE RECOMMENDS APPROVAL OF THE AUDITED FINANCIAL STATEMENTS TO THE CRSS GOVERNING BOARD.

FORM 990, PAR	T VI,	SECTIO	NB, L	INE 11	LB:						
THE RETURN IS	PREPA	RED BY	AN IN	DEPENI	DENT	ACC	COUNT	TING FIF	м.	THE	ORGANIZATION
HAS PROVIDED	A .PDF	COPY (OF THE	FORM	990	то	THE	MEMBERS	OF	THE	GOVERNING
132212 11-11-21					34					So	chedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization MARY QUEEN AND MOTHER ASSOCIATION	Employer identification number 43-1208064
BOARD VIA EMAIL PRIOR TO FILING OF THE TAX RETURN. THE EM	AIL SENT TO THE
GOVERNING BOARD REQUESTS THAT ALL MEMBERS REVIEW THE FORM	990 AS OF A
SELECT DATE. ANY QUESTIONS AND COMMENTS ARE TO BE SENT TO	THE CHIEF
FINANCIAL OFFICER. THE FORM 990 IS ACCEPTED FOR FILING AN	D A
REPRESENTATION LETTER IS SIGNED BY THE CHIEF EXECUTIVE OFF	ICER. AT THIS
POINT, THE FORM 990 IS FILED WITH THE IRS.	

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

UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, PERSONS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS. ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO REVIEWED WHEN DETERMINING SALARY INCREASES.

FORM 990, PART VI, SECTION C, LINE 19:

ANYONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MUST CONTACT THE

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CHIEF FINANCIAL OFFICER, AS THIS INFORMATION IS AVAILABLE TO THE PUBLIC

UPON REQUEST.

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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
MARY QUEEN AND MOTHER ASSOCIATION	43-1208064

FORM 990, PART IX, LINE 11G, OTHER FEES:	
BEAUTY SHOP CONTRACT:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,627.
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	1,526,886.
MANAGEMENT AND GENERAL EXPENSES	19,084.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,545,970.
PERSONNEL SERVICES:	
PROGRAM SERVICE EXPENSES	2,279,275.
MANAGEMENT AND GENERAL EXPENSES	1,779.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	0 004 054
TRANSPORTATION SERVICES:	
PROGRAM SERVICE EXPENSES	101,649.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	101,649.
OTHER ADMIN & PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	134,010.

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Name of the organization MARY QUEEN AND MOTHER ASSOCIATION	Employer identification number
MANAGEMENT AND GENERAL EXPENSES	839,717.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	973,727.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,904,027.
FORM 990, PART XII, LINE 2C	
THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS ASSUM	IES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIA	L STATEMENTS
AND SELECTION OF AN INDEPENDENT AUDITOR. HOWEVER, THE CF	SS FINANCE
COMMITTEE RECOMMENDS APPROVAL OF THE AUDITED FINANCIAL ST	ATEMENTS TO
THE CRSS GOVERNING BOARD.	
132212 11-11-21	Schedule O (Form 990) 202

Page **2**

Schedule O (Form 990) 2021

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Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury Internal Revenue Service

Name of the organization

MARY QUEEN AND MOTHER ASSOCIATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ARCHDIOCESE OF ST. LOUIS - 43-0653244							
20 ARCHBISHOP MAY DRIVE					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	RELIGIOUS ORGANIZATION	MISSOURI	501(C)3	LINE 1	LOUIS		Х
CATHOLIC CHARITIES OF ST. LOUIS - 43-0653270							
4445 LINDELL BOULEVARD					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	SOCIAL SERVICES	MISSOURI	501(C)3	LINE 7	LOUIS		Х
CARDINAL CARBERRY SENIOR LIVING CENTER -							
43-1826117, 7601 WATSON ROAD, ST. LOUIS, MO	7				ARCHBISHOP OF ST.		
63119	SUPPORTIVE SERVICES	MISSOURI	501(C)3	LINE 10	LOUIS		Х
CARDINAL RITTER INSTITUTE - RESIDENTIAL							
SERVICES CORPORATION - 43-1235755, 7601	7				ARCHBISHOP OF ST.		
WATSON ROAD, ST. LOUIS, MO 63119	RESIDENTIAL SERVICES	MISSOURI	501(C)3	LINE 10	LOUIS		х

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

Schedule R (Form 990) 2021

2021 **Open to Public**



Employer identification number

43-1208064

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	zation?
CARDINAL RITTER SENIOR SERVICES - 43-0811604				501(0)(3))		Yes	No
7601 WATSON ROAD	-				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	SOCIAL SERVICES	MISSOURI	501(C)3	LINE 7	LOUIS		х
SAINT LOUIS COUNSELING, INC 43-1338511							
5 PREMIER DRIVE, SUITE 200	-				ARCHBISHOP OF ST.		
FENTON, MO 63026	SUPPORTIVE SERVICES	MISSOURI	501(C)3	LINE 7	LOUIS		х
CATHOLIC CHARITIES FOUNDATION - 43-1307878							
4445 LINDELL BOULEVARD	1				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	SOCIAL SERVICES	MISSOURI	501(C)3	LINE 12B, II	LOUIS		х
MOTHER OF PERPETUAL HELP - 43-1711912				,			
7609 WATSON ROAD	1				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	RESIDENTIAL SERVICES	MISSOURI	501(C)3	LINE 10	LOUIS		х
· · · · ·							
	1						
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Schedule R (Form 990) 2021 MARY QUEEN AND MOTHER ASSOCIATION

43-1208064 Page 2

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

	r an an an an an an an an an an an an an	· , ·									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			al or Percentage ^{ing} ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No
											<u> </u>
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?				
		country)		0. 4000				Yes	No				
									\square				
]								
									\square				

Schedule R (Form 990) 2021 MARY QUEEN AND MOTHER ASSOCIATION

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 		Ye	s No				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x				
 b Gift, grant, or capital contribution to related organization(s) 							
c Gift, grant, or capital contribution from related organization(s)		x	+				
d Loans or loan guarantees to or for related organization(s)		_	X				
e Loans or loan guarantees by related organization(s)			X				
f Dividends from related organization(s)	1f		х				
g Sale of assets to related organization(s)	10		X				
h Purchase of assets from related organization(s)			X				
i Exchange of assets with related organization(s)			X				
j Lease of facilities, equipment, or other assets to related organization(s)			X				
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
I Performance of services or membership or fundraising solicitations for related organization(s)			X				
m Performance of services or membership or fundraising solicitations by related organization(s)		n X					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X				
o Sharing of paid employees with related organization(s)) X					
p Reimbursement paid to related organization(s) for expenses	1p	X					
q Reimbursement paid by related organization(s) for expenses			X				
r Other transfer of cash or property to related organization(s)	1r		X				
s Other transfer of cash or property from related organization(s)			X				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sholds.						

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(3)</u>				
<u>(</u> 4)				
<u>(5)</u>				
<u>(6)</u>				

Schedule R (Form 990) 2021 MARY QUEEN AND MOTHER ASSOCIATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identificatio	n number (TIN)		
print	MARY QUEEN AND MOTHER ASSOC	TATIO	N		43-12	08064		
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 7601 WATSON ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST LOUIS, MO 63119								
Applica	ation	Return	Application			Return		
ls For		Code	Is For					
Form 9	90 or Form 990-EZ	01	Form 1041-A					
Form 4	720 (individual)	03	Form 4720 (other than individual)	09				
Form 9	90-PF	04	Form 5227	10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation)	07	OUIS FINANCE OFFIC					
 If the If this box If this box If this the If this If this<th>the tax year entered in line 1 is for less than 12 months, c</th><th>Group Exe and atta MAX anization's , an heck rease</th><th>mption Number (GEN) I ch a list with the names and TINs of <u>Z</u> 15, 2023 , to file return for: d ending</th><th>f this is fo all membe</th><th>r the whole <u>c</u> ers the exter npt organizat </th><th>roup, check this</th>	the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta MAX anization's , an heck rease	mption Number (GEN) I ch a list with the names and TINs of <u>Z</u> 15, 2023 , to file return for: d ending	f this is fo all membe	r the whole <u>c</u> ers the exter npt organizat 	roup, check this		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.		
_	alance due. Subtract line 3b from line 3a. Include your pa							
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.		
Cautio instruct	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8	868 (Rev. 1-2022)		

123841 01-12-22

			** PUBLIC DISCLOSURE COPY *	*	_
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	m Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2021
Don	ortmont	of the Treesury	Do not enter social security numbers on this form as it may	ay be made public.	Open to Public
Inter	nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
<u>A</u>	For th	e 2021 calend	ar year, or tax year beginning $ { m JUL}1$, 2021 and ending	<u>JUN 30, 2022</u>	
	Check if applicat	C Name o	organization	D Employer identificati	on number
_	Addr				
	chan Nam	e	ER OF PERPETUAL HELP RESIDENCE INC	42 1711010	
F	chan Initia		usiness as	43-1711912	
	retur Final		and street (or P.0. box if mail is not delivered to street address) Room/s WATSON ROAD	uite E Telephone number 314-961-80	0.0
	lretur termi	n/ 7009			7,495,180.
		nded CTT T	own, state or province, country, and ZIP or foreign postal code OUIS, MO 63119	G Gross receipts \$	
F	returi Appli		nd address of principal officer: CHRIS BAECHLE	H(a) Is this a group return for subordinates?	
	tion pend		AS C ABOVE	H(b) Are all subordinates includ	
<u> </u>	Tax.o	kempt status:		527 If "No," attach a list	
			CARDINALRITTERSENIORSERVICES.ORG/	H(c) Group exemption n	
				'ear of formation: 1995 M St	
	art I				
	1	Briefly describ	e the organization's mission or most significant activities: MOTHER O	F PERPETUAL HEL	P
ce Ce			CE, INC. ASSISTS CARDINAL RITTER SENIC		
nar	2		x if the organization discontinued its operations or disposed of m		
Governance	3		ing members of the governing body (Part VI, line 1a)		23
			ependent voting members of the governing body (Part VI, line 1b)		22
8 8	5		of individuals employed in calendar year 2021 (Part V, line 2a)		0
/itie	6	Total number	of volunteers (estimate if necessary)	6	26
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.
_	` b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
¢	8	Contributions	and grants (Part VIII, line 1h)	28,875.	1,864,246.
enu	9		ce revenue (Part VIII, line 2g)	5,017,131.	5,599,490.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	2,619.	2,406.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,396.	29,038.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,054,021.	7,495,180.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	18,000.	18,000.
	14	-	to or for members (Part IX, column (A), line 4)	0. 2,755,886.	0.2,936,387.
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	2,755,000.	2,930,307.
ens	168		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) • 0 •	0.	
Expenses			ng expenses (Part IX, column (D), line 25) ►0.	1,763,646.	1,598,808.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,537,532.	4,553,195.
	19		expenses. Subtract line 18 from line 12	516,489.	2,941,985.
۲.		1010100 1033		Beginning of Current Year	End of Year
ets o	20	Total assets (F	Part X, line 16)	3,859,971.	7,817,144.
Net Assets or	21		(Part X, line 26)	413,066.	1,428,254.
Net	22		fund balances. Subtract line 21 from line 20	3,446,905.	6,388,890.
	art II				
Und	der pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my kno	wledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prep		· · · · ·

Sign Here	Signature of officer CHRIS BAECHLE, CHIEF E Type or print name and title	XECUTIVE OFFICER		Date					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	KIMBERLY A RYAN			self-employed P00829977					
Preparer	Firm's name 🕨 RUBINBROWN LLP			Firm's EIN 🕨 43-0765316					
Use Only	Firm's address 🕨 7676 FORSYTH BLV	D, SUITE 2100							
	SAINT LOUIS, MO		Phone no. (314) 290-3300						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) MOTHER OF PERPETUAL HELP RESIDENCE INC 43-1711912 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MOTHER OF PERPETUAL HELP RESIDENCE INC. ASSISTS THE MISSION OF CRSS TO
	BE A RECOGNIZED PROVIDER OF FIRST CHOICE IN PROVIDING AN INTEGRATED
	CONTINUUM OF QUALITY RESIDENTIAL HEALTHCARE AND SUPPORTIVE SOCIAL
	SERVICES FOR SENIOR ADULTS THROUGHOUT THE ARCHDIOCESE OF ST. LOUIS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,765,053. including grants of \$ 18,000.) (Revenue \$ 5,614,485.)
	OPERATION OF 90 UNIT ASSISTED LIVING FACILITY OFFERING 24-HOUR
	STAFFING, ALL MEALS, ACTIVITIES, AND DAILY MASS. INCLUDED ARE 2 MEMORY
	CARE COMMUNITIES FOR RESIDENTS NEEDING THIS TYPE OF CARE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,765,053.
	Form 990 (2021)
132002	2 12-09-21 2
	4

Form 990 (2		-	-		HELP	RESIDENCE	INC
Part IV	Checklist of I	Required Sc	hedu	lles			

			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	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
11				
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	aan	 (2021)
132003	3 12-09-21	rorm	530	(2021)

3

132003 12-09-21

	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512/b)(13)2. If IVes II accurately of the full D. Bart V, Via 2	35b		1
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
00	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	- 55		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	L
132004	\$ 12-09-21	Form	990	(2021)

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2021)			PERPETUAL			
Statements I	Regarding C	Other	[•] IRS Filings and	I Tax Co	ompliance _{(conti}	inued)

			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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			х
Ŀ.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	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).	Ea		х
a ⊾	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u></u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
a		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		- 23
D	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	00		
_		70		Х
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		- 21
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
С	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e		7e		Х
f		76 7f		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
	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		
	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		
~	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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Form 990 (2021)

Part V

Form 990	(2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	ζ
Section A. Governing Body and Management	

					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	23		165	
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year		23			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
L		46	22			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	•			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		x
•	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the				v	
				3	X	v
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	37	
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 ap	•				
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, 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		-			
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 rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	e 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," a	escribe			
	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 approva	al by in	dependent			
	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 arrange	ment w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Se	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	
	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 bo ARCHDIOCESE OF ST. LOUIS FINANCE OFFICE - 314-792-					

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Form 990 (202	21) MOTHER	OF PERPET	JAL HELP	RESIDENCE	INC	43-1711912	Page 7				
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											
de Comulate											

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) (B) (C) (D) (D) (E) (F) Name and title Average Nows for week Norma and title Norma and week Norma and stress many moust for mean and stress			u ga	mzai		0011	per	out	i any canone onicci, a		
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(12) JOE DOWNS 0.10 BOARD MEMBER (TERM ENDED 6/30/22) 2.00 X 0. 0. 0. (13) TOM GORSKI 0.10 0.10 0. 0. 0. 0. BOARD MEMBER 2.00 X 0.0 0. 0. 0. 0. BOARD MEMBER 2.00 X 0.10 0. 0. 0. 0. BOARD MEMBER 2.00 X 0.10 0. 0. 0. 0. BOARD MEMBER 2.00 X 0.0 0. 0. 0. 0. BOARD MEMBER 2.00 X 0.0 0. 0. 0. 0. BOARD MEMBER 2.00 X 0.0 0. 0. 0. 0. BOARD MEMBER 2.00 X 0.0 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. 0. 0.	(11) JOHN CORICH										
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(16) ERNESTINE SHIVERS-JONES 0.10 BOARD MEMBER 2.00 X (17) DONNA PELIKAN 0.10 BOARD MEMBER 2.00 X BOARD MEMBER 0.10 BOARD MEMBER 0.0			_								
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(17) DONNA PELIKAN 0.10 0 0.0									_		
BOARD MEMBER 2.00 X 0. 0. 0.			Х						0.	0.	0.
									_		
	BOARD MEMBER	2.00	Х						0.	0.	Eorm 990 (2021)

132007 12-09-21

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	PERPET	UA	L	HE	LP	R	E۵	SIDENCE INC	43-1'	711	912	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)			(F)
Name and title	Average	(do	not ch		ition		ne	Reportable	Reportable		Esti	mated
	hours per	box	, unles	s per	rson i	is botł	n an	compensation	compensatio	n	amo	unt of
	week		cer an	a a a	Irecto	or/trus	tee)	from	from related			ther
	(list any hours for	recto						the	organization			ensation
	related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			n the
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-NEC)		•	nization related
	below	Individual trustee or director	Institutional trustee	5	Key employee	st col	er	,				izations
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former				Ū	
(18) TIM ROGAN	0.10											
BOARD MEMBER	2.00	Х						0.		0.		0.
(19) GREG SAHRMANN	0.10											
BOARD MEMBER	2.00	Х						0.		0.		0.
(20) GARY SCHUTTE	0.10											
BOARD MEMBER	2.00	Х						0.		0.		0.
(21) KEN SLOAN	0.10											•
BOARD MEMBER	2.00	Х						0.		0.		0.
(22) ELIZABETH SMITH	0.10	37										0
BOARD MEMBER (23) DAN STUTTE	2.00	Х				-		0.		0.		0.
BOARD MEMBER	0.10 2.00	х						0.		0.		0.
(24) KIM WALDMAN	0.10	л				\vdash		0.				0.
BOARD MEMBER	2.00	х						0.		0.		0.
(25) STEVE YOUNG	0.10											
BOARD MEMBER (TERM ENDED 6/30/22)	2.00	х						0.		0.		0.
1b Subtotal								0.	472,98	30.	48	,364.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								0.	472,98	30.	48	,364.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	3		
compensation from the organization												0
										ſ	Y	'es No
3 Did the organization list any former officer,			-		-				•			
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a											-	x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ch r	oers	on .					5	A
1 Complete this table for your five highest cor	monsated ind	ana	ndor		ontra	acto	re ti	hat received more than \$	100 000 of com		ion from	
the organization. Report compensation for t	-									Jensai		•
(A)	ne oulondur ye			9 11		<u> </u>		(B)			(C)	
Name and business	address							Description of s	ervices	С	ompens	
BSI CONSTRUCTORS INC.								CONTRACTOR/				
6767 SOUTHWEST AVENUE, ST	. LOUIS	,	MO	6	31	43		CONSTRUCTION		2	,042	,900.
VESSEL ARCHITECTURE & DES								CONTRACTOR/				
ROAD, SUITE 401, ST. LOUIS, MO 63141 CONSTRUCTION										144	<u>,759.</u>	
FLOORING SYSTEMS INC., 41		ME	CI	BO	TT	ОМ		CONTRACTOR/				
ROAD, ST. LOUIS, MO 63129								CONSTRUCTION			115	<u>,301.</u>
2 Total number of independent contractors (ir		ot lin	nitad	to t	thee		tod	above) who received m	ore than			
\$100,000 of compensation from the organiz	•	JC 111	meu	10	1105 3		leu					

Form **990** (2021)

132008 12-09-21

		(2021) MOTHER OF PER	PETUAL H	ELP RESIDEN	NCE INC	43-1711	912 Page 9
Pa	rt VI						
		Check if Schedule O contains a response of	or note to any lin		(B)	(C)	(D)
				(A) Total revenue	Related or exempt	Unrelated	Revenue excluded
						business revenue	from tax under
	-						sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a		-			
Gra	b	· · · · · · · · · · · · · · · · · · ·		-			
ts, An	c	• • • • • • • • • • • • • • • • • • • •	1 700 000	-			
Gif ilar	c	3	1,796,896.	-			
ns, Sim	e	Government grants (contributions)		-			
utio er (f	All other contributions, gifts, grants, and	67 250				
Oth		similar amounts not included above 1f	67,350.	-			
ont	ç		10,000.	1 964 246			
a C	n	Total. Add lines 1a-1f		1,864,246.			
	_	ASSISTED LIVING FACILITY	Business Code 623000	E E00 400	E E00 400		
ice	2 a	·	023000	5,599,490.	5,599,490.		
erv	b						
Program Service Revenue	c						
grai Rev	c						
roç	e						
ш.	•	All other program service revenue		E E00 400			
	<u>c</u>			5,599,490.			
	3	Investment income (including dividends, intere-		2,406.			2,406.
		other similar amounts)		2,400.			2,400.
	4	Income from investment of tax-exempt bond p	-				
	5	Royalties	(ii) Personal				
	•		(ii) Fersonal	-			
		Gross rents 6a		-			
	b			-			
	c						
	с 7 с	Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	1 a	assets other than inventory 7a		-			
	h	Less: cost or other basis		-			
e		and sales expenses					
evenue		Gain or (loss)		-			
Other R		Net gain or (loss) Gross income from fundraising events (not					
)the	00	including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18					
	b						
			└ ▶				
		Gross income from gaming activities. See					
	56	Part IV, line 19 <u>9a</u>					
	F	Less: direct expenses 9b					
	0	· · · · · · · · · · · · · · · · · · ·					
		Gross sales of inventory, less returns	F				
		and allowances <u>10a</u>					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	•				
			Business Code				
sno	11 a	INSURANCE CLAIM PROCEEDS	541900	14,043.			14,043.
nec	b		541900	10,792.	10,792.		,
ellaneo evenue			541900	4,203.	4,203.		
Miscellaneous Revenue		All other revenue		, , ,	, , ,		
Σ		• Total. Add lines 11a-11d		29,038.			
	12	Total revenue. See instructions		7,495,180.	5,614,485.	0.	16,449.
13200	9 12-09		F			·	Form 990 (2021

(D) Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 18,000. 18,000. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 51,382. 51,382. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,184,035. 1,998,587. 185,448. Other salaries and wages 7 8 Pension plan accruals and contributions (include 107,874. 97,149. 10,725. section 401(k) and 403(b) employer contributions) 27,760. 401,304. 429,064. Other employee benefits 9 17,447. 164,032. 146,585. 10 Payroll taxes 11 Fees for services (nonemployees): 94,191. 94,191. Management а b Legal 20,877. 20,877. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 492,044. 176,358. 315,686. column (A), amount, list line 11g expenses on Sch 0.) 445. 445. Advertising and promotion 12 5,778. 113. 5,665. Office expenses 13 28,862. 652. 28,210. Information technology 14 15 Royalties 370,694. 371,378. 684. 16 Occupancy 352. 155. 197. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,892. 5,892. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 92,136. 92,136. Depreciation, depletion, and amortization 22 56,703. 56,703. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 422,853. 406,100. 16,753. SUPPLIES & EQUIPMENT а EXT. DUES & ASSESSMENTS 6,165. 160. 6,005. b С d 1.132. 357. 775. All other expenses е 4,553,195. 3,765,053. 788,142. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2021)

MOTHER OF PERPETUAL HELP RESIDENCE INC Part IX Statement of Functional Expenses

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

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

132010 12-09-21

12110413 132842 07178.0126

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

Form 990 (2021)

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12110413 132842 07178.0126

Form 990 (2021)	MOTHER	OF	PERPETUAL	HELP	RESIDENCE	INC
Part X Balance Sheet						

43-1711912 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	400.	1	400.
	2	Savings and temporary cash investments	2,029,898.	2	1,941,777.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	245,737.	4	101,283.
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	0.	9	8,426.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,564,004.			
	b	Less: accumulated depreciation 10b 7,294,497.	1,583,936.	10c	5,269,507.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	495,751.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,859,971.	16	7,817,144.
	17	Accounts payable and accrued expenses	294,559.	17	1,428,254.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	118,507.	25	0.
	26	Total liabilities. Add lines 17 through 25	413,066.	26	1,428,254.
ú		Organizations that follow FASB ASC 958, check here 🕨 🗴			
ice		and complete lines 27, 28, 32, and 33.	2 441 125		C 205 200
alan	27	Net assets without donor restrictions	3,441,135.	27	6,385,390.
B	28	Net assets with donor restrictions	5,770.	28	3,500.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
tso	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t A:	31	Retained earnings, endowment, accumulated income, or other funds		31	C 200 000
Ne	32	Total net assets or fund balances	3,446,905.	32	6,388,890.
	33	Total liabilities and net assets/fund balances	3,859,971.	33	5 rm 990 (2021)

Form 990 (2021)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 5 6 7 7 1 7 1	_{le} 12
1Total revenue (must equal Part VIII, column (A), line 12)17,495,182Total expenses (must equal Part IX, column (A), line 25)24,553,193Revenue less expenses. Subtract line 2 from line 132,941,984Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))43,446,90556717777	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 4 6 5 7 7	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 4 6 5 7 7	
3 Revenue less expenses. Subtract line 2 from line 1 3 2,941,98 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,446,90 5 5 5 6 6 6 7 7 7	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,446,90 5 5 6 6 7 7	
5 Net unrealized gains (losses) on investments 5 6 6 7 7	
6 Donated services and use of facilities 6 7 Investment expenses 7)5.
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))	<u>,0.</u>
Part XII Financial Statements and Reporting	
	X
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	<u>X</u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
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 X Consolidated basis Both consolidated and separate basis	
c 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?	
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 Single Audit	
Act and OMB Circular A-133?	
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	

Form **990** (2021)

132012 12-09-21

SCHEE	DULE A		Dublic Cho	vity Status as					OMB No. 1545-0047			
(Form 99	90)			rity Status an					2021			
		Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZ I			
	of the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public			
Internal Reve			► Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	formation.		Inspection			
Name of	the organizati								identification number			
Part I	Descon			ETUAL HELP RI					3-1711912			
				(All organizations must c			ee instructior	IS.				
, č			,	For lines 1 through 12, cl	,	,						
	-			on of churches described		on 170(b)(1	l)(A)(i).					
2				Attach Schedule E (Form			•\					
3	•	•		anization described in se			•	VIII) Entor	the hespital's name			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
			Complete Part II.)		or operat							
6				nental unit described in	section 17	70(b)(1)(A)	(v).					
7		-	-	ntial part of its support fr				ne general p	ublic described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)		-			•				
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college			
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
	university:											
10 X	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	gross receipts from			
				t to certain exceptions; a					-			
				(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	fter June 30, 1975.			
			mplete Part III.)									
	-	-	-	vely to test for public sat	•							
12	-	-	-	ively for the benefit of, to	-			-	-			
			-	d in section 509(a)(1) of supporting organization					meck the box on			
a	-	-	• •	upervised, or controlled				-	nivina			
a			-	gularly appoint or elect a	• • • •	-			-			
		0	complete Part IV, Se		majority c				pporting			
b	¬ ~		-	or controlled in connect	ion with it:	s supporte	d organizatio	n(s). bv hav	ina			
			-	anization vested in the sa			-		-			
		-	t complete Part IV,									
с 🗌	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functiona	lly integrate	d with,			
	its supporte	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.					
d	Type III no	n-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	ted organiz	ation(s)			
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	l an attentiv	eness			
	- ·	·	,	nplete Part IV, Sections	,							
e		•		written determination fro			Туре I, Туре	II, Type III				
		•		nally integrated supporting	ng organiz	ation.			[
	er the number		0									
	(i) Name of supp	<u> </u>	n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other			
	organization		.,	(described on lines 1-10	Yes	ing document? No	support (see i		support (see instructions)			
				above (see instructions))								

Total

Schedule A (Form 990) 2021 MOTHER OF PERPETUAL HELP RESIDENCE INC 43-1711912 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				-	-	
4	Total. Add lines 1 through 3						
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)						
6							
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(b) 2018	(C) 2019	(u) 2020	(e) 2021	
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ũ	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 instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's f				501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Per	rcentage			<u> </u>	
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
16 a	33 1/3% support test - 2021. If the c	organization did ne	ot check the box c	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	$\ensuremath{ \text{stop} here.}$ The organization qualifies		•				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the fact			•	•	t VI how the organi	zation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets th						、 —
40	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n ala not check a	box on line 13, 16	oa, 160, 17a, or 17	D, CHECK THIS DOX a		
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021 MOTHER OF PERPETUAL HELP RESIDENCE INC 43-1711912 Page 3 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.)

Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	50.	175,050.	91,130.	28,875.	1864246.	2159351.				
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4702085.	4804331.	4862369.	5022527.	5614485.	25005797.				
3	Gross receipts from activities that										
	are not an unrelated trade or bus- iness under section 513										
4	Tax revenues levied for the organ-										
	ization'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	4000105	100001	4050400	5051400						
	Total. Add lines 1 through 5	4702135.	4979381.	4953499.	5051402.	7478731.	27165148.				
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.				
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the										
	amount on line 13 for the year			492,787.			492,787.				
	Add lines 7a and 7b			492,787.			492,787.				
8 Se	8 Public support. (Subtract line 7c from line 6.) 26672361.										
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 6	4702135.	4979381.	4953499.	5051402.	7478731.	27165148.				
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	712.	2,559.	8,415.	2,619.	2,406.	16,711.				
k	Unrelated business taxable income		-	-		-					
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
	Add lines 10a and 10b	712.	2,559.	8,415.	2,619.	2,406.	16,711.				
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.)					14,043.	14,043.				
13	Total support. (Add lines 9, 10c, 11, and 12.)	4702847.	4981940.	4961914.	5054021.	7495180.	27195902.				
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	fourth, or fifth tax y	vear as a section 50	01(c)(3) organizatio	on,				
<u></u>	check this box and stop here										
	ction C. Computation of Publi		-			-	00 07				
	Public support percentage for 2021 (li		-			15	<u>98.07</u> % 97.89%				
	Public support percentage from 2020 ction D. Computation of Inves					16	97.89 %				
	Investment income percentage for 20			ne 13 column (f\)		17	.06 %				
	Investment income percentage for 20					18	.06 %				
	a 33 1/3% support tests - 2021. If the										
	more than 33 1/3%, check this box ar						►X				
k	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and										
	line 18 is not more than 33 1/3%, che	-									
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions					
1320	23 01-04-22					Schedule A	(Form 990) 2021				
			15								

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Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a 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? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Yes No

1

2

3a

Schedule A (Form 990) 2021 MOTHER OF PERPETUAL HELP RESIDENCE INC 43-1711912 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	L
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	-
Sec	tion D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	l to satisfy the	e Integral Part Test d	uring the year	see instructions).
-					

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b	The organization is t	he parent of each of its	s supported organizations.	Complete line 3 below.
---	-----------------------	--------------------------	----------------------------	------------------------

С		The organization	supported a	governmental entity.	Describe in P	art VI how	you supported a	governmental entity	(see instructions)).
---	--	------------------	-------------	----------------------	---------------	------------	-----------------	---------------------	--------------------	----

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____ Schedule A (Form 990) 2021

Yes No

2

Yes No

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Sche	dule A (Form 990) 2021 MOTHER OF PERPETUAL HE	LP RES	IDENCE INC	43-1711912 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2021

MOTHER OF PERPETUAL HELP RESIDENCE INC 43-1711912 P.	age 7
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Sche Par		PETUAL HELP RES			3-1711912 Page 7
		a)(o) oupporting orga	inizations (continu	iea)	Current Voor
<u>Secu</u>	on D - Distributions	mat purpaga		1	Current Year
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			- 1	
2	organizations, in excess of income from activity	i purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations		2	
4	Amounts paid to acquire exempt-use assets	s of supported organizations	>	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
U	(provide details in Part VI). See instructions.	ie organization is responsive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 MOTHER OF PERPETUAL HELP RESIDENCE INC 43-1711912 Page 8 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 A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
INSURANCE CLAIM PROCEEDS
2021 AMOUNT: \$ 14,043.

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

43-1	71	19	12
------	----	----	----

Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

MOTHER OF PERPETUAL HELP RESIDENCE INC

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

MOTHER OF PERPETUAL HELP RESIDENCE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,596,896.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u> </u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

23

12110413 132842 07178.0126

Employer identification number

43-1711912

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	44 ISHARES CORE S&P MID CAP ETF		
		\$10,000.	04/25/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· ·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

MOTHER OF PERPETUAL HELP RESIDENCE INC

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021)

Part II

Employer identification number

43-1711912

12110413 132842 07178.0126

Schedule B	(Form 990) (2021)			Page 4	
Name of org	anization			Employer identification number	
MOTHER	OF PERPETUAL HELP RES	IDENCE INC		43-1711912	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in) through (e) and the following line (entry. For organizations		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. o	nce.) ► \$	
(a) No. from				equivalence of lease with in heads	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
-		(a) Transfor of a	.:#		
		(e) Transfer of g	,int		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	Relationship of transferor to transferee	
		[
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
			[
		(e) Transfer of g	lift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of tr	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held	
Parti					
F	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			ansferor to transferee	
F					
123454 11-11-2	1	1		Schedule B (Form 990) (2021)	

12110413 132842 07178.0126

SCHEDULE D)
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Department of the Treasury

)

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

Internal Revenue Service Name of the organization

	MOTHER OF PERPETUAL			43-1711912
Par			r Similar Funds or <i>I</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor ad	vised 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 fu	unds
	are the organization's property, subject to the organization's	exclusive legal contro	l?	Yes 📃 No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	any other purpose conf	erring
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered	Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that app	y).	
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a hi	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation con	ribution in the form of 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 stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not	on a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, insp	ection, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing conserva	tion easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservation	easements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirem	ents of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization	n's financial statements	that describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	[•] Art, Historical T	reasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, educat	ion, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furtherar	nce 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 treater	asures, or other simila	ar assets for financial gair	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:	
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21			
		26		

	dule D (Form 990) 2021 MOTHER (t III Organizations Maintaining Co	OF PERPETUZ						$\frac{43-17}{1}$			age 2
	·								• (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	t make sig	gnificant i	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit or							_	٦.,		٦
Der	to be sold to raise funds rather than to be ma				ellection?			·····	Yes		No
Far	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodia		ian/ for (contribution	s or other as	eote not i	ncluded				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a							······ ∟			
b			lowing t	abie.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • •		_]
Par							0.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administer	red for the	e organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat								3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		wment f	unds.							
Fai	Complete if the organization answered			lina 11a C	Soo Form 000	Dort V	lino 10				
	· · ·		-						(.1) D	1	-
	Description of property	(a) Cost or o basis (investr		• • • •	t or other (other)		ccumulate preciation		(d) Boo	k valu	е
4 -	Land		neng		0,000.	uer	COALION		16	0 0	00.
	Land				0,969.	6 /	97,9	11			28.
	Buildings			1,50		,4	ינייני	<u>= + • </u>	00	5,0	20.
	Leasehold improvements			55	9,391.		82,3	55	7	7,0	36
	Equipment				3,644.		14,2		, 3,86		
	Other		V all		-				<u>3,80</u> 5,26		
Total	. Add lines 1a through 1e. (Column (d) must ed	<u>uai Form 990, Part</u>	<u>х. colun</u>	<u>ın (В), line 1</u>	<u>UC.)</u>				5,20	2,5	51.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D	(Form 990) 2021			ERPETUAL	HELP	RESIDENCE	INC	43-1711912	Page 3
Part VII	Investments - C	Other Securit	ies.						
	Complete if the orga	nization answere	ed "Yes"	on Form 990, Pa	art IV, line	11b. See Form 990,	Part X, line 12.		
(a) Descrip	otion of security or catego	Dry (including name of	security)	(b) Book v	alue	(c) Method of v	aluation: Cost c	or end-of-year market v	alue
(1) Financia	al derivatives								
(2) Closely	held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
	<u>b) must equal Form 990,</u>								
Part VIII	Investments - F	-							
	Complete if the orga		ed "Yes"	1					
	(a) Description of i	nvestment		(b) Book v	alue	(c) Method of v	aluation: Cost c	or end-of-year market v	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	<u>b) must equal Form 990,</u>	Part X, col. (B) lin	e 13.) 🕨						
Part IX	Other Assets.								
	Complete if the orga	inization answere			art IV, line	11d. See Form 990,	Part X, line 15.	(h) De ale a	
DI		DTOODON				- 70		(b) Book va	
	JE FROM ARCH	IDIOCESAN	AF.F.	ILIATED E	2M.T.T.T.1	ES		495	,751.
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
<u>(9)</u>	<i>(</i>)							N 405	,751.
Part X	<u>imn (b) must equal For</u> Other Liabilities	<u>m 990, Part X, co</u>	ol. (B) lin	e 15.)				. 🎽 495	, /51.
Tartx	Complete if the orga		d "Vee"	on Form 990 Pa	art IV line '	11e or 11f See Form	000 Part X lir	00.25	
4	1 0	scription of liabili		011 0111 990, 1 8	art iv, inte		1990, 1 art 7, 11	(b) Book va	ماريم
<u>1.</u>	()		Ly						aiue
	leral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9) Tatal (2, (
	imn (b) must equal For							· 💌	
	r for uncertain tax posi ation's liability for unc								X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 MOTHER OF PERPETUAL HELP		43-1711912 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue per	r 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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
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
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses p	ber Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE INDIVIDUAL AGENCIES THAT COMPRISE THE ARCHDIOCESE ARE LISTED IN THE
OFFICIAL CATHOLIC DIRECTORY AND, THEREFORE, ARE TAX-EXEMPT PUBLIC
CHARITIES UNDER SECTION 501(C)(3) AND SECTION 509(A) OF THE INTERNAL
REVENUE CODE, EXCEPT FOR HOLY INFANT & ST. JOSEPH ASSOCIATES, LP, ROSATI
APARTMENTS, LP AND ST. JOHN NEUMANN ASSOCIATES, LP. HOLY INFANT & ST.
JOSEPH ASSOCIATES, LP, ROSATI APARTMENTS, LP AND ST. JOHN NEUMANN
ASSOCIATES, LP, ARE PARTNERSHIPS ESTABLISHED AS PASSTHROUGH ENTITIES FOR
TAX PURPOSES. AS SUCH, THE ARCHDIOCESE CAN ONLY BE TAXED ON INCOME FROM
ANY ACTIVITIES UNRELATED TO THEIR CHARITABLE PURPOSE. AT JUNE 30, 2022 AND
2021, THE ARCHDIOCESE HAD NOT IDENTIFIED ANY SUCH REVENUE; THEREFORE, NO
TAX EXPENSE HAS BEEN RECORDED. THE ARCHDIOCESE DOES NOT HAVE ANY UNCERTAIN
132054 10-28-21 Schedule D (Form 990) 2021 29
12110413 132842 07178.0126 2021.05070 MOTHER OF PERPETUAL HELP 07178.0

Schedule D (Form 990) 2021 Part XIII Supplemental Infor	MOTHER OF	PERPETUAL	HELP	RESIDENCE	INC	43-1711912	Page 5
Part XIII Supplemental Infor	mation (continued	<u>()</u>					
TAX POSITIONS.							
						Schedule D (Form 9	90) 2021

132055 10-28-21

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization MOTHER C)F PERPETUA	L HELP RESI	DENCE INC				Employer identification number 43-1711912
Part I General Information on Grants							
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's 	sistance?	-			-		
Part II Grants and Other Assistance t recipient that received more that	to Domestic Organiz	zations and Domestic	Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
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
CARDINAL RITTER SENIOR SERVICES 7601 WATSON ROAD ST. LOUIS, MO 63119	43-0811604	501(C)(3)	18,000.	0.			RENT ASSISTANCE
 2 Enter total number of section 501(c)(3 3 Enter total number of other organization 	ons listed in the line 1	I table					

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

(e) Method of valuation (book, FMV, appraisal, other)

(d) Amount of non-

cash assistance

Part IV Supplemental Information. Provide the information req	uired in Part I, lir	ne 2; Part III, column	(b); and any other ac	Iditional information.	•

(c) Amount of

cash grant

Schedule | (Form 990) 2021 MOTHER OF PERPETUAL HELP RESIDENCE INC

(a) Type of grant or assistance

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

(b) Number of

recipients

Page **2**

43-1711912

(f) Description of noncash assistance

Schedule I (Form 990) 2021

SC	HEDULE J Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	~ 4	
\	Compensated Employees		20	21	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service Altach to Form 990. b Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam		nployer ide	ntificatio	on nur	nber
	MOTHER OF PERPETUAL HELP RESIDENCE INC	43-17	1191	2	
Pa	rt 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 of	use			
	Travel for companions Payments for business use of personal reside	ence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, cl	hef)			
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		
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		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	0			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations	mittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		x
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		41		x
	Participate in or receive payment from an equity-based compensation arrangement?		4.		x
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	······································				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?		5a		X
	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
	The organization?		6a		X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?		9		<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forn	n 990)	2021

MOTHER OF PERPETUAL HELP RESIDENCE INC 43-1711912

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

For each individual whose compensation must be reported 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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THERESA RUZICKA	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO THRU 6/5/22	(ii)	195,219.	0.	0.	10,044.	14,705.	219,968.	0.
(2) CHRIS BAECHLE	(i)	0.	0.	0.	0.	0.	0.	0.
CEO/ASSISTANT SECRETARY	(ii)	188,301.	0.	0.	0.	18,925.	207,226.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM INCLUDING PAY

GRADES & RANGES THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS.

ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY

THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS

FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL & LOCAL

INFLATION RATES, INTERNAL FUNDING ABILITIES & PLANNED SALARY BUDGETS FOR

THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO

REVIEWED WHEN DETERMINING SALARY INCREASES.

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization MOTHER OF PERPETUAL HELP RESIDENCE INC 43-1711912 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDE SERVICES TO IMPROVE THE QUALITY OF LIFE FOR SENIOR ADULTS BY PROMOTING AND PROVIDING SOCIAL, HEALTH, AND HOUSING PROGRAMS AND SERVICES IN ST. LOUIS CITY AND COUNTY AS WELL AS IN ST. CHARLES, AND WARREN COUNTIES. INSPIRED BY THE TEACHINGS OF JEFFERSON, FRANKLIN, THE MISSION OF CRSS IS TO BE A RECOGNIZED PROVIDER OF JESUS CHRIST

FIRST CHOICE IN PROVIDING AN INTEGRATED CONTINUUM OF QUALITY

RESIDENTIAL HEALTHCARE AND SUPPORTIVE SOCIAL SERVICES FOR SENIOR ADULTS

THROUGHOUT THE ARCHDIOCESE OF ST. LOUIS.

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

CARDINAL RITTER SENIOR SERVICES (CRSS) PERIODICALLY PROVIDES THE ORGANIZATION WITH CERTAIN MANAGEMENT SERVICES. CRSS PAYS VENDORS THROUGH THE MANAGEMENT AGENT'S DISBURSEMENT SYSTEM FOR THE ORGANIZATION. THIS PROCEDURE WAS IMPLEMENTED FOR THE PURPOSE OF UTILIZING THE MOST COST EFFECTIVE METHOD TO CONSERVE THE ORGANIZATION'S PROCESSING COSTS AND TO PROVIDE INTERNAL CONTROLS TO SAFEGUARD ASSETS. THERE IS NO PAYMENT TO THE MANAGING AGENT FOR THIS CASH DISBURSEMENT SYSTEM. CRSS PAYS ALL EXPENSES, SALARIES, AND FRINGE BENEFITS INCLUDING PAYROLL, FOR THE ORGANIZATION. IN ADDITION, THE FEDERAL W-2 FORMS FOR SALARIES AND PAYROLL TAX RETURNS ARE INCLUDED ON CRSS' RECORDS. THE ORGANIZATION REIMBURSES CRSS ON A REGULAR BASIS FOR THESE EXPENDITURES.

THE ORGANIZATION PAYS A BOOKKEEPING FEE TO THE ARCHDIOCESE OF ST. LOUIS. ADDITIONALLY, A MANAGEMENT FEE IS PAID TO THE ST. LOUIS ARCHDIOCESE FUND (SLAF) FOR THE MANAGEMENT OF THE ORGANIZATION'S INVESTMENTS.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202113221111-11-21

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

THE ORGANIZATION HAS ONE MEMBER - CATHOLIC CHARITIES OF ST. LOUIS (CATHOLIC CHARITIES) WHICH HAS RESERVED POWERS OVER THE ORGANIZATION. ADDITIONALLY, THE ARCHBISHOP OF ST. LOUIS IS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES, BY WHICH THE ARCHBISHOP ALSO HAS RESERVED POWERS OVER THE ORGANIZATION.

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

AS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS BY WHICH THE ARCHBISHOP OF ST. LOUIS ALSO HAS RESERVED POWERS OVER THE ORGANIZATION, THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP TO 50% OF THE BOARD OF DIRECTORS & TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION.

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

AS THEY ARE MEMBERS WITH RESERVED POWERS, VARIOUS DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY CATHOLIC CHARITIES OF ST. LOUIS AND THE ARCHBISHOP OF ST. LOUIS.

ADDITIONALLY, THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITOR FOR ALL ARCHDIOCESAN ENTITIES.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE

ORGANIZATION HAS PROVIDED A .PDF COPY OF THE FORM 990 TO THE MEMBERS OF THE

GOVERNING BOARD VIA EMAIL PRIOR TO FILING OF THE TAX RETURN. THE EMAIL
132212 11-11-21
Schedule O (Form 990) 2021
37

12110413 132842 07178.0126

2021.05070 MOTHER OF PERPETUAL HELP 07178.01

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
MOTHER OF PERPETUAL HELP RESIDENCE INC	43-1711912
SENT TO THE GOVERNING BOARD REQUESTS THAT ALL MEMBERS REVI	EW THE FORM 990
AS OF A SELECT DATE. ANY QUESTIONS/COMMENTS ARE TO BE SEN	T TO THE CHIEF
FINANCIAL OFFICER. THE FORM 990 IS ACCEPTED FOR FILING AN	D A
REPRESENTATION LETTER IS SIGNED BY THE CHIEF EXECUTIVE OFF	ICER. AT THIS
POINT, THE FORM 990 IS FILED WITH THE IRS.	

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

UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, PERSONS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS. ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO REVIEWED WHEN DETERMINING SALARY INCREASES.

FORM 990, PART VI, SECTION C, LINE 19:

ANYONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MUST CONTACT THE

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CHIEF FINANCIAL OFFICER, AS THIS INFORMATION IS AVAILABLE TO THE PUBLIC

UPON WRITTEN REQUEST.

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization MOTHER OF PERPETUAL HELP RESIDENC	Employer identification numbe
FORM 990, PART IX, LINE 11G, OTHER FEES:	
BANK SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	26,616.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,616.
BEAUTY SHOP CONTRACT:	
PROGRAM SERVICE EXPENSES	8,798.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,798.
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	6,545.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,545.
PERSONNEL SERVICES:	
PROGRAM SERVICE EXPENSES	9,540.
AANAGEMENT AND GENERAL EXPENSES	1,656.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,196.
ALL OTHER FEES & SERVICES:	
PROGRAM SERVICE EXPENSES	151,475.
MANAGEMENT AND GENERAL EXPENSES	287,414.
32212 11-11-21 39	Schedule O (Form 990) 203 OTHER OF PERPETUAL HELP 0717

12110413 132842 07178.0126

2021.05070 MOTHER OF PERPETUAL HELP 07178.01

Employer identification number <u>43-1711912</u> 0. <u>438,889</u> . <u>492,044</u> . <u>5TATEMENTS</u>
438,889.
492,044.
STATEMENTS
STATEMENTS
STATEMENTS
Schedule O (Form 990) 202

132161 11-17-21 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

MOTHER OF PERPETUAL HELP RESIDENCE INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	, address, and EIN (if applicable) Primary activity			(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	
				501(c)(3))		Yes	No
ARCHDIOCESE OF ST. LOUIS - 43-0653244							
20 ARCHBISHOP MAY DRIVE					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	RELIGIOUS ORGANIZATION	MISSOURI	501(C)(3)	LINE 1	LOUIS		Х
CATHOLIC CHARITIES OF ST. LOUIS - 43-0653270							
4445 LINDELL BOULEVARD					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	SOCIAL SERVICES	MISSOURI	501(C)(3)	LINE 7	LOUIS		Х
CARDINAL CARBERRY SENIOR LIVING CENTER -							
43-1826117, 7601 WATSON ROAD, ST. LOUIS, MO					ARCHBISHOP OF ST.		
63119	SUPPORTIVE SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		х
CARDINAL RITTER INSTITUTE - RESIDENTIAL							
SERVICES CORPORATION - 43-1235755, 7601]				ARCHBISHOP OF ST.		
WATSON ROAD, ST. LOUIS, MO 63119	RESIDENTIAL SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х

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

2021 **Open to Public** Inspection

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

OMB No. 1545-0047

Employer identification number

43-1711912

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	organiz	rolled zation?
CARDINAL RITTER SENIOR SERVICES - 43-0811604				501(c)(3))		Yes	No
7601 WATSON ROAD	-				ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	SOCIAL SERVICES	MISSOURI	501(C)(3)	LINE 7	LOUIS		v
CATHOLIC CHARITIES FOUNDATION - 43-1307878	SOCIAL SERVICES	MISSOORI	501(C)(3)	LINE /	L0012		Х
4445 LINDELL BOULEVARD	-				ARCHBISHOP OF ST.		
		MISSOURI	501(C)(3)	TTNE 10D TT			v
ST. LOUIS, MO 63108	SOCIAL SERVICES	MISSOURI	501(C)(3)	LINE 12B, II	LOUIS		X
SAINT LOUIS COUNSELING - 43-1338511	-						
5 PREMIER DRIVE, SUITE 200		NT G GOUD T	F01(0)(2)		ARCHBISHOP OF ST.		v
FENTON, MO 63026	COUNSELING SERVICES	MISSOURI	501(C)(3)	LINE 7	LOUIS		X
MARY QUEEN AND MOTHER ASSOCIATION -	4						
43-1208064, 7601 WATSON ROAD, ST. LOUIS, MO	_				ARCHBISHOP OF ST.		
63119	RESIDENTIAL SERVICES	MISSOURI	501(C)(3)	LINE 10	LOUIS		Х
	_						
	_						
	7						
	-						
	-						
	1						
	-						
	-						
	1						
	4						
	4						
	1						
	-1						
	4						

Schedule R (Form 990) 2021 MOTHER OF PERPETUAL HELP RESIDENCE INC

43-1711912 Page 2

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

organizationo troatoù ao a pa		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Pe ging er?	ercentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
										+		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) :tion b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2021 MOTHER OF PERPETUAL HELP RESIDENCE INC

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х				
	Gift, grant, or capital contribution to related organization(s)	1b		Х				
	Gift, grant, or capital contribution from related organization(s)	1c	X					
	Loans or loan guarantees to or for related organization(s)	1d		Х				
	Loans or loan guarantees by related organization(s)	1e		Х				
f	Dividends from related organization(s)	1f		X				
g		1g		X				
h	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X				
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
	Sharing of paid employees with related organization(s)	10	X					
р	Reimbursement paid to related organization(s) for expenses	1p	X					
q	Reimbursement paid by related organization(s) for expenses	1q	X					
r	Other transfer of cash or property to related organization(s)	1r		Х				
S	Other transfer of cash or property from related organization(s)	1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2021 MOTHER OF PERPETUAL HELP RESIDENCE INC

43-1711912 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org	e all rs sec. c)(3)	(f) Share of total	(g) Share of end-of-year	(f Dispr tior allocat	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manag	al or Perc	(k) centage nership
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	NO	
												_	
												_	

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021	
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	ridentificatio	n number (TIN)
print	MOTHER OF PERPETUAL HELP RE	SIDEN	CE INC		43-17	11912
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s					
return. See instruction		preign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applica	tion	Return	Application		Return	
Is For			Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09
Form 99	00-PF	04	Form 5227			10
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation)	07	OUIS FINANCE OFFIC			
• If the • If this box • 1 Ir th • 2 If [the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta MAX anization's , an heck reaso	mption Number (GEN) I ch a list with the names and TINs of Z 15, 2023 , to file return for: d ending JUN 30, 2022 on: Initial return	f this is fo all memb	r the whole o ers the exter npt organizat 	group, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.
c B	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					
us	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Cautior instructi	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8	8868 (Rev. 1-2022)

			** PUBLIC DISCLOSURE COPY			-		OMB No. 1545-0047
For	_ g	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code				ns)	2021
			Do not enter social security numbers on this form as it i	-				
Depa Inter	artment nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the l	-	-			Open to Public Inspection
Α	For th	e 2021 calend	ar year, or tax year beginning JUL 1,2021 and endir					
	Check if applicat	De: C Name of	organization		D Emp	loyer identifi	catio	n number
	Addr chan	ge OUR	LADY OF LIFE APARTMENTS					
	Nam Chan	ge Doing bi	usiness as		4	3-12297	49	
	Initia retur Final retur	Number	and street (or P.O. box if mail is not delivered to street address) Room WATSON ROAD	n/suite		ohone numbe 14-961-)0
	termi	n_	own, state or province, country, and ZIP or foreign postal code			receipts \$		4,430,091.
	Amer	nded CIT T	OUIS, MO 63119	Ī	H(a) is	this a group re	eturn	
	Appl tion		nd address of principal officer: CHRIS BAECHLE			subordinates		
	pend	SAME .	AS C ABOVE		H(b) Are	all subordinates ir	ncluded	Yes No
		empt status:		527	lf "	'No," attach a	list. \$	See instructions
			CARDINALRITTERSENIORSERVICES.ORG/			oup exemptio		
		of organization:	X Corporation Trust Association Other ►	_ Year o	f formatio	on: 1980 N	V Sta	te of legal domicile: MO
Pa	art I	· · · · · · · · · · · · · · · · · · ·						
e	1	Briefly describ	e the organization's mission or most significant activities:	Y OF	f LIE	<u>'E APAR'</u>	TME	NTS
Governance			CRSS IN ITS MISSION TO BE A RECOGNIZ					LRST
ernë	2	Check this bo	· 6	more t	han 25%	I	sets. I	0.2
Š	3		ing members of the governing body (Part VI, line 1a)					23
			ependent voting members of the governing body (Part VI, line 1b)					22
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)					0
tivit	6		of volunteers (estimate if necessary)			I_		50 0.
Act	/a		d business revenue from Part VIII, column (C), line 12					0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11					-
	8	Contributions	and grants (Part VIII, line 1h)			70,472.		Current Year 111,239.
ne	9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)			01,072.		4,160,574.
Revenue	10	0	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)			43,129.		42,894.
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			13,843.		115,384.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			28,516.		4,430,091.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		_, .,	8,820.		9,000.
	14		co or for members (Part IX, column (A), line 4)	·		0.		0.
"	40		compensation, employee benefits (Part IX, column (A), lines 5-10)		1,0	71,093.		1,147,058.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)			0.		0.
per	b.		ng expenses (Part IX, column (D), line 25)					
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,2	77,650.		2,766,137.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,3	57,563.		3,922,195.
	19		expenses. Subtract line 18 from line 12		6	70,953.		507,896.
or	9			Beg		Current Year		End of Year
Net Assets or	20	Total assets (F	Part X, line 16)			48,832.		7,153,231.
tAs	21	Total liabilities	(Part X, line 26)			05,476.		20,124,145.
			fund balances. Subtract line 21 from line 20		13,2	56,644.	-1	12,970,914.
	art II	0						
			declare that I have examined this return, including accompanying schedules and s				/ knov	vledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pr	eparer h	nas any kr	nowledge.		

Sign	Signature of officer		Date					
Here	CHRIS BAECHLE, CHIEF E	XECUTIVE OFFICER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	KIMBERLY A RYAN		self-employed P00829977					
Preparer	Firm's name 🕨 RUBINBROWN LLP		Firm's EIN ▶ 43-0765316					
Use Only	Firm's address 7676 FORSYTH BLV	D, SUITE 2100						
	SAINT LOUIS, MO	63105	Phone no. (314) 290-3300					
May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-09	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	OUR LADY OF LIFE APARTMENTS	43-1229749 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	OUR LADY OF LIFE APARTMENTS ASSISTS CRSS IN ITS MISSIC	
	RECOGNIZED PROVIDER OF FIRST CHOICE IN PROVIDING AN IN	
	CONTINUUM OF QUALITY RESIDENTIAL HEALTHCARE AND SUPPOR	
	SERVICES FOR SENIOR ADULTS THROUGHOUT THE ARCHDIOCESE	
2	Did the organization undertake any significant program services during the year which were not listed on th	
	prior Form 990 or 990-EZ?	
•	If "Yes," describe these new services on Schedule O.	ces? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	
	If "Yes," describe these changes on Schedule O.	a an management by average
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	others, the total expenses, and
4a		(Revenue \$ 4,275,958.)
40	OPERATION OF 207 UNIT SENIOR APARTMENT COMPLEX OFFERIN	
	CARE, ONE DAILY MEAL, AS WELL AS NUMEROUS SOCIAL AND H	
	ACTIVITIES.	
4b	(Code:) (Expenses \$ including grants of \$)	
чы		(nevenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue *
40	(Code:) (expenses \$) (code:) (expenses \$) (code:) (c	(Revenue \$)
4d	Other program services (Describe on Schedule O.)	
-tu		١
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 3,247,866.	
-10		Form 990 (2021)
132002	2 12-09-21	10111 (2021)
102002	2 12-09-21	

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 Form 990 (2021)
 OUR LADY OF LIFE APARTMENTS

 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)?			1
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X 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 X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	- 11	<u> </u>
D		11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	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,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	X	Ĺ
132003	3 12-09-21	Form	990	(2021)

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	· (ontrada)			
			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		X
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
Ŭ		24c		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ũ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
		23		- 23
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	• • • • • • • • • • • • • • • • • • • •	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable)	103	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	j l		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
C		4-		
10-		1c	gan	<u> </u> (2021)
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a	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
za	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return				
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-fi/e}$. See instruction				
3a					х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the	e 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	s required			
	to file Form 8282?				Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?			Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?			Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as requir	red? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 10)98-C? 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		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	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	13b			
с	Enter the amount of reserves on hand	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			T	
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
		income?	16		Х
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.				
6 7					
	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		17		

Form	990	(2021)
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OUR LADY OF LIFE APARTMENTS

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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	1a	23			
	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 on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct 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 9	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
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 ap					
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	0-			
а	The governing body?			<u>8a</u>	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 rea					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)		¥	
10-				40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
a	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		re filing the form?	11a	Х	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Derc				
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			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
-	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 approva					
	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 arranger	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
0	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 NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	na 99	U-1 (Section 501(C)(3)	s only)	avalla	ule
	for public inspection. Indicate how you made these available. Check all that apply.					
10			,	d finan		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	JUNCT	or interest policy, an	u iinano	JIGI	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oko or	d records			
20	ARCHDIOCESE OF ST. LOUIS FINANCE OFFICE - 314-792-					
	20 ARCHBISHOP MAY DRIVE, ST. LOUIS, MO 63119	,	,			

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Form **990** (2021)

Part VII	Compensation of C	officers, Directors,	Trustees, Ke	y Employees,	Highest	Compensated
	Employees, and Inc	dependent Contra	ctors			

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

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

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

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

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

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

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

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

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

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

Name and title Average hours per live and below Description below Description below Reportable compensation from organization (W-2/1099-MSC/ 1099-NSC) Estimated compensation from below (1) THERESA RUZICKA 1.00 X 0. 195,219. 24,749. (2) CHEN BARCHLE 1.00 X X 0. 195,219. 24,749. (3) CHEN BARCHLE 1.00 X X 0. 188,301. 18,925. (3) JB JOO X X 0. 0. 0. 0. (4) JERSTRAW 39.00 X X 0. 18,925. 0.			T	mzu			iper	Jour			
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(16) ERNESTINE SHIVERS-JONES 0.10 BOARD MEMBER 2.00 X (17) DONNA PELIKAN 0.10 BOARD MEMBER 2.00 X 0.10 0.10 BOARD MEMBER 0.0	(15) BILL HOPFINGER										
BOARD MEMBER 2.00 X 0.	BOARD MEMBER		Х						0.	0.	0.
(17) DONNA PELIKAN 0.10 0 0.0	(16) ERNESTINE SHIVERS-JONES										
BOARD MEMBER 2.00 X 0. 0. 0.	BOARD MEMBER		Х						0.	0.	0.
	(17) DONNA PELIKAN										
122007 12 00 01 Earm 990 (2021)	BOARD MEMBER	2.00	Х						0.	0.	

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7

Form	990	(2021)
1 01111	000	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)						(D)	(E)		(F)			
Name and title	Average Position (do not check more than one						no	Reportable	Reportable		Estimat	ted
	hours per	box,	, unles	s pers	son is	s both	an	compensation	compensation		amount	t of
	week		cer and	adır	rector	r/trust	ee)	from	from related		other	
	(list any	recto						the	organizations	cc	ompens	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/		from th	
	organizations	ustee	trust		9	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
	below	ual tr	tional		ploye	st con vee	_	1099-1120)			rganizat	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				rganzai	.10113
(18) TIM ROGAN	0.10			_	_					-		
BOARD MEMBER	2.00	Х						0.	0			0.
(19) GREG SAHRMANN	0.10											
BOARD MEMBER	2.00	Х						0.	0	·		0.
(20) GARY SCHUTTE	0.10								_			
BOARD MEMBER	2.00	Х		_				0.	0	·—		0.
(21) KEN SLOAN	0.10								0			•
BOARD MEMBER	2.00	Х		_				0.	0	·		0.
(22) ELIZABETH SMITH	0.10 2.00	77						0	0			0
BOARD MEMBER (23) DAN STUTTE	0.10	Х						0.	0	·		0.
BOARD MEMBER	2.00	х						0.	0			0.
(24) KIM WALDMAN	0.10	23							0	<u>'</u>		
BOARD MEMBER	2.00	х						0.	0			0.
(25) STEVE YOUNG	0.10									+		
BOARD MEMBER (TERM ENDED 6/30/22)	2.00	х						0.	0	.		0.
1b Subtotal								0.	472,980	•	48,3	64.
c Total from continuation sheets to Part VI	, Section A							0.	0			0.
d Total (add lines 1b and 1c)								0.	472,980		48,3	64.
2 Total number of individuals (including but n	ot limited to the	ose	listec	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s										3	;	X
4 For any individual listed on line 1a, is the su											ı X	
and related organizations greater than \$150										4	, _ A	-
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com								0		5	:	x
Section B. Independent Contractors	piete Schedule	<u>; J /(</u>	or suc	<u>cn p</u>	erse	<u>on</u> .						
1 Complete this table for your five highest con	npensated ind	epe	nden	t co	ntra	actor	s tł	nat received more than \$	100,000 of compens	ation	from	
the organization. Report compensation for t	-								· · · ·			
(A)								(B)			(C)	
Name and business								Description of s	ervices	Com	pensatio	วท
FLOORING SYSTEMS, INC., 4		AM	EC					CONTRACTOR/		-		• •
BOTTOM ROAD, ST. LOUIS, M	0 63129						_	CONSTRUCTION		2	35,1	.01.
ST. LOUIS PAVING, INC., 7					Ľ			CONTRACTOR/		1	12 1	71
AVENUE, SUITE 104, ST. LC	015, MO	0	310	15			-	CONSTRUCTION		<u> </u>	43,1	./⊥•

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

Form 990 (2021)

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		Check if Schedule O contains a	response	or note to any line	a in this Part VIII			
		Check in Schedule O contains a	response		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							business revenue	sections 512 - 514
s ts	1 a	a Federated campaigns	1a					
ran	b	Membership dues	1b					
, G	с		1c					
àifts ar A	d	d Related organizations	1d					
s, G mila	е		1e					
ion r Si	f	All other contributions, gifts, grants, and	1					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above \ldots	1f	111,239.				
d O	g	9 Noncash contributions included in lines 1a-1f	1g \$					
an Co	h	n Total. Add lines 1a-1f		🕨	111,239.			
				Business Code				
e	2 a	A INDEPENDENT LIVING FACILITY		623990	4,160,574.	4,160,574.		
e vic	b	מ						
i Se	с	e						
leve	d	d b						
Program Service Revenue	е							
Ē	f	1 5						
	g				4,160,574.			
	3	Investment income (including divide			4			1
		other similar amounts)			17,559.			17,559.
	4	Income from investment of tax-exer		· · ·				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	b	· · · · · · · · · · · · · · · · · · ·						
	C L							
			Securities	(ii) Other				
	<i>i</i> a	a ssets other than inventory 7a	25,335.					
	h	D Less: cost or other basis	10,000.					
e		and sales expenses	Ο.					
Revenue	c	c Gain or (loss)	25,335.					
Seve		d Net gain or (loss)			25,335.			25,335.
er		a Gross income from fundraising events (,			,
Oth			of					
•		contributions reported on line 1c). S	- 1					
		Part IV, line 18						
	b	Less: direct expenses						
		Net income or (loss) from fundraisin		►				
	9 a	a Gross income from gaming activitie	s. See					
		Part IV, line 19						
	b	b Less: direct expenses						
	с	Net income or (loss) from gaming a	ctivities	►				
	10 a	a Gross sales of inventory, less return	IS					
		and allowances	10a					
	b	Less: cost of goods sold						
	с	Net income or (loss) from sales of in	iventory	►				
s				Business Code				
e e	11 a			541900	86,905.	86,905.		
scellaneo Revenue	b	-		541900	9,866.	9,866.		
tevel	с			541900	9,404.	9,404.		
Miscellaneous Revenue	d	d All other revenue		541900	9,209.	9,209.		
_		e Total. Add lines 11a-11d		►	115,384.			
	12	Total revenue. See instructions		🕨	4,430,091.	4,275,958.	0.	42,894. Form 990 (2021)

OUR LADY OF LIFE APARTMENTS

Form 990 (2021)

2021.05070 OUR LADY OF LIFE APARTMEN 07178.01

Page **9**

43-1229749

OUR LADY OF LIFE APARTMENTS Part IX Statement of Functional Expenses

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

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

(C) Management and general expenses (B) (D) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 9,000. 9,000. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 33,302. 33,302. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 843,782. 638,114. 205,668. Other salaries and wages 7 8 Pension plan accruals and contributions (include 41,404. 25,811. 15,593. section 401(k) and 403(b) employer contributions) 127,968. 37,050. 165,018. Other employee benefits 9 63,552. 47,351. 16,201. 10 Payroll taxes 11 Fees for services (nonemployees): 79,964. 79,964 Management а b Legal 18,483. 18,483. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 11,949. 11,949. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 335,548. 111,984. 223,564. column (A), amount, list line 11g expenses on Sch 0.) 836. 836. Advertising and promotion 12 2,078. 2,078. Office expenses 13 9,416. 9,416. Information technology 14 15 Royalties 1,078,277. 1,078,510. 233. 16 Occupancy 655. 655. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 398,762. 398,762. Depreciation, depletion, and amortization 22 72,267. 72,267. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 488,799. 471,874. 16,925. SUPPLIES & EQUIPMENT а 2,894. EXT. DUES & ASSESSMENTS 2,894. b 37. 37. BAD DEBT EXPENSE С d 264,930. 265,939. 1,009. All other expenses е 3,922,195. 3,247,866. 674,329. 0. Total functional expenses. Add lines 1 through 24e 25 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)

132010 12-09-21

12320413 132842 07178.0127

Form 990 (2021)

12320413 132842 07178.0127

33

Total liabilities and net assets/fund balances

6,648,832.

33

7,153,231.

Form **990** (2021)

OUR	LADY	OF	LIFE	APARTMENTS
-----	------	----	------	------------

		Check if Schedule O contains a response or note	e to anv	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			9,303.	1	5,763.
	2	Savings and temporary cash investments		2,125,977.	2	3,103,939.	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ins		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ι,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	5,672.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,841,670.			
	b	Less: accumulated depreciation	10b	13,421,294.	1,682,872.	10c	1,420,376.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1		19,786.	13	16,762.
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,810,894.	15	2,600,719.		
	16	Total assets. Add lines 1 through 15 (must equa			6,648,832.	16	7,153,231.
	17	Accounts payable and accrued expenses	312,518.	17	176,338.		
	18	Grants payable		18			
	19	Deferred revenue			4,797,777.	19	5,255,997.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
Se	22	Loans and other payables to any current or form	er office	er, director,			
liti		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes		F		22	
-	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					14 601 010
		of Schedule D		·····	14,795,181.	25	14,691,810. 20,124,145.
\rightarrow	26	Total liabilities. Add lines 17 through 25			19,905,4/6.	26	20,124,145.
s							
S		Organizations that follow FASB ASC 958, check	ck here				
		and complete lines 27, 28, 32, and 33.			10 071 051		12 001 120
ala	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			-13,271,851.	27	-12,991,120.
d Bala	27 28	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions			-13,271,851. 15,207.	27 28	-12,991,120. 20,206.
und Bala		and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 95					
or Fund Bala	28	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.	58, che	ck here ▶ □		28	
ts or Fund Bala	28 29	and complete lines 27, 28, 32, and 33.Net assets without donor restrictionsNet assets with donor restrictionsOrganizations that do not follow FASB ASC 95and complete lines 29 through 33.Capital stock or trust principal, or current funds	58, che	ck here ▶ □		28 29	
ssets or Fund Bala	28 29 30	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 95 and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equilation	5 8, che uipmen	ck here ▶ □		28 29 30	
t Assets or Fund Bal	28 29	and complete lines 27, 28, 32, and 33.Net assets without donor restrictionsNet assets with donor restrictionsOrganizations that do not follow FASB ASC 95and complete lines 29 through 33.Capital stock or trust principal, or current funds	5 8, che uipmen	ck here ▶ □ t fund r other funds		28 29	

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Form 990 (2021)
Part X Balance Sheet

Form	OUR LADY OF LIFE APARTMENTS	43-1	229749	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,430		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,922	2,1	95.
3	Revenue less expenses. Subtract line 2 from line 1	3	50	7,8	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-13,256	5,6	44.
5	Net unrealized gains (losses) on investments	5	-222	2,1	66.
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	<u>-12,970</u>),9:	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Т

Name of the	organization
-------------	--------------

Nan	ne of	the organization							identification number					
_	OUR LADY OF LIFE APARTMENTS 43-122974													
Ра	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.													
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only (one box.)								
1	Щ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)												
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organization	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,					
		city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)												
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6	Щ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
_		section 170(b)(1)(A)(vi). (Complete Part II.)												
8	H	A community trust describe												
9		An agricultural research org				-		-	-					
		or university or a non-land-g	frant college of agricu	ulture (see instructions).	Enter the i	name, city,	and state of	the college	or					
40	X	university:												
10		An organization that norma												
		activities related to its exem		•	• •			• •	•					
		income and unrelated busir See section 509(a)(2). (Cor		(less section 511 tax) no	in pusities	ses acquir	ed by the org	anization a	itel Julie 30, 1975.					
11		An organization organized a	-	volv to tost for public sat	aty Soo	soction 50	Q(a)(A)							
12	\square	An organization organized a	-	•	•			m out the	purposes of one or					
12		more publicly supported or	•		•			•						
		lines 12a through 12d that	-											
а		Type I. A supporting orga	•••					-	aivina					
		the supported organization	-	-	• • • •	-								
		organization. You must c												
b		Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hav	ing					
		control or management o	-				-		-					
		organization(s). You mus			·									
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,					
		its supported organization	n(s) (see instructions)	You must complete F	Part IV, Se	ctions A,	D, and E.							
d		Type III non-functionally	vintegrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	ation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution req	uirement and	an attentiv	veness					
		requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.							
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре I	I, Type III						
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.								
f	Ent	er the number of supported o	organizations											
g		vide the following information			(iv) is the oros	inization listed								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No		Structions)						
Tota	nl													

Schedule A	Form	990)	202
		000,	202

Part II

OUR LADY OF LIFE APARTMENTS

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		(1) = 0 + 0	(0) = 0 + 0	(0) = 0 = 0	(0) = 0 = 1	(1) 1010
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (soo instructio				12	
	First 5 years. If the Form 990 is for th			fourth or fifth tax			
10	organization, check this box and stop	0		, .	,		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020					15	<u> </u>
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o		•				
	and stop here. The organization qual			- 11			
17a	10% -facts-and-circumstances test						or more
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	vinow the organiz	
h	10% -facts-and-circumstances test	-					► 💷
	more, and if the organization meets the	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
			237 617 1110 10, 10	<u>.,,,</u>	., shook this box a		(Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

OUR LADY OF LIFE APARTMENTS

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	155,171.	146,159.	35,737.	70,472.	111,239.	518,778.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4010731.	3948776.	3968337.	3914915.	4275958.	20118717.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	4165902.	4094935.	4004074.	3985387.	4387197.	20637495.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	11009011		10010710			0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
~	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						20637495.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	4165902.	4094935.	4004074.	3985387.	4387197.	20637495.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,647.	12,647.	22,687.	18,046.	17,559.	96,586.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	25,647.	12,647.	22,687.	18,046.	17,559.	96,586.
	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, and 12.)	4191549.	4107582.	4026761.	4003433.	4404756.	20734081.
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatio	on,
Sec	check this box and stop here						>
	Public support percentage for 2021 (I			olumn (f))		15	99.53 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	99.49 %
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by lir	ne 13, column (f))		17	.47 %
18	Investment income percentage from					18	.51 %
19a	33 1/3% support tests - 2021. If the					3 1/3%, and line 1 ⁻	
	more than 33 1/3%, check this box ar	-	-		•••••		► X
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins		▶∟
13202	23 01-04-22		4 -			Schedule A	A (Form 990) 2021
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OUR LADY OF LIFE APARTMENTS

1

2

3a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 OUR LADY OF LIFE APARTMENTS Part IV Supporting Organizations (continued)

Yes No

		Ye	s No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	1a	
b	A family member of a person described on line 11a above?	1b	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
		1c	
Sec	ction B. Type I Supporting Organizations		
		Ye	s No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations 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? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*

Section D.	All Type	e III Supporting	Organizations					

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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 supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	(B) Current Year
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 Part V

OUR LADY OF LIFE APARTMENTS Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

2021					APARTMENTS		
Non-Functi	onally	Integrat	ed 5	09(a)(3)	Supporting Organizations	(continu	ied)
ns						-	
supported orga	nizations	to accom	plish	exempt pu	irposes		1
perform activity	/ that dire	ectly furthe	ers exe	empt purp	oses of supported		

Sect	ion D - Distributions	Current Year			
_1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2021 Part V Type III

Part VI	Form 990) 2021 Supplemental Info			APARTMENTS		<u>43-1229749</u>	гауе
	Supplemental Info	rmation. Provide	the explanation	s required by Part II, I	ine 10; Part II, line 17a	ı or 17b; Part III, line 12; s 1 and 2; Part IV, Sectior	
	line 1: Part IV. Section A, lines	1, 2, 30, 30, 40, 40, 40, 5), lines 2 and 3: Part	5a, 6, 9a, 9D, 90 IV. Section E. lir	r, 11a, 11b, and 11c, 1 nes 1c. 2a. 2b. 3a. an	d 3b: Part V. line 1: Pa	rt V, Section B, line 1e; Pa	r C, art V.
	Section D, lines 5, 6, and	d 8; and Part V, Sect	ion E, lines 2, 5	, and 6. Also complete	e this part for any addi	tional information.	,
	(See instructions.)						
						Schedule A (Form	
82028 01-04-2							

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

43-1229749)
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	OUR LADY OF LIFE APARTMENTS
Organization type (ch	eck one):
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

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OUR L	ADY OF LIFE APARTMENTS	
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contr

Schedule B (Form 990) (2021)	
Name of organization	

Employer identification number

43-1229749

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>55,903.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>10,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
123452 11-11		\$	Person Payroll Ocomplete Part II for noncash contributions.) Schedule B (Form 990) (2021)

from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Name of organization

(a)

No.

Employer identification number

(d)

43-1229749

(c)

FMV (or estimate)

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Schedule I	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
OUR L	ADY OF LIFE APARTMENTS		43-1229749
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$\$
(a) No.	Use duplicate copies of Part III if additional		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	
		(e) transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			— ———
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
123454 11-11	1-21		Schedule B (Form 990) (2021)

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SCHEDULE D (Form 990) Department of the Treasury	Derm 990) 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.				
Internal Revenue Service) for instructions and the latest info	rmation.		Inspection
Name of the organization					identification n
	OUR LADY OF LIFE AP				3-122974
	itions Maintaining Donor Advised		ls or Ac	counts.	Complete if the
organizatio	n answered "Yes" on Form 990, Part IV, line	6.			
		(a) Donor advised funds	(b) Funds and	d other accounts
1 Total number at er	ld of year				
2 Aggregate value of	contributions to (during year)				
3 Aggregate value of	grants from (during year)				
55 5			-		

4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). 1

	Preservation of land for public use (for example, recreation or education)	torically important land area	
	Protection of natural habitat Preservation of a certi	tified 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 co	onservation easement on the last	
	day of the tax year.	Held at the End of the Tax Ye	ar
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 7/25/06, 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 organi	nization 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?	Yes 🗌 N	١o
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year	
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation east	asements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	ə)(i)	
	and section 170(h)(4)(B)(ii)?	Yes	lo
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	nent and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes the	
_	organization's accounting for conservation easements.	<u> </u>	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce 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 balance		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	▶ \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		

a Revenue included on Form 990, Part VIII, line 1

12320413 132842 07178.0127

Assets included in Form 990, Part X

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

b

132051 10-28-21

25

2021.05070 OUR LADY OF LIFE APARTMEN 07178.01

\$

\$

Schedule D (Form 990) 2021

Open to Public

OMB No. 1545-0047

No

No

Inspection Employer identification number 43-1229749

Sche		Y OF LIFE A						13-12			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histori	cal Tre	asures, o	r Other	[.] Similar	Assets	i (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check an	y of the f	ollowing that	t make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loa	an or exc	hange progra	am					
b	Scholarly research	е	Oth Oth	ner							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how they	further th	e organizatio	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organiza	tion's co	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang							Part IV,	line 9, or		
	reported an amount on Form 990, Par			-							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for con	tributions	s or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						ty?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "Ye	es" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance	1,263,602.	1,00	8,316.	1,004	4,218.		53,218.	1	,204,	627.
b	Contributions						1	15,000.			
С	Net investment earnings, gains, and losses	-189,591.	25	5,286.		4,098.	2	26,000.		70,	471.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs									311,	880.
f	Administrative expenses										
g	End of year balance	1,074,011.	1,20	53,602.	1,00	8,316.	1,00	04,218.		963,	218.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a)) held as:						
а	Board designated or quasi-endowment	100	_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that ar	e held ar	nd administer	ed for th	e organiza [.]	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	ls.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, lir	ne 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o		• •	or other	. ,	ccumulate	d	(d) Boo	k valu	е
		basis (investr	nent)	basis	, ,	dep	oreciation		<u> </u>		
1a	Land				0,371.					0,3	
	Buildings		1	.3,39	0,541.	12,4	142,56	.6.	94	7,9	75.
С	Leasehold improvements									<u> </u>	
d	Equipment				0,686.		123,88			6,8	
e	Other			63	0,072.	F	554,84			5,2	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	<u>X. column (</u>	<u>B), line 1</u>)				1,42	0,3	76.
							9	Schedule	D (Forn	n 990)	2021

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	h of yoor market yolyo
	(D) DOOK value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) DUE FROM ARCHDIOCESAN ENT	ITIES		1,523,588.
(2) ANNUITIES			16,276.
(3) NON-ENDOWED INVESTMENT FU	ND ACCTS		1,057,249.
(4) DUE FROM NON-DIOCESAN ENT			3,606.
(5)			
(6)			
(7)			
(8)			
		k	2,600,719.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	·····	2,000,719.
	on Form 000 Dort IV line	11. or 11f Coo Form 000 Dort V line 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Thi. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			C 205
(2) PV OF ANNUITITES PAYMENT	LIABILITY		6,385.
(3) REFUNDABLE ENTRANCE FEES			14,685,425.
(4)			
(5)			
(6)			
(7)			
(8)			
(8)	e 25.)	Þ	14,691,810.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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OUR LADY OF LIFE APARTMENTS Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
art VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(7)		
(8)		
	Other (A) (A) (B) (B) (C) (D) (E) (F) (G) (H) (A) al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ art VIII Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6) (7)	Closely held equity interests

Sche	dule D (Form 990) 2021 OUR LADY OF LIFE APARTME		43-1229749 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per 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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
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
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

PART X, LINE 2:
CARDINAL RITTER SENIOR SERVICES BOARD.
DECISIONS INVOLVING THE USE OF ENDOWMENT FUNDS ARE APPROVED BY THE
THE BROADER MISSION KNOWN AS THE CARDINAL RITTER SENIOR SERVICE. ALL
DEVELOP, STRENGTHEN, SUPPORT AND EXTEND THE MISSION AT OLOL AS WELL AS TO
THE INTENDED USE OF THE ENDOWMENT FUND AT OUR LADY OF LIFE (OLOL) IS TO

THE INDIVIDUAL AGENCIES THAT COMPRISE THE ARCHDIOCESE ARE LISTED IN THE

OFFICIAL CATHOLIC DIRECTORY AND, THEREFORE, ARE TAX-EXEMPT PUBLIC

CHARITIES UNDER SECTION 501(C)(3) AND SECTION 509(A) OF THE INTERNAL

REVENUE CODE, EXCEPT FOR HOLY INFANT & ST. JOSEPH ASSOCIATES, LP, ROSATI 132054 10-28-21 Schedule D (Form 990) 2021

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2021.05070 OUR LADY OF LIFE APARTMEN 07178.01

Schedule D (Form 990) 2021 OUR LADY OF LIFE APARTMENTS 43-1229749 Page Part XIII Supplemental Information (continued) (continued) (continued) (continued)	<u>)</u> 5
APARTMENTS, LP AND ST. JOHN NEUMANN ASSOCIATES, LP. HOLY INFANT & ST.	
JOSEPH ASSOCIATES, LP, ROSATI APARTMENTS, LP AND ST. JOHN NEUMANN	
ASSOCIATES, LP, ARE PARTNERSHIPS ESTABLISHED AS PASSTHROUGH ENTITIES FOR	
TAX PURPOSES. AS SUCH, THE ARCHDIOCESE CAN ONLY BE TAXED ON INCOME FROM	
ANY ACTIVITIES UNRELATED TO THEIR CHARITABLE PURPOSE. AT JUNE 30, 2022 AND	
2021, THE ARCHDIOCESE HAD NOT IDENTIFIED ANY SUCH REVENUE; THEREFORE, NO	
TAX EXPENSE HAS BEEN RECORDED. THE ARCHDIOCESE DOES NOT HAVE ANY UNCERTAIN	
TAX POSITIONS.	
Schedule D (Form 990) 20)21
132055 10-28-21	

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)		Go	vernments, an ete if the organizatio	nd Individual	ls in the Ŭni	ted States		2021
Department of the Treasury			-	Attach to For		,		Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organizatio		OF LIFE A	PARTMENTS					Employer identification number 43-1229749
Part I General Inf	ormation on Grants a							
1 Does the organiza	ation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	on
	vard the grants or assis							
	/ the organization's pro							
	Other Assistance to at received more than S	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
	dress of organization ernment	(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
CRI-RESIDENTIAL SE 7601 WATSON ROAD								
ST. LOUIS, MO 6311	9	43-1235755	501(C)(3)	9,000.	0.			NURSE SERVICES
2 Enter total numbe	r of section 501(c)(3) a	I nd government org	L Janizations listed in the	L e line 1 table	1	I	1	▶ 1.
	r of other organization							0.
								········ · · · · · · · · · · · · · · ·

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

Schedule I	(Form 990) 2021	OUR LADY	OF LIF	E APARTMENTS		
Part III	Grants and Other Assist	tance to Domesti	c Individuals	. Complete if the organization answere	d "Yes" on Form 990, Part IV, lir	ne 22.

Part III can be duplicated if additional space is needed.

OUR LADY OF LIFE APARTMENTS

(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 43-1229749

Page 2

SCI	HEDULE J	DULE J Compensation Information						
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	00	1			
•		Compensated Employees		20	Z I			
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	tment of the Treasury Il Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	e of the organization		Employer i	identificatio	on nur	nber		
		OUR LADY OF LIFE APARTMENTS	43-1	L22974	9			
Pa	rt I Questions R	egarding 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 char	ter travel Housing allowance or residence for person	nal use					
	Travel for compan	ions Payments for business use of personal res	sidence					
	Tax indemnificatio	n and gross-up payments Health or social club dues or initiation fees	3					
	Discretionary sper	nding account Personal services (such as maid, chauffeu	ır, chef)					
b	If any of the boxes on I	ne 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or prov	sion of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organization re-	quire substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, i		2					
3		of the following the organization used to establish the compensation of the organization's						
		r. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	establish compensation	n of the CEO/Executive Director, but explain in Part III.						
	Compensation co	mmittee Written employment contract						
	Independent com	pensation consultant						
	Form 990 of other	organizations Approval by the board or compensation c	ommittee					
4		y person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a relate	•				v		
	-	ayment or change-of-control payment?		<u>4a</u>		X X		
		e payment from a supplemental nonqualified retirement plan?				X		
	•	e 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 E01(a)(2)	, 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
			n					
5	contingent on the rever	orm 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio						
а	-			5a		х		
		n?				X		
	If "Yes" on line 5a or 5k							
		orm 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the net e							
	•			6a		х		
		n?				x		
-	If "Yes" on line 6a or 6k							
7		orm 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		5 and 6? If "Yes," describe in Part III		7		х		
		orted on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
		n described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х		
		e organization also follow the rebuttable presumption procedure described in						
_		.4958-6(c)?	<u></u>	9				
LHA		ction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2021		

132111 11-02-21

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

For each individual whose compensation must be reported 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-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THERESA RUZICKA	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO THRU 6/5/22	(ii)	195,219.	0.	0.	10,044.	14,705.	219,968.	0.
(2) CHRIS BAECHLE	(i)	0.	0.	0.	0.	0.	0.	0.
CEO/ASSISTANT SECRETARY	(ii)	188,301.	0.	0.	0.	18,925.	207,226.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY

GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS.

ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY

THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS

FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL

INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR

THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO

REVIEWED WHEN DETERMINING SALARY INCREASES.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



43-1229749

OUR LADY OF LIFE APARTMENTS

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

CHOICE IN PROVIDING AN INTEGRATED CONTINUUM OF QUALITY RESIDENTIAL

HEALTHCARE AND SUPPORTIVE SOCIAL SERVICES FOR SENIOR ADULTS THROUGHOUT

THE ARCHDIOCESE OF ST. LOUIS.

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

CARDINAL RITTER SENIOR SERVICES (CRSS) PERIODICALLY PROVIDES THE CRSS PAYS VENDORS THROUGH ORGANIZATION WITH CERTAIN MANAGEMENT SERVICES. THE MANAGEMENT AGENT'S DISBURSEMENT SYSTEM FOR THE ORGANIZATION. THIS PROCEDURE WAS IMPLEMENTED FOR THE PURPOSE OF UTILIZING THE MOST COST EFFECTIVE METHOD TO CONSERVE THE ORGANIZATION'S PROCESSING COSTS AND TO PROVIDE INTERNAL CONTROLS TO SAFEGUARD ASSETS. THERE IS NO PAYMENT TO THE MANAGING AGENT FOR THIS CASH DISBURSEMENT SYSTEM. CRSS PAYS ALL EXPENSES, AND FRINGE BENEFITS INCLUDING PAYROLL FOR THE ORGANIZATION. SALARIES, TN THE FEDERAL W-2 FORMS FOR SALARIES AND PAYROLL TAX RETURNS ARE ADDITION, INCLUDED ON CRSS' RECORDS. THE ORGANIZATION REIMBURSES CRSS ON A REGULAR BASIS FOR THESE EXPENDITURES

THE ORGANIZATION PAYS A BOOKKEEPING FEE TO THE ARCHDIOCESE OF ST. LOUIS. ADDITIONALLY, A MANAGEMENT FEE IS PAID TO THE ST. LOUIS ARCHDIOCESE FUND (SLAF) FOR THE MANAGEMENT OF THE ORGANIZATION'S INVESTMENTS.

ALSO, THE CHIEF EXECUTIVE OFFICER OF CARDINAL RITTER SENIOR SERVICES IS AN EMPLOYEE OF CATHOLIC CHARITIES OF ST. LOUIS. THEIR SALARY AND RELATED TAXES AND BENEFITS ARE REIMBURSED BY CARDINAL RITTER SENIOR SERVICES.

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Employer identification number 43-1229749

THE ORGANIZATION HAS ONE MEMBER, CATHOLIC CHARITIES OF ST. LOUIS (CATHOLIC

CHARITIES), WHICH HAS RESERVED POWERS OVER THE ORGANIZATION. THE

ARCHBISHOP OF ST. LOUIS IS A MEMBER WITH RESERVED POWERS OVER CATHOLIC

CHARITIES BY WHICH THE ARCHBISHOP ALSO HAS RESERVED POWERS OVER THE

ORGANIZATION.

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

AS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS, BY

WHICH THE ARCHBISHOP OF ST. LOUIS ALSO HAS RESERVED POWERS OVER THE

ORGANIZATION, THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP

TO 50% OF THE BOARD OF DIRECTORS AND TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION.

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

AS THEY ARE MEMBERS WITH RESERVED POWERS, VARIOUS DECISIONS OF THE

ORGANIZATION ARE SUBJECT TO APPROVAL BY CATHOLIC CHARITIES OF ST. LOUIS,

AND THE ARCHBISHOP OF ST. LOUIS.

ADDITIONALLY, THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF ST. LOUIS IS

RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITOR FOR ALL

ARCHDIOCESAN ENTITIES.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE

ORGANIZATION PROVIDED A .PDF COPY OF THE FORM 990 TO THE MEMBERS OF THE

GOVERNING BOARD VIA EMAIL PRIOR TO FILING OF THE TAX RETURN. THE EMAIL

SENT TO THE GOVERNING BOARD REQUESTS THAT ALL MEMBERS REVIEW THE FORM 990 Schedule O (Form 990) 2021 132212 11-11-21

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36 2021.05070 OUR LADY OF LIFE APARTMEN 07178.01

Name of the organization OUR LADY OF LIFE APARTMENTS	Employer identification number 43-1229749
AS OF A SELECT DATE. ANY QUESTIONS AND COMMENTS ARE TO BE	SENT TO THE
CHIEF FINANCIAL OFFICER. THE FORM 990 IS ACCEPTED FOR FIL	ING AND A
REPRESENTATION LETTER IS SIGNED BY THE CHIEF EXECUTIVE OFF	ICER. AT THIS
POINT, THE FORM 990 IS FILED WITH THE IRS.	

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

UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, PERSONS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS. ADDITIONALLY, THE ST. LOUIS AREA SALARY SURVEY REPORT ISSUED ANNUALLY BY THE AAIM MANAGEMENT ASSOCIATION IS REVIEWED WHEN PREPARING SALARY BUDGETS FOR THE FISCAL YEAR. THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL INFLATION RATES, INTERNAL FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR THE ARCHDIOCESE OF ST. LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO REVIEWED WHEN DETERMINING SALARY INCREASES.

FORM 990, PART VI, SECTION C, LINE 19:

ANYONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MUST CONTACT THE

CHIEF FINANCIAL OFFICER, AS THIS INFORMATION IS AVAILABLE TO THE PUBLIC

UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C

132212 11-11-21

Schedule O (Form 990) 2021

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Name of the organization OUR LADY OF LIFE APARTMENTS		Employer identification number 43-1229749
THE AUDIT COMMITTEE OF THE ARCHDIOCESE OF S		
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT C	F THE FINANCIAL	STATEMENTS
AND SELECTION OF AN INDEPENDENT AUDITOR.		
132212 11-11-21 38		Schedule O (Form 990) 202

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Name of the organization

Department of the Treasury Internal Revenue Service

OUR LADY OF LIFE APARTMENTS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ARCHDIOCESE OF ST. LOUIS - 43-0653244							
20 ARCHBISHOP MAY DRIVE					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63119	RELIGIOUS ORGANIZATION	MISSOURI	501(C)3	LINE 1	LOUIS		х
CATHOLIC CHARITIES OF ST. LOUIS - 43-0653270							
4445 LINDELL BOULEVARD					ARCHBISHOP OF ST.		
ST. LOUIS, MO 63108	SOCIAL SERVICES	MISSOURI	501(C)3	LINE 7	LOUIS		Х
CARDINAL CARBERRY SENIOR LIVING CENTER -							
43-1826117, 7601 WATSON ROAD, ST. LOUIS, MO					ARCHBISHOP OF ST.		
63119	SUPPORTIVE SERVICES	MISSOURI	501(C)3	LINE 10	LOUIS		х
CARDINAL RITTER INSTITUTE - RESIDENTIAL							
SERVICES CORPORATION - 43-1235755, 7601	7				ARCHBISHOP OF ST.		
WATSON ROAD, ST. LOUIS, MO 63119	RESIDENTIAL SERVICES	MISSOURI	501(C)3	LINE 10	LOUIS		х

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Employer identification number 43-1229749

Open to Public Inspection



Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr organiz	olled zation?
CARDINAL RITTER SENIOR SERVICES - 43-0811604				301(0)(3))		Yes	No
7601 WATSON ROAD	1				ARCHBISHOP OF ST.		ł
	SOCIAL SERVICES	MISSOURI	501(C)3		LOUIS		х
MARY QUEEN AND MOTHER ASSOCIATION -							
43-1208064, 7601 WATSON ROAD, ST. LOUIS, MO					ARCHBISHOP OF ST.		ł
	SKILLED NURSING FACILITY	MISSOURI	501(C)3		LOUIS		х
MOTHER OF PERPETUAL HELP RESIDENCE, INC							
43-1711912, 7601 WATSON ROAD, ST. LOUIS, MO					ARCHBISHOP OF ST.		ł
	ASSISTED LIVING FACILITY	MISSOURI	501(C)3		LOUIS		х
SAINT LOUIS COUNSELING - 43-1338511							i
5 PREMIER DRIVE, SUITE 200					ARCHBISHOP OF ST.		ł
FENTON, MO 63026	COUNSELING SERVICES	MISSOURI	501(C)3	LINE 7	LOUIS		х
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Schedule R (Form 990) 2021 OUR LADY OF LIFE APARTMENTS

43-1229749 Page 2

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

_												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income er	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	-UBI General of managin partner		Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	l contr	i) tion b)(13) rolled ity?
		country)						Yes	No
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Schedule R (Form 990) 2021 OUR LADY OF LIFE APARTMENTS

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

lote	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	s N
I I	During the tax year, did the organization engage in any of the following transactions	with one or more re	ated organizations listed i	n Parts II-IV?			
al	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		2
	Gift, grant, or capital contribution to related organization(s)					X	
					-		
d I	Loans or loan guarantees to or for related organization(s)				1d		
	Loans or loan guarantees by related organization(s)						-
f	Dividends from related organization(s)				1f		
g (Sale of assets to related organization(s)				1g		
h I	Purchase of assets from related organization(s)				1 h		
i ł	Exchange of assets with related organization(s)				1i		
k i	Lease of facilities, equipment, or other assets from related organization(s)				1k		
	Performance of services or membership or fundraising solicitations for related organ	/ \					
m I	Performance of services or membership or fundraising solicitations by related organ	ization(s)			1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio						
						X	_
рí	Reimbursement paid to related organization(s) for expenses				1p		
d	Reimbursement paid by related organization(s) for expenses				1q		
r ı	Other transfer of cash or property to related organization(s)				1r		
	Other transfer of cash or property from related organization(s)						
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	s line, including covered r	elationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2021 OUR LADY OF LIFE APARTMENTS

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(€ Are partner 501(c org:		(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tior allocat	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr) ging er?	(k) Percentage ownership
		oounry)	Sections 512-514)	Yes	<u>No</u>			Yes	No		Yes	NO	

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)								
print	OUR LADY OF LIFE APARTMENTS	43-1229749								
File by the due date filing your	he for Number, street, and room or suite no. If a P.O. box, see instructions. 7655 WATSON ROAD									
return. Se instruction										
Enter th	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			01				
Applica	ation	Return	Application			Return				
ls For		Code	Is For			Code				
Form 9	90 or Form 990-EZ	01	Form 1041-A	08						
Form 4	720 (individual)	03	Form 4720 (other than individual)	09						
Form 9	90-PF	04	Form 5227	10						
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11						
Form 9	90-T (trust other than above)	06	Form 8870	12						
Form 9	90-T (corporation)	07	OUIS FINANCE OFFIC	_						
 If the If this box If this box If this the If this If this<th>request an automatic 6-month extension of time until he organization named above. The extension is for the organization named above. The extension of time until b calendar year or b tax year beginning JUL 1, 2021 the tax year entered in line 1 is for less than 12 months, c Change in accounting period</th><th>Group Exe and atta MAX anization's , an heck reasc</th><th>mption Number (GEN) I ch a list with the names and TINs of <u>Z</u> 15, 2023, to file return for: d ending</th><th>f this is fo all membe</th><th>r the whole (ers the exter npt organiza </th><th>group, check this</th>	request an automatic 6-month extension of time until he organization named above. The extension is for the organization named above. The extension of time until b calendar year or b tax year beginning JUL 1, 2021 the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's , an heck reasc	mption Number (GEN) I ch a list with the names and TINs of <u>Z</u> 15, 2023, to file return for: d ending	f this is fo all membe	r the whole (ers the exter npt organiza 	group, check this				
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.				
	bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits andestimated tax payments made. Include any prior year overpayment allowed as a credit.3b									
c Balance due. Subtract line 3b from line 3a. Include your pa			t with this form, if required, by							
using EFTPS (Electronic Federal Tax Payment System). See			e instructions.			0.				
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct deb	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	9-TE for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8	8868 (Rev. 1-2022)				

123841 01-12-22