## Catie's Closet, Inc.

Federal Form 990 Open to Public Inspection Copy

Year End: 2023

Form	990
Form	<u>990</u>

#### Extended to November 15, 2024 Return of Organization Exempt From Income Tax

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.



Department of the Treasury
Internal Revenue Service

AF	or th	e 2023 calendar year, or tax year beginning and	ending	_	
B c	Check if Ipplicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name	Doing business as	27-25319	53	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return			978-957-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	8,183,505.
	Amen	Diacuc, MA 01020		H(a) Is this a group re	
	Applie tion pendi			for subordinates	
		same as C above		H(b) Are all subordinates in	
-		empt status: $X 501(c)(3) 501(c)()$ (insert no.) 4947(a)(1) (insert no.) 4947(a)(1) (insert no.)	or 🛄 527	-	list. See instructions
	Nebsi			H(c) Group exemption	
	-	forganization: X Corporation Trust Association Other	<b>L</b> Year		State of legal domicile: MA
Гс	art I	Summary Briefly describe the organization's mission or most significant activities: Refe:	r + o	abodulo 0	Pago 16
S	1	Briefly describe the organization's mission or most significant activities:		benedute 0,	raye 40
nar	2	Check this box if the organization discontinued its operations or disposed	sod of mor	than 25% of its not as	ecte
ver		<b>o i i</b>			9
ဗီ		Number of independent voting members of the governing body (Fart VI, interta)			9
s S		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			29
/itie		Total number of volunteers (estimate if necessary)		385	
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.	
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		6,890,402.	7,610,667.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,506.	10,592.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		372,681.	495,809.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,265,589.	8,117,068.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	861,830.	1,049,464.
Expenses	16a   .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         424,21		0.	0.
Exp				6,015,288.	7,419,799.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,877,118.	8,469,263.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		388,471.	-352,195.
or ces		Revenue less expenses. Subtract line 18 from line 12	Br	eginning of Current Year	End of Year
ets c ance	20	Total assets (Part X, line 16)		5,324,360.	8,105,380.
Ass Bal	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	······	448,662.	3,581,877.
Net Assets ( Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20	······	4,875,698.	4,523,503.
_		Signature Block		,,	-,,-•••
		-			

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

Sign	Signature of officer				Date		
	Anne-Marie Sousa, Preside	nt					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signatu	re	Date	Check	PTIN	
Paid	Heidi E. MacLean	Heidi E.	MacLean	09/04		P00840184	
Preparer	Firm's name Tonneson & Compan	- ·			Firm's EIN 04-	2943536	
Use Only	Firm's address 401 Edgewater Pla		e 300				
	Wakefield, MA 018	80-6208			Phone no. $781 -$	245-9999	
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Reduction Act Notice, see the sepa	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

See Schedule O for Organization Mission Statement Continuation

Form <b>8868</b>
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(Rev. January 2024)

#### Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

		nome tex return				
	Form 7004 to request an extension of time to file inc dentification	Joine tax retu	115.			
-		filer ees instr	uctions	Taypayar	idantification	
Type or	Name of exempt organization, employer, or other	raxpayer	identification r			
Print	Catie's Closet, Inc.					1953
File by the due date for						
filing your return. See	ing your 28 Loon Hill Road					
instructions		a foreign add	Iress, see instructions.			
	Dracut, MA 01826					
Enter the	e Return Code for the return that this application is fo	r (file a separa	te application for each return)			01
Applicat	ion Is For	Return	Application Is For			Return
		Code				Code
Form 99	) or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 47	20 (individual)	03	Form 5227			10
Form 99	)-PF	04	Form 6069			11
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 99	D-T (trust other than above)	06	Form 5330 (individual)			13
Form 99	D-T (corporation)	07	Form 5330 (other than individual)			14
Form 10	41-A	08				
Pla Pla	an Name an Number an Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Or ooks are in the care of Denise Trombly	ganizations (	see instructions)			
i ne b						
			$r_{2}$ manut MA 01826			
		Jau – D.	racut, MA 01826			
-	hone No. $978 - 957 - 2200$		Fax No.			
• If the	organization does not have an office or place of busi	ness in the Ur	Fax No			
<ul><li>If the</li><li>If this</li></ul>	organization does not have an office or place of busin is for a Group Return, enter the organization's four-d	ness in the Ur igit Group Exe	Fax No	f this is for	the whole gro	up, check this
<ul><li>If the</li><li>If this box</li></ul>	organization does not have an office or place of busi is for a Group Return, enter the organization's four-d 	ness in the Ur igit Group Exe	Fax No	f this is for all membe	the whole gro ers the extensi	up, check this on is for.
<ul> <li>If the</li> <li>If this box</li> <li>1 I re</li> </ul>	organization does not have an office or place of busin is for a Group Return, enter the organization's four-d . If it is for part of the group, check this box equest an automatic 6-month extension of time until	ness in the Ur igit Group Exe and atta	Fax No. hited States, check this box emption Number (GEN) I hich a list with the names and TINs of er 15 , 20 24 , to file	f this is for all membe	the whole gro	up, check this on is for.
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990 (2023) Catie's Closet, Inc.	27-2531953	Page
Pa	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		L
1	Briefly describe the organization's mission:		
	Catie's Closet gives children in need life-changing account in the set of the	ess to clotr	ling
	and basic necessities so they can thrive in school and :	in life.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Ves	
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 7,667,998. including grants of \$ ) (Revenue)		
	To provide an in-school resource of clothing and basic n	necessities	to
	students living below the poverty line.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	ue \$	
4 -			
4c	(Code:         ) (Expenses \$	ue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 7,667,998.		
		Form	<b>990</b> (20
3200	2 12-21-23		
	3 004 504015 001500 000 0000 04000 5055 50 50 50 50 50 50 50 50 50 50 5	0.04	<b>-</b>
10	904 794015 201730.000 2023.04020 Catie's Closet, Inc.	201	730_

Form 990 (2023) Catie's Closet, Inc.
Part IV Checklist of Required Schedules

			Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	<b>3</b> , , , , , , , , , , , , , , , , , , ,			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				v
	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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2023.04020 Catie's Closet, Inc.

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Form	990	(2023)
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Catie's Closet, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		- 23
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c		0.0.7.7
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Form	990 (2023) Catie's Closet, Inc.	27-2531	953	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-	
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 29		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returned		2b	X	X
		2	3a		_ <u>^</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			x
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
D	If "Yes," enter the name of the foreign country				
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		<b>F</b> -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		50 50		- 23
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
oa			6a		x
h	any contributions that were not tax deductible as charitable contributions?		oa		- 23
b	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a	x	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		10		
U	to file Form 8282?	•	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders N/A	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			37
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.	at 141			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		
	If "Yes," complete Form 6069.		Form	<b>990</b>	(2022)
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Form 990	(2023)
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Catie's Closet, Inc.

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sect	tion A. Governing Body and Management						_
					~ <b></b>	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	. <b>1</b> a	a 🛛		9		
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	. 1k	2		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship wi	th any ot	her			
	officer, director, trustee, or key employee?				2	X	
3	Did the organization delegate control over management duties customarily performed by or under	the di	rect supe	rvision			
	of officers, directors, trustees, or key employees to a management company or other person? $\dots$				3		2
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 v	was filed'	?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets	?		5		
6	Did the organization have members or stockholders?				6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or						
	more members of the governing body?				7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members						
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the				1.0		
	The governing body?			-	8a	x	
h	Each committee with authority to act on behalf of the governing body?				8b	x	┢
					00		┢
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
io ci	tion B. Policies (This Section B requests information about policies not required by the Internal				9		-
	tion B. Policies (This Section B requests information about policies not required by the internal	neven		.)		Yes	
10-	Did the eventimation have least shorters, hypershee, or efflicted?				10-	res	
	Did the organization have local chapters, branches, or affiliates?				10a		ŀ
b	If "Yes," did the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing be	ody be	efore filing	J the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe	ł			
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and appro	oval by	/ indepen	dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		·				
а	The organization's CEO, Executive Director, or top management official				15a	X	
	Other officers or key employees of the organization				15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nemen	t with a				
iou	taxable entity during the year?	-			16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				100		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			alion			
					104		
2001	exempt status with respect to such arrangements?			<u></u>	16b		
	List the states with which a copy of this Form 990 is required to be filed <b>MA</b>					、 ・	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	, and 9	990-1 (sec	tion 501(c)(	3)s only	) avai	lab
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (expla						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflic	ct of inter	est policy, a	nd finar	ncial	
	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 l	books	and reco	rds			
	Denise Trombly - 978-957-2200						
	28 Loon Hill Road, Dracut, MA 01826						
32006	6 12-21-23				Form	1 <b>990</b>	(20
	7						
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Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	, Highest Compensated
	Employees, and Independe	ent 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.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week			luau	reciu	i/uus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		vee	mpen		1099-NEC)	1000 NEO)	and related
	below	d ual 1	Institutional trustee	_	mplo	est co oyee	ы.	,		organizations
	line)	Indivi	In stitu	Officer	Key employee	Highest compensated employee	Former			C C
(1) Denise Trombly	55.00									
Director of Operations					Х			100,223.	0.	18,743.
(2) Mickey Cockrell	55.00									
Chief Executive Officer					Х			102,600.	0.	10,161.
(3) Anne-Marie Sousa	5.00									
President		Х		Х				0.	0.	0.
(4) Lynne Baril	2.00									
Vice Chair		Х		Х				0.	0.	0.
(5) Laura Bisson	2.00									
Treasurer		Х		Х				0.	0.	0.
(6) Rebecca Gilding	2.00									
Secretary		Х		Х				0.	0.	0.
(7) Katie Belanger	2.00									
Director		Х						0.	0.	0.
(8) Al Doyle	2.00									_
Director		Х						0.	0.	0.
(9) Melissa Herman	2.00									_
Director		Х						0.	0.	0.
(10) Jodie Payette	2.00									•
Director		X						0.	0.	0.
(11) Robin Seidman	2.00									•
Director		X						0.	0.	0.
						<u> </u>				
332007 12-21-23						~				Form <b>990</b> (2023)

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	990 (2023) Catie's	Closet,	Ir	ıc.	•					27-2	531	953	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	, and	d Hig	ghes	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	box,	not cl , unle:	(C Posi heck r ss per id a di	ition more rson i irecto	than o s both	n an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on I s SC/	am comp fro orga anc	(F) timate ount o other oensa om the anizati I relate nizatio	of tion e ion ed
1b	Subtotal								202,823.		0.	28	3,9	
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	/II, Section A	<u> </u>						0.202,823.		0.	0. 28,904.		
2	Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	ed ab	ove	e) wh	io r	eceived more than \$100	0,000 of reportab	le		Yes	2 No
3	Did the organization list any <b>former</b> office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>	such individual								-		3		X
4 5	For any individual listed on line 1a, is the s and related organizations greater than \$1 Did any person listed on line 1a receive or	50,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual			4		X
<u> </u>	rendered to the organization? If "Yes," con	•							•			5		Х
1	tion B. Independent Contractors Complete this table for your five highest c	-									npens	ation fi	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)         Name and business address       NONE								С	(C omper		<u>ו</u>		
								_						
2	Total number of independent contractors	(including but n	ot lir	nite	d to	thos	se lis	stec	above) who received n	nore than				
	\$100,000 of compensation from the organ					(			,			Form	<b>990</b> (2	2023)

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14	rt VII	Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
		· · · ·	,	<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns1aMembership dues1b					
fts, (	С	Fundraising events 1c					
, Gi nila	d	<b>v</b>	505,000.				
Sir	e f	Government grants (contributions)       1e         All other contributions, gifts, grants, and	505,000.				
buti	•		105,667.				
d O	g	Noncash contributions included in lines 1a-1f 1g \$5,	388,814.				
an Co	h	Total. Add lines 1a-1f		7,610,667.			
			Business Code				
ice	2 a						
Program Service Revenue	b						
m S ven	C						
gra Re	d e						
Pro	f	All other program service revenue					
	a	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		10,592.			10,592.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	b	Less: rental expenses 6b					
	c d	Rental income or (loss) 6c Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
nue		and sales expenses 7b					
Revenue	с	Gain or (loss)					
		Net gain or (loss)					
Other	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See Part IV, line 18 8a	304,555.				
	h	Less: direct expenses 8b	66,437.				
				238,118.			238,118.
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	F	and allowances 10a Less: cost of goods sold 10b					
		Less: cost of goods sold 10b Net income or (loss) from sales of inventory					
_	U	net income or (ioss) nom sales of inventory	Business Code				
sno	11 a	Closet fees	900099	232,750.	232,750.		
ane	b	Other income	900099	24,941.	24,941.		
Miscellaneous Revenue	с						
Mis	d	All other revenue					
_		Total. Add lines 11a-11d		257,691.			
	12	Total revenue. See instructions		8,117,068.	257,691.	0.	248,710. Form <b>990</b> (2023

Catie's Closet, Inc.

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Form 990 (2023)

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Catie's Closet, Inc. Part IX Statement of Functional Expenses

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

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	112,761.	11,276.	45,104.	56,381
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				· · · ·
7	Other salaries and wages	768,623.	600,402.	65,263.	102,958
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				•
9	Other employee benefits	83,704.	59,359.	13,011.	11,334
0	Payroll taxes	84,376.	59,141.	10,296.	14,939
1	Fees for services (nonemployees):				
а	Management	- 100		- 100	
b	6 F	5,102.		5,102.	
С	5 F	20,000.		20,000.	
d	, , , , , , , , , , , , , , , , , , ,				
e f	Investment management fees				
g			04 510		115 220
	column (A), amount, list line 11g expenses on Sch 0.)	259,298.	84,512.	59,448.	115,338
2	Advertising and promotion	129,524.	32,903.	72 645	96,621
3	Office expenses	115,326.	30,998.	73,645.	10,683
4 -	Information technology				
5	Royalties	418,024.	376,222.	41,802.	
6		11,710.	3,536.	8,174.	
7	Travel	11,710•	5,550.	0,1/4.	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0 1	Interest				
1 2	Payments to affiliates Depreciation, depletion, and amortization	37,916.	37,916.		
2 3		21,602.	20,428.	1,174.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),	,		_,	
а	amount, list line 24e expenses on Schedule 0.) Clothing and Toiletries	6,119,109.	6,119,109.		
a b	Repairs and Maintenance	103,218.	103,218.		
с С	Location Set Up Costs	80,534.	80,534.		
d	Miscellaneous Expenses	38,972.	7,362.	15,574.	16,036
	All other expenses	59,464.	41,082.	18,382.	_ ,
5 5	Total functional expenses. Add lines 1 through 24e	8,469,263.	7,667,998.	376,975.	424,290
6	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)				

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Assets

Liabilities

Net Assets or Fund Balances

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			271,879.	1	395,266.
	2	Savings and temporary cash investments			952,312.	2	562,903.
	3	Pledges and grants receivable, net			60,000.	3	46,688.
	4	Accounts receivable, net	191,151.	4	236,550.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se persoi	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
000	8	Inventories for sale or use			3,466,854.	8	3,051,923.
٢	9				18,472.	9	29,525.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	544,634.			
	b	Less: accumulated depreciation	10b	193,286.	32,032.	10c	351,348.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		221 660	14	2 424 4 88	
	15	Other assets. See Part IV, line 11		······  -	331,660.	15	3,431,177.
	16	Total assets. Add lines 1 through 15 (must equa			5,324,360.	16	8,105,380.
	17	Accounts payable and accrued expenses			45,144.	17	63,702.
	18	Grants payable	00 750	18	101 000		
	19	Deferred revenue	89,750.	19	121,000.		
	20	Tax-exempt bond liabilities				20	
_	21	Escrow or custodial account liability. Complete I				21	
20	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst				00	
	00	controlled entity or family member of any of thes				22	
	23 24	Secured mortgages and notes payable to unrela				23 24	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		· · · · · · · · · · · · · · · · · · ·	,		313,768.	25	3,397,175.
	26	of Schedule D Total liabilities. Add lines 17 through 25			448,662.	26	3,581,877.
_	20	Organizations that follow FASB ASC 958, che	ck here	X		20	
ŝ		and complete lines 27, 28, 32, and 33.					
	27				4,165,503.	27	3,960,315.
	28	Net assets with donor restrictions			710,195.	28	563,188.
		Organizations that do not follow FASB ASC 9					
	and complete lines 29 through 33.						
5	29	Capital stock or trust principal, or current funds		29			
	30	Paid-in or capital surplus, or land, building, or ec			30		
Ê	31	Retained earnings, endowment, accumulated in				31	
	32	Total net assets or fund balances	E	4,875,698.	32	4,523,503.	
	33	Total liabilities and net assets/fund balances			5,324,360.	33	8,105,380.
							000

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

Form	990 (2023) Catie's Closet, Inc.	27-25	31953	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,11		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,469		
3	Revenue less expenses. Subtract line 2 from line 1	3	-352		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,87	5,6	98.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	4,523	3,5	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3b</b>		

Form **990** (2023)

332012 12-21-23

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2023
Open to Public Inspection

#### Name of the organization

Name of the organization							Employer identification number			
			e's Closet						7-2531953	
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructior	ıs.		
The	orgar	ization is not a private found								
1	Щ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Щ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
3	Щ	A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	(b)(1)(A)(i	ii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
5		•		llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in	
		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov	-							
7		An organization that norma	-	ntial part of its support	from a gov	ernmental	unit or from t	he general	public described in	
_		section 170(b)(1)(A)(vi). (C								
8	$\square$	A community trust describe								
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	/, and state o	t the colleg	e or	
40	X	university:		··· 00.4/00/ 5/1						
10	Δ	An organization that norma								
		activities related to its exen		-					-	
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the o	ganization	after June 30, 1975.	
11		See <b>section 509(a)(2).</b> (Cor An organization organized a		ively to test for public or	ofaty Saa	soction 50	0(a)(4)			
12	H	An organization organized a	-	•	•			arry out the	nurnoses of one or	
			-	•	-			•		
		more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а						-		-	<i>i</i> aivina	
		<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
		organization. You must c			, ,					
b		<b>Type II.</b> A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	iving	
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	<b>y integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its suppo	rted organi	ization(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
	_	_ requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Section	s A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or		nally integrated support	ing organiz	zation.				
f		er the number of supported of								
g		vide the following informatior i) Name of supported	about the supporte	ed organization(s).	(iv) Is the orna	nization listed	(v) Amount of	monoton	(vi) Amount of other	
		organization		(described on lines 1-10	(iv) Is the orga in your governi		support (see in		support (see instructions)	
		5		above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,	
Tota	l									

0	(F	0000
Schedule A	(Form 990)	2023

Catie's Closet, Inc.

2	7 –	25	53	19	95	3	Page	2

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support			_			
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publ						
	Public support percentage for 2023 (		•	.,,		14	%
	Public support percentage from 2022					15	%
16a	<b>33 1/3% support test - 2023.</b> If the c						
	stop here. The organization qualifies						
k	<b>33 1/3% support test - 2022.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				-	t VI how the org	anization
	meets the facts-and-circumstances te						
k	o 10% -facts-and-circumstances tes						
	more, and if the organization meets the						he
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box		

Schedule A (Form 990) 2023

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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.)

6	qualify under the tests listed be						
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,593,932.	7,966,750.	7,961,316.	7,087,010.	7,848,785.	37,457,793
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
F							
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	6 502 020	<b>B</b> 000 <b>B</b> 000	<b>F</b> 0(1 01)	E 00E 010	<b>F</b> 040 F05	28 458 802
	Total. Add lines 1 through 5	6,593,932.	7,966,750.	7,961,316.	7,087,010.	7,848,785.	37,457,793
7a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						-
	amount on line 13 for the year						0.
с	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						37,457,793
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	6,593,932.	7,966,750.	7,961,316.	7,087,010.	7,848,785.	37,457,793
	Gross income from interest,	, ,				, ,	. ,
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	3,710.	3,005.	2,494.	2,506.	10,592.	22,307
h	Unrelated business taxable income				2,0000		
U	(less section 511 taxes) from businesses						
	. ,						
	acquired after June 30, 1975	2 710	2 005	2 4 9 4	2 506	10 502	22 207
	Add lines 10a and 10b	3,710.	3,005.	2,494.	2,506.	10,592.	22,307
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, and 12.)	6,597,642.	7,969,755.	7,963,810.	7,089,516.	7,859,377.	37,480,100
14	First 5 years. If the Form 990 is for th	e organization's firs	t, second, third, fo	ourth, or fifth tax ye	ear as a section 5	501(c)(3) organizatio	on,
	check this box and <b>stop here</b>						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li			olumn (fl)		15	99.94 9
	i abile support percentage for 2020 (ii					16	99.95 9
	Public support percentage from 2022	Schedule & Part II		<u></u>			, ,
16	Public support percentage from 2022						
16 Sec	ction D. Computation of Inves	stment Income	Percentage	12 oolumn (f)		17	. 0.6
16 Sec 17	ction D. Computation of Invest Investment income percentage for 20	<b>tment Income</b> 23 (line 10c, column	Percentage			17	<u> </u>
<u>16</u> Sec 17 18	ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	<b>stment Income</b> 23 (line 10c, column 2022 Schedule A, P	Percentage n (f), divided by line art III, line 17			18	.05 9
<u>16</u> Sec 17 18	Ction D. Computation of InvestInvestment income percentage for 20Investment income percentage from 233 1/3% support tests - 2023. If the	<b>Stment Income</b> 23 (line 10c, column 2022 Schedule A, P organization did no	Percentage n (f), divided by line art III, line 17 t check the box or	n line 14, and line <sup>-</sup>	15 is more than 3	<b>18</b> 33 1/3%, and line 1	•05 9 7 is not
<u>16</u> Sec 17 18 19a	<b>ction D. Computation of Invest</b> Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar	timent Income 23 (line 10c, column 2022 Schedule A, P organization did no nd stop here. The o	Percentage n (f), divided by line art III, line 17 t check the box or rganization qualifie	n line 14, and line <sup>-</sup> es as a publicly su	15 is more than 3 oported organiza	<b>18</b> 3 1/3%, and line 1 ition	•05 9 7 is not
<u>16</u> Sec 17 18 19a	Ction D. Computation of InvestInvestment income percentage for 20Investment income percentage from 233 1/3% support tests - 2023. If the	timent Income 23 (line 10c, column 2022 Schedule A, P organization did no nd stop here. The o	Percentage n (f), divided by line art III, line 17 t check the box or rganization qualifie	n line 14, and line <sup>-</sup> es as a publicly su	15 is more than 3 oported organiza	<b>18</b> 3 1/3%, and line 1 ition	•05 9 7 is not
<u>16</u> Sec 17 18 19a	<b>ction D. Computation of Invest</b> Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar	timent Income 23 (line 10c, column 2022 Schedule A, P organization did no nd stop here. The o organization did no	Percentage n (f), divided by line art III, line 17 t check the box or rganization qualifie t check a box on li	n line 14, and line <sup>-</sup> es as a publicly su ine 14 or line 19a,	15 is more than 3 oported organiza and line 16 is mo	18 33 1/3%, and line 1 ition ore than 33 1/3%, a	• 0 5 9 7 is not 
16 Sec 17 18 19a b	ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	timent Income 23 (line 10c, column 2022 Schedule A, P organization did no ad stop here. The o organization did no ck this box and stop	Percentage n (f), divided by line art III, line 17 t check the box or rganization qualifie t check a box on li p here. The organi	n line 14, and line as as a publicly su ine 14 or line 19a, zation qualifies as	15 is more than 3 oported organiza and line 16 is mo a publicly suppo	1833 1/3%, and line 1itionore than 33 1/3%, aorted organization	•05 9 7 is not X
16 Sec 17 18 19a b 20	ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, check	timent Income 23 (line 10c, column 2022 Schedule A, P organization did no ad stop here. The o organization did no ck this box and stop	Percentage n (f), divided by line art III, line 17 t check the box or rganization qualifie t check a box on li p here. The organi	n line 14, and line as as a publicly su ine 14 or line 19a, zation qualifies as	15 is more than 3 oported organiza and line 16 is mo a publicly suppo	18       33 1/3%, and line 1       ition       ore than 33 1/3%, a       orted organization       structions	•05 9 7 is not X

Catie's Closet, Inc.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### 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

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

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17 2023.04020 Catie's Closet, Inc.

	(Form 990) 2023		Closet,	Inc
Part IV	Supporting Organia	zations <sub>(contir</sub>	nued)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		-	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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		

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

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

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	yeat	see instruction	ns).

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	a governmental entity	. Describe in Part VI how	you supported a governm	ental entity (see instructions).
---	--	------------------------------	-----------------------	---------------------------	-------------------------	----------------------------------

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

За

18

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201730\_1

Yes No

Part V

1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrat	ted Type III supporting or	anization (see

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

Schedule A (Form 990) 2023

332026 12-21-23

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

Schedule A (Form 990) 2023

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<u>Schedule A</u>	(Form 990) 2023		s Closet,		27-2	531953 Page 8
Part VI	Supplemental Part IV, Section A, I line 1; Part IV, Secti Section D, lines 5, 6	<b>Information.</b> Pro lines 1, 2, 3b, 3c, 4b ion D, lines 2 and 3;	ovide the explanat o, 4c, 5a, 6, 9a, 9b Part IV, Section E	ions required by Part II, line 10, , 9c, 11a, 11b, and 11c; Part IV, , lines 1c, 2a, 2b, 3a, and 3b; F 2, 5, and 6. Also complete this	; Part II, line 17a or 17b; Par /, Section B, lines 1 and 2; P Part V, line 1; Part V, Section	t III, line 12; art IV, Section C, B, line 1e; Part V,
	(See instructions.)					
						/=
332028 12-21-2			0000 01	21		ule A (Form 990) 202
/0904	794015 201	L/30.000	2023.04	020 Catie's Clo	set, Inc.	201730_1

~~~		Supplement	L Einanaial Statamanta		OMB No. 1545-0047
			al Financial Statements		2023
	n 990) ment of the Treasury	Part IV, line 6, 7, 8, 9, 10 A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990. 0 for instructions and the latest information.		Open to Public
	Revenue Service		Inspection		
Nam	e of the organizati	on Catie's Closet, In	G	Em	ployer identification number 27-2531953
Par	t I Organiza		d Funds or Other Similar Funds or <i>i</i>		
1 41		n answered "Yes" on Form 990, Part IV, lin			
	5	, ,	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fu	nds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only	
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	erring	
	impermissible priv				
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	/, line 7	
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·		
		n of land for public use (for example, recrea	·	•	-
		f natural habitat	Preservation of a cer	tified hi	storic structure
-		of open space			
2	•		fied conservation contribution in the form of a c	onserv	Ation easement on the last Held at the End of the Tax Year
_	day of the tax year			0	HEIU AL LIE EILU OF LIE TAX TEAT
-					
b					
ک لہ			ucture included on line 2a	2c	
d		vation easements included on line 2c acqu	• • •	2d	
3			leased, extinguished, or terminated by the orga		l during the tax
3	year	valion easements modified, transferred, re	leased, extinguished, or terminated by the orga	IIIZalio	n duning the tax
4		where property subject to conservation ea	sement is located		
5		tion have a written policy regarding the pe			
•			t holds?		Yes No
6			handling of violations, and enforcing conserva		
					0 ,
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	aseme	nts during the year
8	Does each conser	vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(E	B)(i)	
	and section 170(h	)(4)(B)(ii)?			🗌 Yes 🗌 No
9	In Part XIII, descril	be how the organization reports conservati	on easements in its revenue and expense state	ement a	and
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statements	hat des	scribes the
		ounting for conservation easements.			<u> </u>
Par		-	f Art, Historical Treasures, or Other	Simi	lar Assets.
		the organization answered "Yes" on Form			
1a	Ũ	, 1	8, not to report in its revenue statement and b		
			plic exhibition, education, or research in further	ance of	fpublic
	· -		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balan		
			exhibition, education, or research in furtheran	ce of pi	udiic service,
	-	ng amounts relating to these items.			<u>ሱ</u>
					ው
0	.,		agurag, ar othar similar agosts for financial gain		\$
2			asures, or other similar assets for financial gain	, provic	
~	-	unts required to be reported under FASB A	SC 958 relating to these items:		\$
a b					\$
		eduction Act Notice, see the Instruction			
	09-28-23				

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		Closet, I			00011500	r Otha				3 Page <b>2</b>
	t III Organizations Maintaining C								LS(contir	nuea)
3	Using the organization's acquisition, access	ion, and other record	ds, checł	any of the	following tha	t make si	gnificant ı	use of its		
	collection items (check all that apply).		. — .							
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							se in Par	t XIII.	
5	During the year, did the organization solicit of								-	
	to be sold to raise funds rather than to be m								Yes	└── No
Par	t IV Escrow and Custodial Arran		te if the	organization	answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:					•	
									Amoun	[
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F						ty?	L	Yes	
	If "Yes," explain the arrangement in Part XIII								<u></u>	
Par	t V Endowment Funds Complete if	-						ara baak	(a) Four	waara baak
		(a) Current year	(D) P	rior year	(c) Two year	S DACK (	a) mee ye	als Dack	(e) roui	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	red for th	е		г	<u>x   n</u>
	organization by:								<b> </b>	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere		·							
	Description of property	(a) Cost or c		(b) Cost		• •	cumulate	d	( <b>d)</b> Boo	k value
		basis (investr	nent)	basis (	(other)	dep	reciation			
	Land									
	Buildings			4 🖻					4 🗗	1 105
	Leasehold improvements				6,045.		4,92			1,125.
	Equipment				9,088.		81,42			7,667.
	Other				9,501.		06,94			2,556.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 1	0c, column	(B))	<u></u>			35.	1,348.

Schedule D (Form 990) 2023

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Schedule D (Form 990	) 2023 C	atie'	s (	Lose	t, J	.nc

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
B) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15
-	escription	(b) Book value
(1) Deposit		25,000
(2) Right of Use Asset - Opera	ting Leages	3,406,177
	iting heases	5,400,17
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B))</i>	
Part X Other Liabilities		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	
. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) Operating Lease Liabilitie	g	3,397,175

Schedule D (Form 990) 2023

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Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

3,397,175.

Sche	dule D (Form 990) 2023 Catie's Closet, Inc.			27-	2531953 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	etur	<u></u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,183,505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d			66,437.		
е	Add lines 2a through 2d			2e	66,437.
3	Subtract line 2e from line 1			3	8,117,068.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				8,117,068.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		n Expenses per	Retu	Irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				0 525 700
1	Total expenses and losses per audited financial statements			1	8,535,700.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)		66,437.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	66,437.
3	Subtract line 2e from line 1			3	8,469,263.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,469,263.
Pa	rt XIII Supplemental Information				

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

#### Part X, Line 2:

In determining the recognition of uncertain tax positions, the	
Organization applies a more-likely-than-not recognition threshold ar	nd
determines the measurement of uncertain tax positions considering th	ne
amounts and probabilities of the outcomes that could be realized upo	on
ultimate settlement with taxing authorities. As of December 31, 2023	3, the
Organization has no uncertain tax positions that qualify for either	
recognition or disclosure in the financial statements.	
Part XI, Line 2d - Other Adjustments:	
Special Events Expense	66,437.

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Schedule D (Form 990) 2023

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Special	Events Expense	66,437.
		Schedule D (Form 990) 2023
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Catie's Closet, Inc. Schedule D (Form 990) 2023 Part XIII Supplemental Information (continued)

Part XII, Line 2d - Other Adjustments:

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SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							DMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2023
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instrue	ctions	and t	he latest informatio	n.	Emplover ide	Inspection Intification number
		Closet, Inc.					27-2531	
	ing Activities, complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	'es" oi	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not
		sed funds through any of the followir				•		
a Mail solicitat	ions email solicitations				overnment grants nment grants			
c Phone solici		g Special		-	-			
d 🗌 In-person so	licitations	5		0				
2 a Did the organization	on have a written c	or oral agreement with any individual	(inclue	ding o	fficers, directors, trus	stees		
		art VII) or entity in connection with p			•			
b If "Yes," list the 10 compensated at le	0 1	viduals or entities (fundraisers) pursu	iant to	agree	ements under which t	the fu	undraiser is to I	De
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total			1					
	ch the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 d 6h list ev nte

		of fundraising event contributions and gro			-	ots greater than \$5,000
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events
ľ			Gala	Fill the Bus	3	(add col. (a) through
р Ц			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	235,965.	40,559.	28,031.	304,555
	2	2 Less: Contributions				
	3	Gross income (line 1 minus line 2)	235,965.	40,559.	28,031.	304,555
	4	Cash prizes				
	5	5 Noncash prizes				
	6	6 Rent/facility costs				
הוו כתר באחתו ומתמ	7	7 Food and beverages				
1		B Entertainment		5,076.	355.	66,437
		Other direct expenses				66,437
		<ul> <li>Direct expense summary. Add lines 4 through</li> <li>I Net income summary. Subtract line 10 from line</li> </ul>				238,118
a	rt	III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		eported more than	
			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
2	1	Gross revenue				
2	2	2 Cash prizes				
2	3	3 Noncash prizes				
	4	Rent/facility costs				
	5	5 Other direct expenses				
	6	S Volunteer labor	└── Yes %	└── Yes %   └── No	Yes % No	
	7	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8	3 Net gaming income summary. Subtract line 7	from line 1, column (d)			
)	Er	nter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes N
b	lf	"No," explain:				
	W	/ere any of the organization's gaming licenses re	voked, suspended, or to	erminated during the tax y	/ear?	Yes N
)a		"Yes," explain:				
	lf					
	lf					

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Schedule G (Form 990) 2023	Catie's Closet, Inc.	27-2531953 Page
11 Does the organization conduc	t gaming activities with nonmembers?	YesI
	peneficiary or trustee of a trust, or a member of a partnership or other er	
	g?	
13 Indicate the percentage of ga	<b>C</b>	
	f the new on who proposes the eventimation's gaming (provid events be	
14 Enter the name and address (	f the person who prepares the organization's gaming/special events bo	oks and records:
Name		
Address		
15a Does the organization have a	contract with a third party from whom the organization receives gaming	revenue? Yes I
	paming revenue received by the organization \$	and the amount
of gaming revenue retained b		
c If "Yes," enter name and add	ess of the third party:	
Name		
Name		
Address		
<b>16</b> Gaming manager information:		
Name		
Coming monoger component		
Gaming manager compensati	on \$	
Description of services provid	ad	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
a Is the organization required u	nder state law to make charitable distributions from the gaming proceed	s to
retain the state gaming licens	€?	
	ons required under state law to be distributed to other exempt organizat	ions or spent in the
organization's own exempt ac Part IV Supplemental In	tivities during the tax year \$ formation. Provide the explanations required by Part I, line 2b, colum	ons (iii) and (v): and Part III lines 9.96.1(
	, as applicable. Also provide any additional information. See instructions	
100, 100, 10, 414 11		<u>.</u>
32083 09-13-23		Schedule G (Form 990) 2
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		Schedule G (Form 990)

SCHED	ULE	Μ
(Form 9	90)	

### **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

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ΖU

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.

Catie's Closet, Inc.

Inspection

Name of	the	organization
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Employer	identification nu
2	7-2531953

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on			•	~
		applicable		Form 990, Part VIII, line		ution an	Journa	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		5,368,81	4.Goodwill -	Thri	.ft	Va
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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 (Audit & Tax Ser)	Х	1	20,00	0.Fair Value			
26	Other (							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828							
			-				Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	oorted in Part I, lines 1 th	rough 28, that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard cont	ributions?	31		Х
32a	Does the organization hire or use third parties of							
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is	checked,			
	describe in Part II.	. (-, ••	,,	,	,			
_								0000

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

Schedule M (Form 990) 2023

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

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(Earm 000)	

Name of the organization



27-2531953

Form 990, Part I, Line 1, Description of Organization Mission:

Catie's Closet, Inc.

Catie's Closet gives children in need life-changing access to clothing

and basic necessities so they can thrive in school and in life.

Form 990, Part VI, Section A, line 2:

Anne-Marie Sousa (BOD President and Founder), Mickey Cockrell (Chief

Executive Officer) and Denise Trombly (Director of Operations) are sisters.

Daniel Bisson (Program Director for Springfield) is the son of Anne-Marie

Sousa and nephew of Mickey Cockrell and Denise Trombly.

Form 990, Part VI, Section B, line 11b:

The Organization's Treasurer, Chief Executive Officer and Director of			
Operations are responsible for overseeing the preparation of IRS Form 990			
(990). The 990 and its supporting schedules were prepared by the public			
accounting firm, Tonneson + Co (Tonneson), responsible for auditing the			
Organization's financial statements. Tonneson's work was based on			
information provided to them during the course of the audit by the			
Organization's accounting department, plus additional work requested			
specific to the 990. The Treasurer, Chief Executive Officer and Director of			
Operations performed a detailed review of the completed 990 and reported			
the results of its review to the Board of Directors. The Board of Directors			
then voted to approve the Form 990.			

Form 990, Part VI, Sect	ion B, Line 12c:
All members of the Boar	d of Directors and management-level employees are
required to disclose ar	nually any existing or potential conflict of
For Paperwork Reduction Act Notice, see t	e Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023
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Schedule O (Form 990) 2023	Page 2		
Name of the organization Catie's Closet, Inc.	Employer identification number 27-2531953		
interest. The Board of Directors may also provide for such corrective			
action as it deems appropriate by reason of a failure to disclose such			
conflict of interest, which may include removal from a position or office.			
Disclosure forms shall be updated annually or sooner if changed			
circumstances require disclosure.			

Form 990, Part VI, Section B, Line 15:

The Board of Directors, in executive session not including the President and Chief Executive Officer, discusses and approves the Chief Executive Officer's salary. They also consider whether the salary would be comparable to other Chief Executive Officer positions at comparable organizations.

Form 990, Part VI, Section C, Line 19: <u>The governing documents, conflict of interest policy, financial statements</u> <u>and Form 990 are immediately made available to the public by calling the</u> <u>Organization's office, walking into the Organization's office or mailing in</u> <u>a request to the Organization. The Form 990 and financial statements are</u> <u>also available through the Massachusetts Attoney General's office/website.</u>

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