Catie's Closet, Inc.

Federal Form 990 Open to Public Inspection Copy

Year: 2022

Extended to November 15, 2023

Return of Organization Exempt From Income Tax

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

Open to Public Inspection

B	heck if	C Name of organization	D Employer identification	cation number
	Addres			
	Name change		27-25319	53
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	 □Final return/	28 Loon Hill Road	978-957-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,290,887.
	Amend	ed Dracut, MA 01826	H(a) Is this a group re	eturn
	Application		for subordinates	? Yes X No
	pendin	same as C above	H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
	Vebsit		H(c) Group exemptio	
			Year of formation: 2010 N	1 State of legal domicile: MA
Pa		Summary	Cabadula	Daga 16
Governance	1 1	Briefly describe the organization's mission or most significant activities: Refer to	schedule o,	rage 46
rna	2	Check this box if the organization discontinued its operations or disposed of i	nore than 25% of its net as	ssets.
OVE.	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
		Number of independent voting members of the governing body (Part VI, line 1b)	4	8
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	18
ĭĭ		Total number of volunteers (estimate if necessary)		385
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
ne	l	Contributions and grants (Part VIII, line 1h)	7,784,302.	6,890,402.
Revenue		Program service revenue (Part VIII, line 2g)	2,494.	2,506.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	555,742.	372,681.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,342,538.	7,265,589.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0,342,330.	7,203,303.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	809,982.	861,830.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per		Fotal fundraising expenses (Part IX, column (D), line 25) 416,579.	-	
ш	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,998,424.	6,015,288.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,808,406.	6,877,118.
	19	Revenue less expenses. Subtract line 18 from line 12	534,132.	388,471.
Net Assets or Fund Balances		·	Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	4,577,081.	5,324,360.
t As	21	Total liabilities (Part X, line 26)	89,854.	448,662.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,487,227.	4,875,698.
	art II	Signature Block		1 1 1 1 1 1 1 1 1 1 1 1 1
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	Tarer has any knowledge.	
C: ~	_	Signature of officer	I Date	
Sig:		Anne-Marie Sousa, President		
пе		Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	1	Heidi E. MacLean Heidi E. MacLean	11/04/23 if self-employ	P00840184
Pre		Firm's name Tonneson & Company, PC	Firm's EIN 0	4-2943536
		Firm's address 401 Edgewater Place, Suite 300		
		Wakefield, MA 01880-6208	Phone no. 78	1-245-9999
May	/ the IF	S discuss this return with the preparer shown above? See instructions	······································	X Yes No
	04 40 4	and LHA For Department, Poduction Act Nation and the congrete instructions		Form 990 (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print Catie's Closet, Inc. 27-2531953 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 28 Loon Hill Road return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 01826 Dracut, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 Denise Trombly The books are in the care of ▶ 28 Loon Hill Road - Dracut, MA 01826 Telephone No. ▶ 978-957-2200 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. **November 15, 2023**, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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.

223841 04-01-22

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Form 8868 (Rev. 1-2022)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	Catie's Closet improves students' school attendance, emotional	
	well-being, grade progression and ultimately, graduation rates	by
	providing in-school access to clothing and basic necessities to	 o
	students who are homeless, living in poverty or low income.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	Yes LAL NO
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total en	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$6 , 228 , 831 • including grants of \$) (Revenue \$)
	To provide an in-school resource of clothing and basic necession	ties to
	students living below the poverty line.	
4b	(Code:) (Expenses \$	1
TD	(Code:) (Expenses a) (nevenue a	,
_		•
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 6,228,831.	
		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
4-	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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

D : 11/	Checklist of Required Schedules (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
C		200		x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
•	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?			3.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	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?		77	1
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	Щ_
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
_	E		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1 b 0			
	Effect the number of Forms with a mineral and applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۰	v	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2022) Catie's Closet, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 18	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		l		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	*			Х
.	to file Form 8282?	7d	7c		21
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g	N/	
h	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 by				
_	sponsoring organization have excess business holdings at any time during the year?	37 / 3	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			
b		10b	1		
11	Section 501(c)(12) organizations. Enter:				
а		11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	/	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	ı	12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	N/A	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
, ,		13b			
С	• • • • • • • • • • • • • • • • • • • •	13c			
14a		100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		
	If "Yes," complete Form 6069.			000	(0055

232005 12-13-22

Form **990** (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	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 approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed MA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d 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 books and records									
	Denise Trombly - 978-957-2200									
	28 Loon Hill Road, Dracut, MA 01826									

Form **990** (2022)

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

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

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

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

		T						ted any current officer, o		(F)
(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
name and the	hours per					than		compensation	compensation	amount of
	week	box, unless person is both an officer and a director/trustee)						from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din	يو			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		9	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ualtr	ional		yoldı	t com	L	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Denise Trombly	50.00	=	=	3		T 00	ш.			
Director of Operations		1			x			97,547.	0.	18,857
(2) Mickey Cockrell	50.00							21,75211		
Chief Executive Officer		1			х			99,988.	0.	9,698
(3) Anne-Marie Sousa	5.00									, , , , ,
President		x		х				0.	0.	0
(4) Lynne Baril	2.00									
Vice Chair		x		Х				0.	0.	0
(5) Laura Bisson	2.00									
Treasurer		X		Х				0.	0.	0
(6) Rebecca Gilding	2.00									
Secretary		Х		Х				0.	0.	0
(7) Katie Belanger	2.00									
Director		X						0.	0.	0
(8) Al Doyle	2.00									
Director		Х						0.	0.	0
(9) Melissa Herman	2.00									
Director		Х						0.	0.	0
(10) Robin Seidman	2.00									
Director		Х						0.	0.	0
		1								
		_								
		<u> </u>		_		<u> </u>				
		4								
		_			_		\vdash			
		4								
	1	_					\vdash			

Form 990 (2022)

Name and title Average hours per week Dist any Dist per week Dist per w	Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ighe	st C	Compensated Employe	es (continued)	 ,			
Nourie of the componentation of the compon		(A)	(B)							(D)	(E)			(F)	
Total number of individual firsted on line 1s, is the sum of reportable compensation from the organization such as the sub-individual first do nine 1s, is the sum of reportable compensation and outlier compensation from the organization such as the sub-individual first elements and related organizations. Complete Schedule 1st organization Compensation Co		Name and title	1	(do					one	Reportable	Reportable		Es	stimate	∍d
Description Part				box	, unle	ss pe	erson	is bot	h an	· ·		1	ar		
Nour For For a proper For the companies For a proper For				_	ou al			5.7 a uS					_		
1b Subtotal 197,535 0 28,555 c Total from continuation sheets to Part VII, Section A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				irecto							_			•	
1b Subtotal 197,535 0 28,555 c Total from continuation sheets to Part VII, Section A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1	e or d	tee			sated		_	,	,0/			
1b Subtotal 197,535 0 28,555 c Total from continuation sheets to Part VII, Section A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			organizations	truste	al trus		ee/	mpen		,	10001120)		_		
1b Subtotal 197,535 0 28,555 c Total from continuation sheets to Part VII, Section A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			below	idual	ution	 	mplo	est co oyee	e	,					
1b Subtotal 197,535 0. 28,555 c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 28,555 c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 28,555 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is ray former officer, director, trustee, key employee, or highest compensated employee on line 1a? If Y'es," complete Schedule J for such individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and other compensation from the organization and related organization greater than \$150,000 of If Yes, complete Schedule J for such individual and related to the organization of If Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from within the organization is tay year. (A) Name and business address NONE 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization from the organization from the organization of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of services or compensation from the organization of services or compensati			line)	Indiv	Instit	Office	Key e	High	P. M.						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)				1											
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)				1											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	1b	Subtotal	1					<u> </u>		197,535.		0.	2	8,5	55.
Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Bescription of services Compensation Compensation for the calendar year ending with or within the organization or services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		Total from continuation sheets to Part V	II Section A												
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No													2	8.5	
compensation from the organization Yes No											0.000 of reportable				
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line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Bescription of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization.		on periodicin and organization												Yes	No
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual A	_		•	-	•		•		_	•	•	- 1	3		Х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 V Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of compensation from the organization. 4 V X Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	4											·····			
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rendered to the organization? If "Yes," complete Schedule J for such person	5	9			•						idual for services	·····	•		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (Compensation) Name and business address NONE (Description of services (Compensation) Description of services (Compensation) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization (Compensation)	Ū	* *	-				-			-		- 1	5		Х
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (Compensation) Name and business address (C) (Compensation) Pescription of services (C) (Compensation) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization (C)	Sec		prote Corrodar		0, 0,	3011	porc								
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Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0			ino calendar y	- Cui	<u> </u>	<u>g</u> .		0. 11	Ī		y our.		10	<u>.,</u>	
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\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization									\dashv						
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization	2	Total number of independent contractors (ncludina but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
								_		,					
													Form	990 (2022)

Ра	rt V	<u> </u>						
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f g h a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f All other program service revenue	Business Code	6,890,402.			sections 512 - 514
			Total. Add lines 2a-2f					
	3 4 5	<u>y</u>	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties.	est, and proceeds	2,506.			2,506.
<u>o</u>		b c	Gross rents 6a	(ii) Personal				
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
Revenue			Gain or (loss) 7c					
Other R	8		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
		С	Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events	226,906.	201,608.			201,608.
	9	b	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities					
	10	a b	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b	+				
		С	Net income or (loss) from sales of inventory	T				
Miscellaneous Revenue	11	а	Closet fees	Business Code 90009	145,750.	145,750.		
ane			Other income	900099	25,323.	25,323.		
cell.		С						
Mis			All other revenue		484 080			
		е	Total. Add lines 11a-11d		171,073.	171 072		204 114
	12		Total revenue. See instructions		7,265,589.	171,073.	0.	204,114.

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	Check if Schedule O contains a respon 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				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	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	109,687.	10,969.	43,875.	54,843
6	Compensation not included above to disqualified	,		<i>'</i>	, , , , , , , , , , , , , , , , , , ,
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	612,851.	448,539.	62,959.	101,353
8	Pension plan accruals and contributions (include		-		<u> </u>
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	71,828.	51,551.	11,114.	9,163
10	Payroll taxes	67,464.	43,397.	9,744.	14,323
11	Fees for services (nonemployees):		-		·
а					
b		6,149.		6,149.	
С		20,000.		20,000.	
d	Lobbying				
е	D (' 1(1 ' ' ' ' O D ' N ' ' ' 47				
f	Investment management fees				
g	// (II)				
	column (A), amount, list line 11g expenses on Sch O.)	107,220.		505.	106,715
12	Advertising and promotion	112,724.	12,656.		100,068
13	Office expenses	92,435.	44,076.	34,382.	13,977
14	Information technology				
15	Royalties				
16	Occupancy	215,683.	194,115.	21,568.	
17	Travel	2,488.		2,488.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	17.	17.		
21	Payments to affiliates	00.000	00.000		
22	Depreciation, depletion, and amortization	23,883.	23,883.	4 060	
23	Insurance	21,066.	16,798.	4,268.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	F 200 CCC	F 200 CCC		
а	Clothing and Toiletries	5,209,666.	5,209,666.		
b	Location Set Up Costs	125,098.	125,098.	10.000	16 100
С	Miscellaneous Expenses	42,487.	13,450.	12,900.	16,137
d	Repairs and Maintenance	26,824.	26,824.	1 756	
	All other expenses	9,548.	7,792.	1,756.	/1C FB^
25	Total functional expenses. Add lines 1 through 24e	6,877,118.	6,228,831.	231,708.	416,579
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (2022

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			159,711.	1	271,879.
	2	Savings and temporary cash investments			894,807.	2	952,312.
	3	Pledges and grants receivable, net			10,000.	3	60,000.
	4	Accounts receivable, net		154,068.	4	191,151	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,243,883.	8	3,466,854.
Ä	9	Prepaid expenses and deferred charges			33,697.	9	18,472.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	159,088.	55,915.	10c	32,032.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	25,000.	15	331,660.		
	16	Total assets. Add lines 1 through 15 (must equ			4,577,081.	16	5,324,360.
	17	Accounts payable and accrued expenses		20,414.	17	45,144.	
	18	Grants payable		18			
	19	Deferred revenue			45,250.	19	89,750.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for	mer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
iab		controlled entity or family member of any of the	se pers	ons		22	
_	23	Secured mortgages and notes payable to unre	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24	. Complete Part X			
		of Schedule D			24,190.	25	313,768.
	26	Total liabilities. Add lines 17 through 25			89,854.	26	448,662.
G		Organizations that follow FASB ASC 958, ch	eck her	e X			
Š		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			4,217,227.	27	4,165,503. 710,195.
Ä	28	Net assets with donor restrictions			270,000.	28	710,195.
Š		Organizations that do not follow FASB ASC	958, ch	eck here			
F.		and complete lines 29 through 33.					
ts 0	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or e			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	4 055 466
Se	32	Total net assets or fund balances		4,487,227.	32	4,875,698.	
	33	Total liabilities and net assets/fund balances			4,577,081.	33	5,324,360.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		7,26		
2	Total expenses (must equal Part IX, column (A), line 25)	2 (5,87		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 4	1,48	7,2	<u> 27.</u>
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	1,87	5,6	<u>98.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	, , , , , , , , , , , , , , , , , , , ,		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			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?				
_	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	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		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(2.2.5.
			Form	99U ((2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Catie's Closet, Inc. 27-2531953 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. 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 complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020(d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % **14** Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2022

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

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

Se	qualify under the tests listed be ction A. Public Support	elow, please compl	ete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(I) TOTAL
'	membership fees received. (Do not						
	include any "unusual grants.")	4,393,877.	6,593,932.	7,966,750.	7,961,316.	7,087,010.	34,002,885.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,000,077.	0,050,502.	7,300,730.	,,501,510.	,,007,010.	51,002,005.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4,393,877.	6,593,932.	7,966,750.	7,961,316.	7,087,010.	34,002,885.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						34,002,885.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	4,393,877.	6,593,932.	7,966,750.	7,961,316.	7,087,010.	34,002,885.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,920.	3,710.	3,005.	2,494.	2,506.	16,635.
ŀ	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	4,920.	3,710.	3,005.	2,494.	2,506.	16,635.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		,,,_,,	3,000	_,		
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.)	4,398,797.	6,597,642.	7,969,755.	7,963,810.	7,089,516.	34,019,520.
14	First 5 years. If the Form 990 is for th	e organization's fire	st, second, third, fo	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (li	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	99.95 %
16	Public support percentage from 2021	Schedule A, Part I	II, line 15			16	99.95 %
<u>Se</u>	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	22 (line 10c, colum	n (f), divided by lin	e 13, column (f)) .		17	.05 %
	Investment income percentage from 2					18	.05 %
19	a 33 1/3% support tests - 2022. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 1	
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						and X
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
_			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
-	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	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		
Sect	ion 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 yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

27-	25	31	95	3	Page 6
_ ′		~ -	_	_	i auc u

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	iizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section 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 Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2022

	rt V Type III Non-Functionally Integrated 509		nizationa		1-2531953 Page
	ion D - Distributions	(a)(3) Supporting Orga	anizations _{(continu}	ued) 	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt nurnaeae		1	Ourient real
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			'	
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	·c	3	
4	Amounts paid to acquire exempt-use assets	es of supported organization	5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	vide details in Part VI		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in Fait Vij		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	<u> </u>	-	
Ü	(provide details in Part VI). See instructions.	ne organization is responsive	•	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Line o amount divided by line 3 amount	(i)	(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Expense from 2000				

Schedule A (Form 990) 2022

e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Catie's Closet, Inc.

Employer identification number 27-2531953

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	·		
Da	impermissible private benefit?			
Pa			" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	` '		
	Preservation of land for public use (for example, recreation			orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	ition in the form of a c	onservation easement on the last Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included in (c) acquired af	•		
2	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or to	erminated by the orga	nization during the tax
4	year Number of states where property subject to conservation ease	oment is located		
5	Does the organization have a written policy regarding the period		on handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	otali and volunteer neare devoted to monitoring, inspecting, in	arraning or violations, arr	a cincioning conservat	ion oddornomo daning the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enf	orcina conservation e	asements during the year
	3,		g	g ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>
	mn			<u> </u>
2	If the organization received or held works of art, historical treas	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	collections of Ar	t Hiet	orical Tr	ASSIIFAS	or Other	Similar /	Seets/conti	nuod)	uge -
3	Using the organization's acquisition, access		-						iueu)	
3	collection items (check all that apply):	on, and other records	s, check	carry or trie	iollowing thi	at make sig	illicant use	OFILS		
_	Public exhibition		П.	000 01 010	hanaa neaae					
a		u			hange progr					
b	Scholarly research	е		Other						
C 1	Preservation for future generations	allastians and avalain	how th	ov further t	ha araani - at	ion'o avam	* n	n Dort VIII		
4	Provide a description of the organization's c							n Part XIII.		
5	During the year, did the organization solicit of									٦
Dar	to be sold to raise funds rather than to be m							Yes		_ No
ı aı	reported an amount on Form 990, Pa		te ii trie	organizatio	n answered	res on F	omi 990, Pa	irt iv, iirie 9, o	J	
10	Is the organization an agent, trustee, custod		ion, for	contribution	o or other o	acata nat in	oludod			
ıa								Yes		ПМА
L	on Form 990, Part X?							L		_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able.				Amoun	+	
_	Paginning halance						10	74110411		
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f 20	Ending balance							Yes	$\overline{}$	No
	-					-		•••		7 N
	t V Endowment Funds. Complete									
. u.	21 Zindowinom Paridor Complete	(a) Current year		rior year				back (e) Fou	r vears	back
12	Beginning of year balance	(, ,	(/-	··-· ,	(-, ,		, ,	1 (-7		
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance									
	Provide the estimated percentage of the cur	rent vear end balance	e (line 1	a column (a	a)) held as:	L		I		
	Board designated or quasi-endowment	ione your one balance	%	9, 00,01,11,	2)) 11014 40.					
	Permanent endowment	%								
		<u></u> ` %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	tion tha	t are held a	nd administ	ered for the				
	organization by:	J							Yes	No
	o ,							3a(i)		
	(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii)									
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere		, Part IV	/, line 11a. S	See Form 99	0, Part X, lir	ne 10.			
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Acc	umulated	(d) Boo	k valu	ie
	,	basis (investm			(other)		ciation	','	_	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land						
b	Buildings						
С	Leasehold improvements		3,718.	3,718.	0.		
d	Equipment		77,901.	61,272.	16,629.		
e	Other		109,501.	94,098.	15,403.		
Tota	fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2022

Part VII	Investments -	Other	Securities.

Tart VIII III VCCaricito Caraci Coccariaco.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 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)		

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

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Deposit	25,000.
(2) Right of Use Asset - Operating Leases	306,660.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	331,660.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income		
(2) Operatin	g Lease Liabilities	313,768.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must	equal Form 990, Part X, col. (B) line 25.)	313,768.

^{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... X

Schedule D (Form 990) 2022

chedule D	(Form 990) 2022	Catie's	Closet,	Inc.		27-2531953	Page 4
Part XI	Reconciliation of	Revenue p	er Audited F	inancial	Statements With Revenue per I	Return.	
	Complete if the organize	zation answered	d "Yes" on Form	990, Part	IV, line 12a.		

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	7,290,887.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d	2e	25,298.		
3	Subtract line 2e from line 1			3	7,265,589.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,265,589.
<u> </u>	WILL Decembrication of Functions were Applied Financial Obstance	14	Cal. F	1	

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	0,902,410.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	25,298.		
е	Add lines 2a through 2d			2e	25,298.
3	Subtract line 2e from line 1			3	6,877,118.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	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	6,877,118.

| Part 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 and determines the measurement of uncertain tax positions considering the amounts and probabilities of the outcomes that could be realized upon ultimate settlement with taxing authorities. As of December 31, 2022, 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

25,298.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Catie's	Closet, Inc.				27-2531	953
Part I Fundraising Activities	Complete if the organization answer	ered "\	'es" o	n Form 990, Part IV,		
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	sed funds through any of the following set of the solicitary of the following set of the solicitary of	tion of tion of fundra I (inclu	non-g gover aising ding o ional t	overnment grants rnment grants events officers, directors, tru fundraising services	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-		
Total	1	1	I			
List all states in which the organization or licensing.	on is registered or licensed to solicit			I s or has been notifie	I d it is exempt from re	I egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Schedule	G (Form 990) 2022

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

		of fundraising event contributions and gr	oss income on Form 990		events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				Holiday		(add col. (a) through
			Field Trip	Appeal	3	col. (c))
Ф			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	109,965.	35,858.	81,083.	226,906.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	109,965.	35,858.	81,083.	226,906.
	4	Cash prizes				
se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,803.	6,139.	6,356.	25,298.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			25,298.
_		Net income summary. Subtract line 10 from I				201,608.
Ра	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Tatal manaina (a dal
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(, 9 (,
Ä	1	Gross revenue				
S	2	Cash prizes				
nse						
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line 7	from line 1, column (a)			
9	Fnt	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a	_	states?		Yes No
b If "No," explain:						
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain:				

Schedule G (Form 990) 2022 232082 10-27-22

Schedu	ule G (Form 990) 2022 Catle's Closet, Inc. 27	-253.	1953	Page 3
11 Do	pes the organization conduct gaming activities with nonmembers?		Yes	□ No
	the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	administer charitable gaming?		Yes	☐ No
	dicate the percentage of gaming activity conducted in:			
	ne organization's facility	13a	.1	%
			+	//
	n outside facility	131	'	70
14 En	nter the name and address of the person who prepares the organization's gaming/special events books and records:			
Na	ame			
Ac	ddress			
			1	
15a Do	pes the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
b If '	"Yes," enter the amount of gaming revenue received by the organization \$ and the amount	t		
of	gaming revenue retained by the third party \$			
	"Yes," enter name and address of the third party:			
	· · · · · · · · · · · · · · · · · · ·			
Na	ame			
140				
۸۵	Nakana .			
AC	ddress			
16 Ga	aming manager information:			
Na	ame			
Ga	aming manager compensation \$			
De	escription of services provided			
_				
_				
Γ	Director/officer Employee Independent contractor			
	Employee Employee			
17 M	andstan distributions			
	andatory distributions:			
	the organization required under state law to make charitable distributions from the gaming proceeds to		1.,	□
	tain the state gaming license?		Yes	└── No
	nter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
	ganization's own exempt activities during the tax year \$			
Part I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III,	lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	Catie's Closet,	Inc.	27-2531953 Page 4
Part IV	Supplemental Info	Catie's Closet, ormation (continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Employer identification number

Name of the organization Catie's Closet, Inc. 27-2531953 Part I **Types of Property** (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q 1 Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 X 5,180,208.Goodwill - Thrift Va 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 20,000.Fair Value (Audit & Tax Ser) 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

232141 09-09-22

Schedule M (Form 990) 2022

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

201730_1

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Catie's Closet, Inc.

Employer identification number 27 – 2531953

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

Catie's Closet improves students' school attendance, emotional

well-being, grade progression and ultimately, graduation rates by

providing in-school access to clothing and basic necessities to

students who are homeless, living in poverty or low income.

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, Section B, Line 12c:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization

Catie's Closet, Inc.

Employer identification number 27-2531953

All members of the Board of Directors and management-level employees are required to disclose annually any existing or potential conflict of 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:

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