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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2023 calend	dar year, or tax year beginning	, <b>2023</b> , and end	ling	_	, 20					
В	Check if	applicable:	C Name of organization St. Ge	rard House		D Empl	oyer identification number					
	Address	change	Doing business as			45-0	948760					
	Name ch	nange	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite	<b>E</b> Telepl	hone number					
	Initial ret	urn	620 Oakland Street	t		(828	)693-4223					
	Final retu	rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code								
	Amende	d return	Hendersonville, N	C 28791		<b>G</b> Gross	receipts \$4,332,370.					
		on pending	F Name and address of principal off	icer:	H(a) Is this a gr		or subordinates? Yes X No					
			Kelli Spector, 620 Oakland	d Street, Hendersonville, NC 28791-	-3646 <b>H(b)</b> Are all s	ubordinat	es included? Yes No					
П	Tax-exer	npt status:	<b>X</b> 501(c)(3)	) (insert no.) 4947(a)(1) or 527			st. See instructions.					
J	Website	: www.s	tgerardhouse.com		H(c) Group e	xemption	number					
K	Form of o	organization: X	Corporation Trust Associa	tion Other L Year of for	mation: 2011	M State	of legal domicile: NC					
Р	art I	Summa	ry									
	1	Briefly des	cribe the organization's miss	ion or most significant activities: Our	Mission is t	o help	individuals with					
e				experience more joy and ac								
an		by providing evidence-based therapies, innovative programs and continuous advocacy.										
err	2			iscontinued its operations or disposed								
છું	3	Number of	voting members of the gove	rning body (Part VI, line 1a)		3	11					
જ	4	Number of	independent voting member	rs of the governing body (Part VI, line 1	b)	4	11					
ties	5	Total numb	per of individuals employed in	n calendar year 2023 (Part V, line 2a)		5	92					
Activities & Governance	6	Total numb	per of volunteers (estimate if	necessary)		6	30					
Ac	7a	Total unrel	ated business revenue from	Part VIII, column (C), line 12		7a	0.					
	b	Net unrelat	ted business taxable income	from Form 990-T, Part I, line 11		7b	0.					
				Prior Yea	r	Current Year						
Ф	8	Contributio	ons and grants (Part VIII, line	846	,897.	1,619,401.						
Revenue	9	Program se	ervice revenue (Part VIII, line	2,510	,869.	2,626,693.						
eve	10	Investment	t income (Part VIII, column (A		635.	21,486.						
Œ	11	Other reve	nue (Part VIII, column (A), line	42	,241.	34,797.						
	12	Total reven	ue-add lines 8 through 11 (n	3,400	,642.	4,302,377.						
	13	Grants and	l similar amounts paid (Part I	X, column (A), lines 1-3)								
	14	Benefits pa	aid to or for members (Part IX	(, column (A), line 4)								
S	15	Salaries, ot	her compensation, employee	benefits (Part IX, column (A), lines 5-10)	2,872	,652.	3,465,534.					
Expenses	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e)	12	,000.						
xpe	b	Total fundr	aising expenses (Part IX, col	umn (D), line 25) 201,067.								
Ш	17	Other expe	enses (Part IX, column (A), lin	es 11a-11d, 11f-24e)	663	,219.	563,697.					
	18	Total exper	nses. Add lines 13-17 (must	equal Part IX, column (A), line 25) .	3,547	,871.	4,029,231.					
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12	-147	,229.	273,146.					
Net Assets or Fund Balances	8				Beginning of Curi	rent Year	End of Year					
sets	20	Total asset	ts (Part X, line 16)		1,752	,628.	2,075,782.					
t As	21	Total liabili	ties (Part X, line 26)		532	,735.	597,510.					
			or fund balances. Subtract li	ine 21 from line 20	1,219	,893.	1,478,272.					
Pa	art II	Signatu	re Block									
				return, including accompanying schedules and s			my knowledge and belief, it is					
tru	ie, correct	, and complete	e. Declaration of preparer (other than	officer) is based on all information of which prep	arer nas any knowie	age.						
٥.					09	/11/2	2024					
Si	_	Signature of	officer		Date	)						
He	ere	Brad	d Ward, Chief Finand	cial Officer								
		<u> </u>	name and title									
Pa	nid	Print/Type	preparer's name	Preparer's signature	Date	Check	<u> </u>					
	epare	r Todd C	ldenburg	Todd Oldenburg	09/12/2024	self-emp	P02281691					
	se Onl		ne CORLISS & SOLOM	MON, PLLC	Firm's	s EIN	20-2571677					
		Firm's add			28801 Phon	e no. (8	28)236-0206					
Ma	v tha IE	29 discussed	thic raturn with the proparer	shown above? See instructions			▼ Voc □ No					

Part	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	· <u> </u>
•	Our Mission is to help individuals with autism and their families experience mon	^e
	joy and achieve meaningful life outcomes by providing evidence-based therapies,	···
	innovative programs and continuous advocacy.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	× No
	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?	× 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 mean	
	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		
	Grotto Programs: The Grotto Therapeutic Center provides 1:1 and group, early intensive and or	
	behavior intervention and a continuing, life-skills acquisition program for autistic participants age	3 - 21.
46	(Code \ \ \( \subset \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		1
4b		)
40	Feed the Need: The Feed the Need program provides various avenues to assist indivi-	
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4c	Feed the Need: The Feed the Need program provides various avenues to assist individual with autism and/or other developmental disabilities who are 16 years old and old develop social skills and acquire pre-vocational training.	ler,
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4c	Feed the Need: The Feed the Need program provides various avenues to assist individual times and/or other developmental disabilities who are 16 years old and old develop social skills and acquire pre-vocational training.    (Code:	ler,

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4	×	
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		×
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			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		×
9	complete Schedule D, Part III	8		×
J	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 donor-restricted endowments 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, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a 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	×	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		×
	for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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 "Yes," complete Schedule G, Part I.</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	×	
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	×	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	^	×
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		×

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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 25a	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		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
26	If "Yes," complete Schedule L, Part I	25b 26		×
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		×
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> "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in noncash 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>	30	×	×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
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? <i>If</i> "Yes," complete Schedule R, Part I	33		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ? 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	35a 35b		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	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
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 92							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×					
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" to line 3b, provide an explanation on Schedule O .	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×				
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 as charitable contributions?	6a		×				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa						
	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 services provided to the payor?	7a		×				
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?	7с		×				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		~				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		×				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		^				
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7						
	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?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b							
11	Section 501(c)(12) organizations. Enter:							
a	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.)	10						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
ч	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100						
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		×				
	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 income?	16		×				
4-7	If "Yes," complete Form 4720, Schedule O.							
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	47						
	If "Yes," complete Form 6069.	17						
	n ros, complete i unii cocc.							

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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 11 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **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 × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 × Did the organization have a written document retention and destruction policy? 14 × 14 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? The organization's CEO, Executive Director, or top management official . . . 15a × 15b × 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 16a × 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Own website X Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Brad Ward, 620 Oakland Street, Hendersonville, NC 28791-3646 (828)693-4223

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

Form 990 (2023) 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** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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.											
				(0	C)						
(A)	(B)	/da ==			ition			(D)	(E)	(F)	
Name and title	Average	(do not check more than one box, unless person is both an					n an	Reportable	Reportable	Estimated amount	
	hours per week	officer and a director/trustee)						compensation from the	compensation from related	of other compensation	
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and	
	related	rect	tutio	<u>q</u>	emp	est c	ler	1099-NEC)	1099-MISC/ 1099-NEC)	related organizations	
	organizations below	or tru	nal t		loye	) omp					
	dotted line)	stee	rust		Ф	ens					
			96			ated					
(1) Caroline Long	40.00										
CEO				×				68,258.	0.	7,780.	
(2) Brad Ward	40.00										
CFO				×				75,677.	0.	14,201.	
(3) Kelly Spector	1.00	×		×							
Chair	1 00		-	<u> </u>				0.	0.	0.	
(4) Julie Wilmot Vice Chair	1.00	×		×				0.	0.	0.	
(5) Joe Ward	1.00			<u> </u>				0.	0.	0.	
Treasurer	1.00	×		×				0.	0.	0.	
(6) Lee Mulligan	1.00									3.7	
Secretary		×		×				0.	0.	0.	
(7) Maurean Adams	1.00										
Past Chair		×						0.	0.	0.	
(8) Tom Brackett	1.00										
Board Member		×						0.	0.	0.	
(9) Bob Lange	1.00								_	_	
Board Member		×						0.	0.	0.	
(10) Dave McFarland	1.00	×									
Board Member	1 00		-					0.	0.	0.	
(11) Ogo Okpala Board Member	1.00	×						0.	0.	0.	
(12) Jan Letendre	1.00							0.	0.	0.	
Board Member	1.00	×						0.	0.	0.	
(13) Michelle Stills	1.00								J.	<u> </u>	
Board Member	†	×						0.	0.	0.	
(14)											
	†	1									

	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	(do n box, u office or directo	ot ch	Pos neck ss pe	ition more	e than of the both or/trus Highest compensated	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportate compensa from relate organizations 1099-MIS 1099-NE	ole tion ed (W-2/	Estimate of comp	(F) ed amount other ensation m the ation and rganizations
(15)							8						
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	Subtotal								143,935.		0.	:	21,981.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)								143,935.		0.	:	21,981.
2	Total number of individuals (including but	not limited								e than \$10	0,000		
3 4 5	employee on line 1a? If "Yes," complete Schedule J for such individual												
	on B. Independent Contractors											5	×
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add	ress							(B) Description of serv	vices		(C) Compensa	tion
	Total number of independent contractor received more than \$100,000 of compens						ed to	th	nose listed abov	e) who			

## Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ai	ny line in this Pa	art VIII .     .     .		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaig Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no Noncash contribution lines 1a–1f Total. Add lines 1a-	ns . (cont ot included include	ributions) fts, grants, uded above cluded in	1a 1b 1c 1d 1e 1f	4,923. 666,235. 948,243. \$ 33,971.	1,619,401.			
Program Service Revenue	2a b c d e f	Program Servi  All other program servi	ce F	Revenue		Business Code 611710		2,626,693.	0.	0.
	3 4 5 6a	Investment income other similar amoun Income from investr Royalties Gross rents	(incluts) . ment of	uding divi	dends · · npt bo · ·	s, interest, and ond proceeds	5,287.	0.	0.	5,287.
	b c d 7a	Less: rental expenses Rental income or (loss) Net rental income o Gross amount from sales of assets other than inventory		s) (i) Securit		(ii) Other				
r Revenue		Less: cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss)	7b 7c	16,1			16,199.	0.	0.	16,199.
Other	8a	Gross income from events (not including of contributions report Ic). See Part IV, line	\$ porte e 18	4,923. d on line	8a 8b	15,950. 14,993.		0.	0.	10,123.
	c 9a b	Net income or (loss) from fundraising even			9a 9b	29,000. 15,000.	957.		0.	957.
	10a b	Net income or (loss) Gross sales of ir returns and allowan Less: cost of goods	nvento ces sold	ory, less	10a 10b		14,000.	0.	0.	14,000.
nue	11a b	Other Income	) from	sales of ir	vento	Business Code 999999	19,840.	0.	0.	19,840.
Miscellaneous Revenue	c d e	All other revenue  Total. Add lines 11a	 a–11c	 I			19,840.			
	12	Total revenue. See	instr	uctions			4,302,377.	2,626,693.	0.	56,283.

#### 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 (D) Fundraising (B) Program service Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . 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 . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . 160,318. 19,605. 91,208. 49,505. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 2,818,150. 2,488,325. 245,660. 84,165. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 31,400. 24,492. 5,024. 1,884. Other employee benefits . . . . . . 240,256. 187,399. 14,416. 9 38,441. 10 Payroll taxes . . . . . . . . . . . . 215,410. 181,619. 24,127. 9,664. Fees for services (nonemployees): 11 Management . . . . . . . . . . . . 0. Legal . . . . . . . . . . . . . . . . 6,000. 0. 6,000. Accounting . . . . . . . . . . . . 11,600. 0. 11,600. 0. Lobbying . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . 0. 71. 0. 71. Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 22,946. 14,397. 7,679. 870. 12 Advertising and promotion . . . . . 13,083. 0. 13,083. 0. 13 37,913. 25,853. 10,624. 1,436. Office expenses . . . . . . . . 14 Information technology . . . . . . 31,342. 19,758. 7,198. 4,386. 15 Royalties . . . . . . . . . . . . Occupancy . . . . . . . . . . . . 184,247. 157,227. 18,284. 8,736. 16 25,210. 23,074. 1,424. 712. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates . . . . . . . 43,213. 38,892. 2,160. 2,161. 22 Depreciation, depletion, and amortization . 23 40,046. 34,442. 3,468. 2,136. 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 O.) 18,259. 0. a Program Supplies and Materials 18,259. 0. Education Programing 31,952. 31,952. 0. 0. c Dues and Subscriptions 0. 11,455. 2,774. 8,681. In-Kind Donations Utilized 6,917. 5,941. 0. 976. e All other expenses 79,443. 15,104. 44,319. 20,020. Total functional expenses. Add lines 1 through 24e 25 4,029,231. 3,289,113. 539,051. 201,067. 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)

### Part X Balance Sheet

		Check if Schedule O contains a response of note to any line in this P	art A		<u> </u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	190,658.	1	65,458.
	2	Savings and temporary cash investments	329,901.	2	115,133.
	3	Pledges and grants receivable, net	308,438.	3	948,499.
	4	Accounts receivable, net	209,161.	4	179,658.
	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	
As	9	Prepaid expenses and deferred charges	6,268.	9	7,832.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D   10a   876,119.			
	b	Less: accumulated depreciation <b>10b</b> 258,375.	653,895.	10c	617,744.
	11	Investments—publicly traded securities	3,989.	11	10,029.
	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	50,318.	15	131,429.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,752,628.	16	2,075,782.
	17	Accounts payable and accrued expenses	205,939.	17	223,047.
	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	
es	22	Loans and other payables to any current or former officer, director,			
<b>H</b>		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	275,620.	23	246,719.
	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			
	00		51,176.	25	127,744.
	26	Total liabilities. Add lines 17 through 25	532,735.	26	597,510.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	866,616.	27	1,209,588.
B	28	Net assets with donor restrictions	353,277.	28	268,684.
pur		Organizations that do not follow FASB ASC 958, check here			·
r F		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .		31	
let	32	Total net assets or fund balances	1,219,893.	32	1,478,272.
_	33	Total liabilities and net assets/fund balances	1,752,628.	33	2,075,782.
					Earm <b>QQ</b> ( (2022

Page **12** Form 990 (2023)

Part	XI Reconciliation of Net Assets			-			
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,3	02,3	77.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,0	29,2	31.		
3	Revenue less expenses. Subtract line 2 from line 1	3	2	73,1	46.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,2	19,8	93.		
5	Net unrealized gains (losses) on investments	5		14,7	67.		
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					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	1,4	78,2	72.		
Part	XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," expenses the organization of the control	مامام					
	Schedule O.	Jiaiii	OII				
•							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				×		
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both.	piiea	or				
la.	Separate basis Consolidated basis Both consolidated and separate basis		Oh	\ \ \ \ \ \			
b	Were the organization's financial statements audited by an independent accountant?		2b	×			
	separate basis, consolidated basis, or both.	eu on	ı a				
	Separate basis 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 over	reiaht	of				
	the audit, review, or compilation of its financial statements and selection of an independent accountar			×			
	If the organization changed either its oversight process or selection process during the tax year, ex						
	Schedule O.	Piairi					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo t	he				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .	3b				
	PEV 05/00/24 PPO						

REV 05/09/24 PRO Form **990** (2023)

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization					Employer identification	n number			
	Gerard House					45-0948760				
Pai							ons.			
The d	organization is not a private founda		,		-	•				
2	<ul><li>☐ A church, convention of churc</li><li>☐ A school described in <b>section</b></li></ul>					U(D)(1)(A)(I).				
3	☐ A hospital or a cooperative hospital		·		-	ι\ <b>(Δ\/iii</b> )				
4	A medical research organization hospital's name, city, and state	on operated in co					(iii). Enter the			
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in			
6	☐ A federal, state, or local gover	nment or govern	mental unit described	in <b>sectio</b>	on 170(b)	(1)(A)(v).				
7	★ An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public			
8	☐ A community trust described i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete	Part II.)						
9	☐ An agricultural research organ or university or a non-land-grauniversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or			
10	An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11	☐ An organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).				
12	An organization organized and									
	one or more publicly supported the box on lines 12a through 12	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.			
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	jority of t					
b	Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same						
С	<ul> <li>Type III functionally integ its supported organization(</li> </ul>						ally integrated with,			
d	Type III non-functionally in that is not functionally integreguirement (see instructionally in	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an				
е	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III			
f										
g	Provide the following information	n about the supp	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 991,742. 1,366,616. 846,897. 1,619,401. 5,523,028. 698,372. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 4 698,372. 991,742.1,366,616. 846,897. 1,619,401. 5,523,028. 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) . . . . 0. **Public support.** Subtract line 5 from line 4 5,523,028. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 698,372. 991,742.1,366,616. 7 846,897. 1,619,401. 5,523,028. Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 857. 655. 159. 635. 5,287. 7,593. Net income from unrelated business 9 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.) . . . . . . . 232. 14,941. 19,840. 0. 35,013. **Total support.** Add lines 7 through 10 5,565,634. 11 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 10,111,636. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . 99.23% 14 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		ı	T	1	1	
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
h	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>					
	and 12.)						
14	First 5 years. If the Form 990 is for the	•			-		
Soct:	organization, check this box and stop he on C. Computation of Public Suppor						
	Public support percentage for 2023 (line 8			12 column (fl)		15	%
15 16	Public support percentage for 2023 (line of 2023 Support percentage from 2022 Sch	, , , , , , , , , , , , , , , , , , , ,	•	, ,,,		16	
16 Secti	on D. Computation of Investment In					10	70
17	Investment income percentage for 2023 (			ov line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2022 (		* * *	-		18	
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2023. If the organ						
134	17 is not more than 331/3%, check this box						
b	331/3% support tests—2022. If the organiz		_	-		_	_
~	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	_	_	· ·	· · · · · · · · · · · · · · · · · · ·		_

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		res	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	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.	10a		
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.)

Part	Supporting Organizations (continued)			ı
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	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? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in <b>Part VI</b> .	11c		
Secti	on 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity</li> </ul>	(see ir	nstruci	tions).
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 <b>Part VI identify</b> 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .  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? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See				
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ns 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):				
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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
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	<b>Distributable Amount.</b> 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-functional (see instructions).	ally i	integrated Type III supporti	ng organization	

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 . . . . . From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Excess from 2023 . . .

Schedule A (Form 990) 2023 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.) Pt II Ln 10: Other Income Part II, Line 10 Description: Other Income 2019: 232. 2020: 0. 2022: 14941. 2023: 19840.

#### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Se	ection 501(c)(4), (5), or (6) orga	ınizations: Complete Part III.			
Name o	of organization			Employer iden	tification number
St.	Gerard House			45-09487	60
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 o	organization.
1	Provide a description of definition of "political can	the organization's direct and incompaign activities."	direct political ca	mpaign activities in Part	IV. See instructions fo
2	Political campaign activity	y expenditures. See instructions .		\$	
3	Volunteer hours for politic	cal campaign activities. See instruc	ctions		
Part	I-B Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1 2 3	Enter the amount of any of the organization incurred	excise tax incurred by the organiza excise tax incurred by organization ed a section 4955 tax, did it file For	managers under m 4720 for this ye	section 4955 \$ ear?	Yes No
4a b	If "Yes," describe in Part				Yes No
Part		e organization is exempt unde	er section 501/c	e) except section 501	(c)(3)
1 2 3	Enter the amount directle activities	ly expended by the filing organiz  filing organization's funds contributities  expenditures. Add lines 1 and 2.	ation for section	527 exempt function \$ anizations for section \$	
4 5	line 17b	n file <b>Form 1120-POL</b> for this year? ses, and employer identification nurents. For each organization listed, contributions received that were profund or a political action committee.	mber (EIN) of all senter the amount property and directly	ection 527 political organipaid from the filing organid delivered to a separate p	zations to which the filing zation's funds. Also ente olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	t II-A Complete if the organization section 501(h)).	n is exempt	under section 5	01(c)(3) and filed	d Form 5768 (ele	ection under
Α	Check if the filing organization belongs EIN, expenses, and share of exc			Part IV each affiliate	ed group member's	s name, address,
В	Check [] if the filing organization checked		•	isions apply.		
	Limits on Lobb			.,,,	(a) Filing	(b) Affiliated
	(The term "expenditures" m			.)	organization's totals	group totals
1	a Total lobbying expenditures to influence	public opinior	n (grassroots lobby	rina)	0.	
	Total lobbying expenditures to influence			•	0.	
	c Total lobbying expenditures (add lines 1	J		0,	0.	
		,			3,130,433.	
	Total exempt purpose expenditures (add				3,130,433.	
	f Lobbying nontaxable amount. Enter		•		3723372331	
	columns.			9 14.5.5 551	306,522.	
	If the amount on line 1e, column (a) or (b) is	The lobbying	g nontaxable amour	nt is:	300,022	
	not over \$500,000,		mount on line 1e.			
	over \$500,000 but not over \$1,000,000,		is 15% of the excess	over \$500.000.		
	over \$1,000,000 but not over \$1,500,000,		s 10% of the excess			
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plu	is 5% of the excess o	over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.				
	Grassroots nontaxable amount (enter 25	5% of line 1f)			76,631.	
	Subtract line 1g from line 1a. If zero or le	ess, enter -0-			0.	
	Subtract line 1f from line 1c. If zero or le	ss, enter -0-			0.	
	If there is an amount other than zero	on either line	e 1h or line 1i, did	d the organization	file Form 4720	
	reporting section 4911 tax for this year?				[	Yes No
	(Some organizations that made a se See the	ction 501(h) e separate ins	tructions for lines	ve to complete all 2a through 2f.)	of the five colum	ns below.
	Lobbying	Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
	d Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

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Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	5768		
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	nount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		-			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
		\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		. 4		
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), (	or sec	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<b></b>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	-	-	3		
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	$Aggregate\ amount\ reported\ in\ section\ 6033(e)(1)(A)\ notices\ of\ nondeductible\ section\ 162(e)\ dues\ .$		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Part	IV Supplemental Information					
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, I	nes 1	and

Part IV	Supplemental Information (continued)

Page 4

Schedule C (Form 990) 2023

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

	Gerard House		45-0948760
Par			ls or Accounts
	Complete if the organization answered "		
		(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 a	<u> </u>	
_	funds are the organization's property, subject to the	= =	
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the beneficonferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · ·
			· · · · · · L Yes L No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre	·	
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
0	Preservation of open space	d a gualified appearation contribution	in the form of a concernation
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	d a quaimed conservation contribution	
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line on a historic structure listed in the National Register		
_			· 2d
3	Number of conservation easements modified, trans tax year	rerred, released, extinguished, or term	ninated by the organization during the
4	Number of states where property subject to conserv	vation accoment is located	
4 5	Does the organization have a written policy reg.		ection handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
Ū	otan and volunteer nours devoted to morntoning, inspec	ting, nariding of violations, and emorning	y conscivation casements during the year
7	Amount of expenses incurred in monitoring, inspecting	n handling of violations, and enforcing of	conservation easements during the year
•	, another of expenses mounted in monitoring, inopecting	g, nanamig or violations, and officioning t	someon valion eacomente dannig the year
8	Does each conservation easement reported on line	2d above satisfy the requirements of s	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue a	and expense statement and balance
	sheet, and include, if applicable, the text of the foot	•	tements that describes the
	organization's accounting for conservation easemer	nts.	
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 FAS		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		search in furtherance of public service,
	provide the following amounts relating to these item	IS.	
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA	<del>-</del>	
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Part	III Organizations Maintaining Coll	lections of Art, His	torical Treasures	, or Other Similar	Assets (continued)
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other recor	ds, check any of th	e following that make	e significant use of its
а	☐ Public exhibition	d	Loan or exchang	e program	
b	☐ Scholarly research	е	Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	collections and expla	in how they further	the organization's ex	cempt purpose in Part
5	During the year, did the organization solic				
	assets to be sold to raise funds rather than	to be maintained as p	part of the organizati	on's collection? .	· 🗌 Yes 🗌 No
Part					
	Complete if the organization ans 990, Part X, line 21.	wered "Yes" on For	m 990, Part IV, line	e 9, or reported an	amount on Form
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?		-		not Yes No
b	If "Yes," explain the arrangement in Part XI				
	Tros, explain the arrangement in rate XI	ii and complete the lo	nowing table.		Amount
С	Beginning balance			1c	7 0
d	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on				lity?
	If "Yes," explain the arrangement in Part XI				=
Par			·	<u> </u>	<u> </u>
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	e 10.	
			or year (c) Two year		ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu	urrent vear end balanc	e (line 1g. column (a	)) held as:	
a	Board designated or quasi-endowment		o ( o . g, o o (a	,,,	
b	Permanent endowment %				
C	Term endowment %				
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.			
3a	Are there endowment funds not in the pos		zation that are held	and administered for	the
	organization by:	_			Yes No
	(i) Unrelated organizations?				. 3a(i)
	(ii) Related organizations?				
b	If "Yes" on line 3a(ii), are the related organize	zations listed as requi	red on Schedule R?		. 3b
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment funds.		
Part	VI Land, Buildings, and Equipmen	nt			
	Complete if the organization ans		m 990, Part IV, line	e 11a. See Form 99	0, 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
	Land	0.			0.
b	Buildings		650,056.	121,856.	528,200.
C	Leasehold improvements		24,865.	10,908.	13,957.
d	Equipment		155,198.	105,678.	49,520.
e	Other		46,000.	19,933.	26,067.
	Add lines 1a through 1e. (Column (d) must e	uequal Form 990. Part )			617,744.
	5 ( )			,,	· · · · · · · · · · · · · · · · · · ·

Part VII	Investments – Other Securities			
-	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)		_		
(C)				
(D)				
(E)				
(F)		-		
(G)		-		
(H)	The second form of the second fo	_		
Part VIII	mn (b) must equal Form 990, Part X, line 12, col. (B)) Investments—Program Related			
Part VIII	Complete if the organization answered "Yes" on Fo	rm 000 Part IV lin	o 11c. Soo Form	000 Part V line 13
	(a) Description of investment	(b) Book value		hod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
	-of-use Asset			126,138.
	ity Deposit			5,291.
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			131,429.
Part X	Other Liabilities			131,427.
	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lin	e 11e or 11f. See	e Form 990. Part X.
	line 25.	,		· · · · · · · · · · · · · · · · · · ·
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2) Operat	ting Lease Liability			127,744.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 25, col. (B))			127,744.
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	n's financial stateme	ents that reports the

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 . 🗵

	XI Reconciliation of Revenue per Audited Financial Stateme			Retui	rn	
	Complete if the organization answered "Yes" on Form 990, F					
1	Total revenue, gains, and other support per audited financial statements			1	4,379,803.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-14,767.			
b	Donated services and use of facilities	2b	90,221.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	2,043.			
е	Add lines 2a through 2d			2e	77,497.	
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,302,306.	
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	71.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c	71.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	4,302,377.	
Part				r Ret		
	Complete if the organization answered "Yes" on Form 990, F					
1				1	4,121,424.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a	90,221.			
b	Prior year adjustments	2b	, , , , , , , , , , , , , , , , , , , ,			
C	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	2,043.			
	Add lines 2a through 2d			2e	92,264.	
3	Subtract line 2e from line 1			3	4,029,160.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 I		3	4,029,100.	
		40	71			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71.			
b	Other (Describe in Part XIII.)	4b		4 -	71	
	Add lines 4a and 4b			4c	71.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18.)	<del></del>	5	4,029,231.	
	Part XIII Supplemental Information					
	• •		. 13 / 12 / 41 / 1.01		V " 4 D 1 V "	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and					
	• •					
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and					
2; Parl	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	forma	tion.	
2; Parl	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	to pro	ovide any additional in	forma	tion.	
2; Part	t the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part, Line 2: St. Gerard House is exempt from federal	inco	ovide any additional in	forma 501	(c)(3)	
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Schedule D (Fo	rm 990) 2023	Page \$
Part XIII	Supplemental Information (continued)	,

#### **SCHEDULE G** (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

St.	Gerard House					45-0948760	
Par	Form 990-EZ filers are	not required to	complete	this part.			line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	Mail solicitations		e 「	Solicitati	ion of non-govern	ment grants	
b	☐ Internet and email solicitation	nne	f [		ion of governmen	_	
		5113			fundraising events		
C	Phone solicitations		g L	_ Special	iunuraising event		
d	☐ In-person solicitations						
2a	Did the organization have a wri						
	or key employees listed in Forn	n 990, Part VII) o	or entity in c	onnection v	with professional	fundraising services	? ∐ Yes ∐ No
b	If "Yes," list the 10 highest paid	d individuals or e	entities (fun	draisers) pu	ursuant to agreen	nents under which th	e fundraiser is to be
	compensated at least \$5,000 b	y the organization	on.		_		
		_					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fur custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by)
	or critity (turidialser)		Yes	outions?	nom delivity		organization
			163	140	1		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the orga				colicit contribution	es or has been notifi	od it is exempt from
3		anization is regis	stered or lic	ensed to s	SOIICIT COTTITIBUTION	is of flas been flotili	ed it is exempt from
	registration or licensing.						

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.

			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			Mardi Gras (event type)	(avent type)	None (total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
<u>o</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	20,873.			20,873.
Seve		Gloss receipts	20,073.			20,673.
ш	2	Less: Contributions	4,923.			4,923.
	3	Gross income (line 1 minus line 2)	15,950.			15,950.
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	14,993.			14,993.
	10	Direct expense summary. Ac	ld lines 4 through 0 in a	olumn (d)		14 002
	11					
Pa	rt III	Net income summary. Subtra <b>Gaming.</b> Complete if th \$15,000 on Form 990-E2	e organization answe	ered "Yes" on Form	990, Part IV, line 19,	or reported more than
a)		<del>+</del>		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue			29,000.	29,000.
ses	2	Cash prizes			15,000.	15,000.
Direct Expenses	3	Noncash prizes				
<b>Direct</b>	4	Rent/facility costs				
-	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	15,000.			
	8	Net gaming income summar		14,000.		
9	<b>a</b> Is	nter the state(s) in which the or the organization licensed to co	onduct gaming activities		s?	🗌 Yes 🗵 No
	b If '	"No," explain: <u>Annual ra</u>				
10		ere any of the organization's g	aming licenses revoked	l, suspended, or termin		

Schedu	ule G (Form 990) 2023		Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	X Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	× No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Part	spent in the organization's own exempt activities during the tax year \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition		
	See instructions.		

# SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

St. Gerard House

Employer identification number

45-0948760

rart	Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	×	2	14,302.	Stock Ma	rket	Val	ue
10	Securities—Closely held stock .							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					_		
25	Other (Donated Goods utilized)	×	36	·	Fair Mar			
26	Other (Donated Auction items)	×	11	12,950.	Fair Mar	ket V	/alu	ıe
27	Other ()							
28	Other ( ) Number of Forms 8283 received	lavi Alaa airi		for contributions for				
29	which the organization completed				00			
	which the organization completed	1 01111 0200	, rait v, bonce nonnowice	190111011t	29		Yes	No
30a	During the year did the ergenizet	ion roodiya	by contribution only prope	arty reported in Dort Lines	1 +brough		162	140
Sua	During the year, did the organizate 28, that it must hold for at least 3							
	used for exempt purposes for the					30a		×
h	If "Yes," describe the arrangemen					30a		<u> </u>
ь 31			stance policy that require	es the review of any n	onstandard			
J.	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
32a	Does the organization hire or use					31	×	
JEG	contributions?					32a		×
h	If "Yes," describe in Part II.					32d		
33	If the organization didn't report an	amount in	column (c) for a type of pro	nerty for which column (a)	is checked			
33	describe in Part II.	arrioditt III	colainii (o) for a type of pro	porty for winori oblainin (a)	io orioonou,			

Schedule M (Form 990) 2023 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

# SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

St. Gerard House	45-0948760
Pt VI, Line 11b: The officers and board members review the Form 990	
is filed.	
Pt VI, Line 12c: The organization's conflict of interest policy is	reviewed
on an annual basis.	
Pt VI, Line 15a: The Board of Directors annually reviews the compens	sation of
the Chief Executive Officer. Any changes to the CEO's compensation a	are approved
by the Board of Directors and submitted to the CFO.	
Pt VI, Line 18: Forms 990 are available on the IRS website and on the	ne website
of many charity watch organizations. Form 1023 is available by reque	est.
Pt VI, Line 19: The Organization makes its governing documents, cons	flict of
interest policy, and financial statements available to the public up	oon request.

Form **8879-TE** 

### **IRS E-file Signature Authorization** for a Tax Exempt Entity

ıtıty		

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_\_, Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 45-0948760 St. Gerard House Name and title of officer or person subject to tax Brad Ward, Chief Financial Officer Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here . . . X **b Total revenue**. if any (Form 990, Part VIII, column (A), line 12) . . . 4,302,377. Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . Form 1120-POL check here . . **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . 3b 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . **Form 8868** check here . . . . 5b Form 990-T check here . . . **b** Total tax (Form 990-T, Part III, line 4) . . . . . . . . . . . . . Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . 7a 7b Form 5227 check here . . . . **b FMV** of assets at end of tax year (Form 5227, Item D) . . . . **Form 5330** check here . . . □ **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . 9h 92 10a Form 8038-CP check here . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ▼ I authorize CORLISS & SOLOMON, PLLC to enter my PIN as my signature **ERO firm name** Enter five numbers, but on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Duns 09/11/2024 Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 6 1 9 3 8 1 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date 09/11/2024 ERO's signature

#### ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

REV 05/09/24 PRO

BAA