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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

inter	naj Hever	nue Service	The organization may have	ve to use a copy of this return to	Satisty State			mspeci	IOII
<u>A</u>	For the	2011 cale	ndar year, or tax year beginnin)11, and endi	ng 0	5/30	, 20 12	
В	Check if	f applicable	C Name of organization Support C	Our Aging Religious, Inc.			D Employer	identification nu	ımber
	Address	change	Doing Business As					52-1485481	
	Name cl	hange	Number and street (or P O box if r	mail is not delivered to street address) Room/s	uite	E Telephone	number	
	Initial ref	tum	3025 4th Street, NE			14	2	02-529-7627	
	Termina	ited	City or town, state or country, and	ZIP + 4					
	Amende	ed return	Washington, DC 20017				G Gross rece	eipts \$	1830158
	Applicat	tion pending	F Name and address of principal office	cer		H(a) Is this	a group return for	affiliates? 🗌 Yes	✓ No
			Sister Kathleen Lunsmann-302	25 4th St, NE, Washington, DC	20017	H(b) Are a	ll affiliates incl	uded? 🗌 Yes	☐ No
1	Tax-exe	mpt status	✓ 501(c)(3)	() ◀ (insert no) ☐ 4947(a)(1) or 527	If "N	lo," attach a lı:	st (see instructio	ns)
J	Website	e: ► ww	w-soar-usa org			H(c) Grou	exemption n	umber ▶	
K	Form of	organization	✓ Corporation Trust Assoc	ation ☐ Other ►	L Year of forma	ation 1986	M State of	legal domicile	DC
P	art I	Summ	ıary						
	1	Briefly de	escribe the organization's mis	sion or most significant activ	ities:				
•	Ì	Help ass	ure financially stable and secur	re futures for elderly and frail n	nembers of C	atholic religion	ous congreç	jations.	
Activities & Governance									
Ē	1					****			
Š	2	Check th	nis box ▶☐ if the organization	discontinued its operations	or disposed	of more than	1 25% of its	s net assets.	
Ğ	3	Number	of voting members of the gov	erning body (Part VI, line 1a)			3		17
Š	4	Number	of independent voting member	ers of the governing body (Pa	ırt VI, lıne 1b)	4		17
įį	5	Total nur	mber of individuals employed	ın calendar year 2011 (Part V	', line 2a)		5		5
Ę	6	Total nur	mber of volunteers (estimate if	f necessary)			6		30
⋖	7a		related business revenue from				7a		0
	b	Net unre	lated business taxable income	e from Form 990-T, line 34			7b		0
						Prior Y	ear	Current Ye	ar
m	8	Contribu	tions and grants (Part VIII, line	e 1h)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1675837		1597481
Ž	9		service revenue (Part VIII, line						
Revenue	10	-	ent income (Part VIII, column (- ·			1156		274
Œ	11		venue (Part VIII, column (A), lir	· ·			184877		232403
	12		enue-add lines 8 through 11 (1861870		1830158
	13	Grants a	nd similar amounts paid (Part	IX, column (A), lines 1-3) .			822374		942666
	14		paid to or for members (Part	· ·					
s	15		other compensation, employee		ines 5–10)		345283		151440
JSe	16a		onal fundraising fees (Part IX,				78110		95022
Expenses	ь		idraising expenses (Pa rt IX, c o						
ш	17		penses (Part IX, column (A), li				490145		145348.
	18	Total exi	nenses Add lines 13-17 (mus	t equal Part IX columb(A) lin	ne 25) .		1735912		1334476
	19	Revenue	e less expenses Subtractine	18 from lune 12.			125958		(149491)
o o			8 7	UL 2 2 1014 105		Beginning of C	urrent Year	End of Ye	ar
Net Assets of Fund Balance	20	Total ass	sets (Part X, line 16)		•		900197		657946
Ass	21			OGDEN, UT			126357		33597
훒	22		ets or fund balances Subtract				773840		624349
	art II		ture Block			•			
Un	der pena		ury, I declare that I have examined this	s return, including accompanying sch	edules and stat	tements, and to	he best of my	knowledge and	belief, it is
tru	e, correc	ct, and comp	lete Declaration of preparer (other that	an officer) is based on all information	of which prepar	er has any know	ledge		
Sig	gn	Sign	nature of officer			Da	ate		
He	re		•						
		Тур	e or print name and title					•	
		Print/Ty	ype preparer's name	Preparer's signature		Date	Check	PTIN	
Pa							Check self-emplo	l if oyed	
	epare	1	name 🕨	1		Fire	n's ElN ▶		
US	se On	עי עי	address >				one no	<u> </u>	
Ma	v the II			r shown above? (see instruct	ons)			. DYes	s 🗌 No

🗌 Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Support Our Aging Religious, Inc. (SOARI) EIN 52-1485481

Form 99	0 (2011)		Page 2
Part I			
	Check if Schedule O contains a response to any question in this Part III		<u>U</u>
1	Briefly describe the organization's mission: Help Assure Financially stable and secure futures for elderly and frail members of Catholic Religious Congregati	ons	
	The principal of the second se		
			•••••
		-	
2	Did the organization undertake any significant program services during the year which were not listed on t prior Form 990 or 990-EZ?		 No
	If "Yes," describe these new services on Schedule O.	□ 162	MO MO
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am	
	services?	☐Yes	✓ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to regrants and allocations to others, the total expenses, and revenue, if any, for each program service reported	port the a	
4a	(Code) (Expenses \$ 1334476 including grants of \$ 942666) (Revenue \$)
	Financial assistance was provided to retired religious clergy and other retired members of Catholic religious order	ers	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
			•••
	(0.1		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		•••••	
		•••••	
4d	Other program services (Describe in Schedule O.)		
→ u	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 1.334.476		

art l	V 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	<	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	`	
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		✓
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	,		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			,
	complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
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,"		,	
h	complete Schedule D, Part VI	11a	✓	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		\
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
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, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		<u> </u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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	1	
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	1	
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		For	n 990	(2011)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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_		✓
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 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	_	√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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		✓
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 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 to any question in this Part V	<u>.</u> .	<u>.</u>	. 🗆
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	o X	Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1 -		4 4
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	Ì,		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	ļ. <u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	 	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		1
L		4a	 	₩
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\ <u>\</u>
C	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 the			
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	┦_		,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		┼
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			+
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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	1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	1		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	-	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		+
а	Note. See the instructions for additional information the organization must report on Schedule O.	134	-	+-
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
~	the organization is licensed to issue qualified health plans 13b	1		
С	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	† -

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	struct	
	Check if Schedule O contains a response to any question in this Part VI			. 🗸
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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	,,,,	, , ·
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6 7a		√ √ √
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		,	
a b	The governing body?	8a 8b	✓	✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		✓
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	./
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13	√	✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b		√
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		1
	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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Another's website. ✓ Upon request.	501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict cand financial statements available to the public during the tax year.	f inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. Sister Kathleen Lunsmann-3025 4th St. NF. Washington, DC, 20017, 202-529-7627	of the	•	

Form	220	(201	11

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

Check if Schedule O contains a response to any question in this Part VII	 			

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles	Pos neck ss pe	rson	e than of the both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(4) Mary Dat Cooper			ee			ated				
(1) Mary Pat Cooper Director	1	1								,
(2) Father Richard Delillio	 '	_	-		-			0	0	<u>_</u>
Director	1	1		l]		0	0	o
(3) Kathryn Cabellero	<u> </u>	-		┝			-	- 0		
Vice chairperson	1	/		1				0	0	C
(4) Mary Beth Carozza	<u>'</u>		-	┝		-	├		- 0	
Director	1	1		ŀ		1		o	0	C
(5) Anne Nelson	<u>'</u>	<u> </u>	-	\vdash		<u> </u>	\vdash	<u> </u>	-	
Hon. Board Member	1 1			ŀ				0	0	C
(6) Debra Cook								1		
Director	1 1	/						۰ ا	0.	C
(7) Michael Castellano				\vdash	-	-	<u> </u>	_		
Treasurer	1 1	1		/			Ì	0	0	C
(8) Andrew Lynch				<u> </u>						
Director	1 1	1					l	0	0	C
(9) M. Joan McKenna				<u> </u>						
Secretary	1 1	1		1				0	О	O
(10) Very Rev Frederick Til										
Director	1 1	1		1	i			0	o	O
(11) Mary Etta Mills										
Director	1 1	1					}	0	o	O
(12) Michael Rodgers							 			
Chair Person	1 1	1						0	О	O
(13) Sister Kathleen Lunsmann								<u> </u>		
President	1 1			✓				o	0	o
(14) John J Matteo										
Director	1 1	✓	1					0	o	C

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art	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do n	ot ch	Pos eck s pe	tion more	t is or employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation f related organizations (W-2/1099-MIS	rom	Esti amo o compi froi orgar and	(F) mated punt of ther ensation m the nization related)
3	lliam P Lyons						ă				+			
	rector Iliam T Smith	1		-		-			0		0	·		0
J	rector	1	✓						0		0			0
2	rector	1	1						0		0			0
	mes J Lynch III		\ <u> </u>						-		╫			
35	rector	1	1						0		0			0
(19)		ļ												
(20)														
(21)														
(22)														
(23)						-			-					
(24)								-						
(25)														
1b c	Sub-total	VII, Sectio	n A			· .		>	0		0			0
d 2	Total number of individuals (including but		to th		e list	ed	above	e) w	ho received m	ore than \$100	0 0,000	of		0
	reportable compensation from the organi	zation > 0											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s									est compen	sated	3	· · · ·	<i>1</i> 0.yo
4	For any individual listed on line 1a, is the organization and related organizations individual		-						-			,		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indiv	/idual			· ✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.	•												ЭX
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
NONE														
								-						
	Total analysis of individual and ind								and hated at					
2	Total number of independent contractor received more than \$100,000 of compens							tr ر	nose listed ab	ove) wno				

Part	VIII	Statement of Revenue				
	, ?		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a 19043				• *
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
S, G	С	Fundraising events . 1c				
ar /	d	Related organizations 1d			•	
s, C	е	Government grants (contributions) 1e				i i
ion	f	All other contributions, gifts, grants,				
the		and similar amounts not included above 1f 1583397				
ntri d O	g	Noncash contributions included in lines 1a-1f: \$				
Co	h	Total. Add lines 1a–1f	1602440.			
ue		Business Code	_			
Program Service Revenue	2a					
Be :	b					
vice	С					
Ser	d					
am	е					
ogr	f	All other program service revenue				
<u>-</u>	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts)	274			274
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				,
	6a	Gross rents				
	b	Less. rental expenses				
	C	Rental income or (loss)				
	_d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	_	Less cost or other basis				
	ь	and sales expenses				
	_	Gain or (loss) .				,
	C					'
	d	Net gain or (loss)				
ē	Яa	Gross income from fundraising				1
evenue	- Oa	events (not including \$ 305830				
e S		of contributions reported on line 1c).				
<u> </u>		See Part IV, line 18 a				
Other R	ь	Less: direct expenses b 80893				•
0		Net income or (loss) from fundraising events .	224937			
		Gross income from gaming activities.	221007			
		See Part IV, line 19 a				
	ь	Less: direct expenses . b				
	c	Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold . b				
	c	Net income or (loss) from sales of inventory •				
		Miscellaneous Revenue Business Code				
	11a		2507		1	
	b					
	С					
	d	All other revenue .	2507			
	е	Total. Add lines 11a–11d ▶	2507			
	12	Total revenue. See instructions .	1830158	-		

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C)	(D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	942666	942666		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees	313054	116734	112863	83457
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits	20600	9208	6117	5275
10	Payroll taxes	11629	5576	6053	0
11	Fees for services (non-employees)			-	
а	Management				
b	Legal				
C	Accounting	13365		13365	
d	Lobbying				····
е	Professional fundraising services See Part IV, line 17	95022			95022
f	Investment management fees .				
g	Other				
12	Advertising and promotion .				
13	Office expenses	4853	3155	485	1213
14	Information technology	869	282	305	282
15	Royalties		11222		
16	Occupancy	36696	11926	12844	11926
17 18	Travel	8123	5686	812	1625
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2790	907	976	907
23	Insurance	5228	1699	1830	1699
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Printing and Publications	238969	133669	8388	96912
b	Postage and Shipping	166954	86967	7648	72339
c	Contracted Services	74909	7017	42819	25073
d	Bank Service Fees	10393		10393	
e	All other expenses	33529	8984	18181	6364
25	Total functional expenses. Add lines 1 through 24e	1979649	1334476	243079	402094
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)	500945	220636	16036.	264273

Por		· · · · · · · · · · · · · · · · · · ·			Page 11
Fal	rt X	Balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	402364	1	193416
	2	Savings and temporary cash investments	357302	-	346776
	3	Pledges and grants receivable, net	63389	-	34695
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, ke	ev		
	J	employees, and highest compensated employees. Complete Part II			
1		Schedule L	-	5	
	6	Receivables from other disqualified persons (as defined under section	n l		
	U	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) volunta			
,		employees' beneficiary organizations (see instructions)	'	6	
Assets	7	Notes and loans receivable, net		7	
Ž	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges	10463	-	13428
- 1	10a	Land, buildings, and equipment: cost or			
			683		ŧ
	b		769 4961	10c	9914
1	11	Investments—publicly traded securities	61718	 	59717
1	12	Investments—other securities See Part IV. line 11		12	
1	13	Investments—program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	900197	16	657940
1	17	Accounts payable and accrued expenses	76357	17	30597
1	18	Grants payable	50000	18	(
1	19	Deferred revenue		19	3000
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	•
3 2	22	Payables to current and former officers, directors, trustees, ke			
		employees, highest compensated employees, and disqualified person	s.		
		Complete Part II of Schedule L		22	
J 2	23	Secured mortgages and notes payable to unrelated third parties .		23	
2	24	Unsecured notes and loans payable to unrelated third parties .		24	
2	25	Other liabilities (including federal income tax, payables to related thi			
		parties, and other liabilities not included on lines 17-24) Complete Part	X	Ì	
		of Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	126357	26	33597
s l	27 28 29	Organizations that follow SFAS 117, check here ► ✓ and comple	te		
9 c		lines 27 through 29, and lines 33 and 34.			
2 2		Unrestricted net assets	719840		570349
š 2		Temporarily restricted net assets		28	7.000
2 2		Permanently restricted net assets	54000	29	54000
ן ב		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
5 2	20	-			
2 3	30	Capital stock or trust principal, or current funds		30	
2 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
- -	32	Retained earnings, endowment, accumulated income, or other funds	770040	32	624244
	33	Total net assets or fund balances	773840	 	624349
	34	Total liabilities and net assets/fund balances	900197	34	657946

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	•	· · · ·				
	Tatal revenue (must equal Part VIII column (A) line 12)	4 1		10	20150		
1	Total revenue (must equal Part VIII, column (A), line 12)				1830158 1979649		
2	Total expenses (must equal Part IX, column (A), line 25)						
3 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			(149491) 773840			
5	Other changes in net assets or fund balances (explain in Schedule O)						
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	<u>-</u>					
O	column (B))	6	624349				
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				, i		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓		
b	Were the organization's financial statements audited by an independent accountant?						
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?				1		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.			*	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	orth i	n 3 a		1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	_	e 3b				
			For	m 990	(2011)		