Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

| _ | | | | | | | | | | | |
|----------------------|--|---------------------|---|------------------------------|-------------------------|-----------------------|------------------|------------------|---------------|-------------------|--------------|
| Α | For the | 2022 calend | dar year, or tax year beg | nning | 07 | -01 , 2022 , a | nd end | ng | 0 | 6-30 ,20 | 023 |
| В | Check if a | pplicable: | C Name of organization S | T. JOSEPH THE | WORKER | | | | D Emp | loyer identifica | ation number |
| | Address c | change | Doing business as | | | | | | | 86-060 | 0437 |
| | Name cha | ange | Number and street (or P.O. b | oox if mail is not delivered | to street address) | | Room/su | ite | E Telep | hone number | |
| | Initial retu | rn | PO BOX 13503 | | | | | | | (602)2 | 23-3464 |
| | Final retur | rn/terminated | City or town, state or province | e, country, and ZIP or fore | eign postal code | | | | G Gros | s receipts | |
| | Amended | return | PHOENIX, AZ 8 | 5002 | | | | | \$ | | 5,960,940 |
| | Applicatio | n pending | F Name and address of princip | al officer: | | | | H(a) Is this a g | roup return | for subordinates? | Yes X No |
| | | | | | | | | H(b) Are all s | subordinat | es included? | Yes No |
| ı | Tax-exem | pt status: | 501(c)(3) 501(c) (|) (insert no.) | 4947(a)(1) or | 527 | | If "No," | attach a li | st. See instruct | ions |
| J | Website: | | N.SJWJOBS.ORG | | | | | H(c) Group e | exemption | number | |
| K | Form of o | rganization: X | Corporation Trust A | ssociation Other | | L Year of format | ion: 19 8 | 39 м s | State of le | gal domicile: | AZ |
| Pa | rt I | Summar | ry | | | | | | | | |
| | 1 | Briefly descr | ribe the organization's mis | sion or most signific | ant activities: JO | B PLACEMEN | T AND | AFTERC | ARE S | ERVICES | TO POOR |
| | | AND HOME | ELESS INDIVIDUALS | | | | | | | | |
| Governance | | | | | | | | | | | |
| Ja Ja | | | | | | | | | | | |
| Š | 2 | Check this b | oox [] if the organization | discontinued its ope | erations or disposed | of more than 25 | 5% of its | net assets. | | | |
| | 3 | Number of v | oting members of the gov | erning body (Part V | I, line 1a) | | | | 3 | | 13 |
| οğ | 4 | Number of ir | ndependent voting membe | ers of the governing | body (Part VI, line 1 | b) | | | 4 | | 13 |
| itie | 5 | Total numbe | er of individuals employed | in calendar year 202 | 22 (Part V, line 2a) | | | | 5 | | 54 |
| Revenue Activities & | 6 | Total numbe | er of volunteers (estimate i | f necessary) | | | | | 6 | | |
| | 7a | Total unrelat | ted business revenue fron | n Part VIII, column (0 | C), line 12 | | | | 7a | | 0 |
| | b | Net unrelate | ed business taxable incom | e from Form 990-T, | Part I, line 11 | | | | 7b | | 0 |
| | | | | | | | | Prior Year | | Cur | rent Year |
| | 8 | Contributions | s and grants (Part VIII, lin | e 1h) | | | | 4,099 | ,437 | | 5,411,297 |
| | 9 | Program ser | rvice revenue (Part VIII, li | ne 2g) | | | | 986 | ,672 | | 527,712 |
| | 10 | Investment in | ncome (Part VIII, column | (A), lines 3, 4, and 7 | d) | | | | 627 | | 1,559 |
| ₽, | 11 | Other revenu | ue (Part VIII, column (A), I | ines 5, 6d, 8c, 9c, 10 | Oc, and 11e) | | | (13 | ,723 | | (11,455) |
| | 12 | Total revenu | ue - add lines 8 through 11 | (must equal Part VI | II, column (A), line 1: | 2) | | 5,073 | ,013 | | 5,929,113 |
| | 13 | Grants and s | similar amounts paid (Par | IX, column (A), line | s 1-3) | | | | | | 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | | | | | 0 |
| | 15 | Salaries, oth | ner compensation, employe | ee benefits (Part IX, | column (A), lines 5-1 | 10) | | 1,836 | ,713 | | 2,415,911 |
| Expenses | 16a | Professional | I fundraising fees (Part IX | , column (A), line 11e | e) | | | | | | 0 |
| ĕ | b | Total fundrai | ising expenses (Part IX, c | olumn (D), line 25) | | 244,424 | | | | | |
| Ä | 17 | Other expen | nses (Part IX, column (A), | lines 11a-11d, 11f-24 | 4e) | | | 2,570 | ,909 | | 3,740,644 |
| | 18 | Total expens | ses. Add lines 13-17 (mus | st equal Part IX, colu | ımn (A), line 25) . | | | 4,407 | ,622 | | 6,156,555 |
| | 19 | Revenue les | ss expenses. Subtract line | e 18 from line 12 . | | | | 665 | ,391 | | (227,442) |
| 5 | g | | | | | | Begi | nning of Curre | ent Year | Enc | d of Year |
| Net Assets or | 20 | Total assets | (Part X, line 16) | | | | | 2,788 | ,284 | | 2,069,834 |
| Ass | 21 | Total liabilitie | es (Part X, line 26) | | | | | 1,289 | ,349 | | 798,341 |
| _ <u>¥</u> | 22 | Net assets of | or fund balances. Subtrac | t line 21 from line 20 |) | | | 1,498 | ,935 | | 1,271,493 |
| Pa | rt II | Signatu | ıre Block | | | | | | | | |
| | | | eclare that I have examined this re eclaration of preparer (other than o | | | | of my know | wledge and bel | ief, it is | | |
| | , 00.11001, 0 | and complete. Bo | relation of property (outer than t | | a.c.r or winer proparer | ido dily ililomicago. | | | | | |
| ٠. | | Carr | ie Masters | | | | | | L | | |
| Sig | n | Signature of office | icer | | | | | | Da | ate | |
| He | re | Carr | ie Masters, CHIE | F EXECUTIVE C | FFICER | | | | | | |
| | | Type or print nar | me and title | | | | | | | | |
| | | Print/Type pre | eparer's name | Preparer's signature | | Date | | Check | if | PTIN | |
| Pai | | Robert | Snyder | Robert Snyde | er | 01-08-20 | 24 | self-em | ployed | P0123 | 30612 |
| Pre | parer | Firm's name | SNYDER | & BROWN, CPAS | S, PLLC | | F | irm's EIN | | | |
| Us | e Only | Firm's addres | ss 3933 S | MCCLINTOCK DE | RIVE SUITE 50 | 5 | F | hone no. | | | |
| | | | Tempe A | Z 85282 | | | | | 480- | 339-714 | |
| May | the IP | S discuss this | return with the preparer s | shown above? See i | netructions | | | | | | Ves X No |

| Pai | rt III | Statement of Program | m Service Accom | plishments | | | | |
|-----|-----------|---|-------------------------|---------------------------|-------------------------|--------------------|----------|---------------|
| | | Check if Schedule O contain | | any line in this Part I | II | | | <u>x</u> |
| 1 | • | describe the organization's mis | | | | | | |
| | JOB | PLACEMENT AND AFTERO | CARE SERVICES TO | POOR AND HOM | ELESS INDIVIDU | JALS | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 | Did th | e organization undertake any si | gnificant program servi | ces during the year w | hich were not listed or | n the | | |
| | prior F | Form 990 or 990-EZ? | | | | | 🗌 Y | ′es 🗴 No |
| | If "Yes | s," describe these new services | on Schedule O. | | | | | |
| 3 | | e organization cease conducting | | - | | | | |
| | | es? | | | • • • • • • • • • • | | 🗷 Y | ′es |
| | | s," describe these changes on S | | la fan a a heaf lia dhear | | | 41 | |
| 4 | | ibe the organization's program ses. Section 501(c)(3) and 501 | · | | | | • | |
| | | tal expenses, and revenue, if an | | | e amount of grants and | a allocations to o | uleis, | |
| | li ie toi | iai expenses, and revende, ii an | y, for each program ser | vice reported. | | | | |
| 4a | (Code | :) (Expenses | \$ 5,586,500 | including grants of | \$ |) (Revenue | \$ | 527,712) |
| | SJW | OFFERS LONG-TERM SUF | | | | HAND UP IN | GAINING | AND |
| | MAIN | TAINING STABLE EMPLO | YMENT. LAST FY | , SJW ASSISTED | 6,216 CLIENTS | GAIN QUAL | ITY EMPL | OYMENT THEY |
| | CAN | TAKE DIGNITY IN. THE | ESE CLIENTS EAR | NED ON AVERAGE | \$17.02/HOUR A | AND 80% WER | E OFFERE | D BENEFITS |
| | | THEIR RESPECTIVE EM | | | | | | |
| | | HE CORE. BY CARVING | | AY, WE ARE ENS | SURING THAT OUR | R CLIENTS H | AVE THE | INCOME NEEDED |
| | TO L | EAD A SUSTAINABLE LI | .fE. | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4b | (Code | :) (Expenses | \$ | including grants of | \$ |) (Revenue | \$ |) |
| | | | | | | | | |
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| | - | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 4c | (Code | :) (Expenses | \$ | including grants of | \$ |) (Revenue | \$ |) |
| | | | | | | | - | |
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| | | | | | | | | |
| | | | | | | | | |
| 4d | | program services (Describe on | , | | | | | |
| | | nses \$ | including grants of | |) (Revenue \$ | |) | |
| 4e | Total | program service expenses | 5,586 | ,500 | | | | |

86-0600437

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 <i>Schedule B, Schedule of Contributors</i> ? 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 | | v |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 3 | | Х |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| • | complete 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 | | 77 |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | Х |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | Λ |
| • | VII, VIII, IX, or X as applicable. | | | |
| а | | | | |
| | complete Schedule D, Part VI | 11a | x | |
| 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 | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| e | | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | x | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 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 | 40 | | |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 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 | | v |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | '' | | Х |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | x | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| - | If "Yes," complete Schedule G, Part III | 19 | | x |
| 20 a | | 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 |

| Form Par | | 0600437 | F | Page (|
|-----------------|---|---------|-----|--------|
| rai | Checklist of Required Schedules (continued) | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 163 | 140 |
| | 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? | | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete 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 or 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, | | | |
| 20 | Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| 2 | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| а | "Yes," complete Schedule L, Part IV | 28a | | v |
| h | | | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | |
| 20 | "Yes," complete Schedule L, Part IV | | H | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| 0.4 | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note : All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 11 | | |

| | | | | | res | NO |
|----|--|----|----|----|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 11 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | |
| | reportable gaming (gambling) winnings to prize winners? | | | 1c | x | |

| Form | 990 (2022) ST. JOSEPH THE WORKER | 86-06004 | 37 | Р | age ! |
|---------|--|---------------|-----|-----|----------|
| Par | rt 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 54 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over | , | | | ĺ |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . | | 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 Accounts (FBA | AR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | х |
| b | $ \begin{tabular}{ll} Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? \\ \end{tabular}$ | | 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 | | | | |
| | organization solicit 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 contributions or | | | | ĺ |
| | gifts were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | |
| | and services provided to the payor? | | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | required to file Form 8282? | | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re- | - | 7g | | - |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . | • • • • • • • | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | _ | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | • • • • • • • | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | • | 10a | | | |
| b | | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | - | 1a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 141- | | | |
| 12a | | 1b | 12a | | |
| | | 2b | 128 | | |
| b 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12U | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | | 134 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | |
| | , , , , , , , , , , , , , , , , , , , | 3b | | | |
| С | | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | х |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i> | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | |
| - | excess parachute payment(s) during the year? | | 15 | | 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 any disqualified or other person engage in any activities | ; | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes," complete Form 6069. | | | | |

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 in Schedule O. See instructions.

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

| Se | ction A. Governing Body and Management | | | |
|----------|--|------------|---------------|----|
| | <u> </u> | | 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 in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х |
| 6 | Did the organization have members or stockholders? | 6 | | х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | 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 Q | 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 | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 401 | | |
| 44- | 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 120 | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 120 | | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a 12b | X | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 120 | X | |
| С | describe on Schedule O how this was done | 12c | x | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | x | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 1.7 | Λ | |
| . • | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | x | |
| 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 | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 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) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | ☐ Own website ☐ Another's website ☐ 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 financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records. | | | |

CARRIE MASTERS (602)223-3464, PO BOX 13503, PHOENIX, AZ 85002

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

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

| | , , , | | _ | | | | | · · · · · · · · · · · · · · · · · · · | | |
|-------------------------|---------------------|--|-----------------------|--------|--------------|------------------------------|--------------|---------------------------------------|----------------------------------|-----------------------|
| | | | | (| (C) | | | | | |
| (A) | (B) | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | (D) | (E) | (F) | | |
| Name and title | Average | | | | | Reportable Reportable | | Estimated amount | | |
| | hours | | | | | compensation | compensation | of other | | |
| | per week | | | | | | | from the organization (W-2/ | from related organizations (W-2/ | compensation from the |
| | (list any hours for | or d | Inst | Office | Key | Hig | Former | 1099-MISC/ | 1099-MISC/ | organization and |
| | related | lirect | itutio | cer | emp | hest | mer | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations | or director | Institutional trustee | | Key employee | com | | | | |
| | below | stee | ruste | | Õ | pens | | | | |
| | dotted line) | | ď | | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (1) LAUREN MERDINGER | 4. 00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (2) NICK MORRISON | 4. 00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (3) MELODY CLINE-VALDES | 4.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (4) JUANA HERNANDEZ | 4. 00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (5) KELLY GEARY | 4. 00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (6) SARAH FLUKE | 4. 00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (7) JUAN_KINGSBURY | 4. 00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (8) KRISTIE THOMPSON | 4.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (9) RICK DEBRUHL | 4. 00 | | | | | | | | | |
| VICE-CHAIR | | X | | Х | | | | 0 | 0 | 0 |
| (10)RITTA_FAGAIN | 4. 00 | | | | | | | | | |
| BOARD CHAIR | | X | | Х | | | | 0 | 0 | 0 |
| (11)KARL_JOHNSON | 4.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0 | 0 | 0 |
| (12)BRIAN_COLE | 4. 00 | | | | | | | | | |
| GOVERNANCE CHAIR | | Х | | Х | | | | 0 | 0 | 0 |
| (13)GARTH_STEVENS | 4. 00 | | | | | | | | | |
| SECRETARY | | Х | | х | | | | 0 | 0 | 0 |
| (14)CARRIE MASTERS | 40.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | | | | Х | | | | 0 | 0 | 0 |
| EE A | | | | | | | | | | Form 000 (2022) |

| | 90 (2022) ST. JOSEPH THE WO | | | | | | | | | | 00437 | Pag | |
|--------------|--|---|-----------------------------------|-----------------------|--------------|--------------|-----------------------------------|--------|--|--|------------|---|----------|
| Part | VII Section A. Officers, Directors, T | rustees, l | Key E | Emp | | | s, ar | nd F | lighest Comp | ensated Em | ployees | (continu | ed) |
| | (A) Name and title | (B) Average hours per week | box, | unles | Po: eck m | rson is | han one s both ai /trustee) | n | (D) Reportable compensation from the organization (W-2/ | (E) Reportable compensation from related organizations (W-2 | cc | (F) mated amoun of other empensation from the | t |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | orga | anization and ad organizatio | |
| FORM | ENT E DOWNS ER CHIEF EXECUTIVE OFFICER | 40.00 | | | x | | | | 0 | (| 0 | ı | 0_ |
| <u>(17)</u> | | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1b c d | Subtotal | ion A . | | | | | | | 0 | | 0 | | 0 |
| 2 | Total number of individuals (including but not limit reportable compensation from the organization | | | | | | | | ore than \$100,000 | 1 | - | | 0 |
| 3 | Did the organization list any former officer, direc | etor, trustee. | kev em | volar | /ee. | or h | iahest | t con | npensated | | | Yes N | lo |
| 4 | employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sum of re | le J for such | individ | lual . | | | | | | | . 3 | х | : |
| | organization and related organizations greater th | an \$150,000 |)? If "Y | 'es," | con | nplei | te Sch | edul | le J for such | | . 4 | x | • |
| 5 | Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes | compensation | n from | any | unr | elate | ed org | aniza | ation or individual | | | x | |
| Secti | on B. Independent Contractors | s, complete | oonea | uic o | , 101 | 000 | ii porc | ,011 | | <u> </u> | . 0 | 1 2 | <u> </u> |
| 1 | Complete this table for your five highest compensa | | | | | | | | | | | | |
| | compensation from the organization. Report comp (A) | ensation for | tne cai | enda | ar ye | ear e | enaing | with | or within the orgai | nization's tax yea | ar. (C) | | — |
| | Name and business addres | SS | | | | | | | Description of service | ces | Compen | | |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | _ |
| 2 | Total number of independent contractors (includin received more than \$100,000 of compensation fro | - | | | e lis | ited a | above |) who | 0 | | | | |

Form 990 (2022) ST. JOSEPH THE WORKER 86-0600437

Part VIII Statement of Revenue

| | | Check if Schedule O co | ontains a respons | e or n | ote to any line in this | s Part VIII | | | |
|---|-----|--------------------------------------|-------------------|--------|-------------------------|----------------------|--|--------------------------------------|--|
| | | | · | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| | 1a | Federated campaigns . | | 1a | 44,024 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | 1b | | | | | |
| ants ınts | С | Fundraising events | | 1c | 220,478 | | | | |
| ָם מַפֿ | d | Related organizations 1d | | | | | | | |
| ifts ar A | е | Government grants (contr | ributions) | 1e | 2,927,678 | | | | |
| S, G | f | All other contributions, gif | fts, grants, | | | | | | |
| rion Si | | and similar amounts not in | ncluded above | 1f | 2,219,117 | | | | |
| g g | g | Noncash contributions inc | cluded in | | | | | | |
| ont | | lines 1a-1f | | 1g | \$ 239,061 | | | | |
| | h | Total. Add lines 1a-1f | | | | 5,411,297 | | | |
| | | | | | Business Code | | | | |
| O | 2a | STEP UP PROGRAM | | | 561300 | 527,712 | 527,712 | | |
| Program Service Revenue | b | | | | | | | | |
| Ser | С | | | | | | | | |
| yram Serv Revenue | d | | | | | | | | |
| .0g | e | | | | | | | | |
| Ē | | All other program service | | | | | | | |
| | | Total. Add lines 2a-2f . | | | | 527,712 | | | |
| | 3 | Investment income (includi | | | | 1 | | | 1 550 |
| | | other similar amounts) . | | | - t | 1,559 | | | 1,559 |
| | | Income from investment of | • | • | - t | | | | |
| | 5 | Royalties | | | | | | | |
| | 6- | Cross routs | (i) Real | | (ii) Personal | | | | |
| | | Gross rents | | | | | | | |
| | | Less: rental expenses | | | | | | | |
| | | Rental income or (loss) | 6c | | | | | | |
| | | Net rental income or (loss) | | | (") Other | | | | |
| | 7a | Gross amount from | (i) Securitie | es | (ii) Other | | | | |
| | | sales of assets other than inventory | 7a | | | | | | |
| | h | Less: cost or other basis | 1a | | | | | | |
| • | " | and sales expenses | 7b | | | | | | |
| evenue | | Gain or (loss) | | | | | | | |
| eve | | Net gain or (loss) | | | | | | | |
| Other Re | | Gross income from fundra | | · 🗀 | | | | | |
| Ethe | Ju | events (not including \$ | 220,478 | | | | | | |
| O | | of contributions reported o | | | | | | | |
| | | 1c). See Part IV, line 18 | | 8a | | | | | |
| | b | Less: direct expenses . | | 8b | | | | | |
| | | Net income or (loss) from | | | | (31,827) | | | (31,827) |
| | | Gross income from gaming | _ | | | (02,02.) | | | (02,02.) |
| | | activities, See Part IV, line | | 9a | | | | | |
| | b | Less: direct expenses . | | 9b | | | | | |
| | | Net income or (loss) from | | | | | | | |
| | | Gross sales of inventory, I | - | | | | | | |
| | 100 | returns and allowances . | | 10a | 1 | | | | |
| | b | Less: cost of goods sold | | 10k | | | | | |
| | | Net income or (loss) from | | | | | | | |
| | | . , | | | Business Code | | | | |
| <u>s</u> | 11a | MISC REVENUE | | | 519100 | 20,372 | 20,372 | | |
| ine | b | | | | | | | | |
| ella | С | | | | | | | | |
| Miscellanous Revenue | d | All other revenue | | | | | | | |
| 2 | е | Total. Add lines 11a-11d | | | | 20,372 | | | |
| | 12 | Total revenue. See instru | uctions | | | 5,929,113 | 548,084 | 0 | (30,268) |

EEA

Page **10**

Part IX Statement of Functional Expenses

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

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

| | Check if Schedule O contains a response or note to | any line in this Part IX | | | |
|---------|--|--------------------------|------------------------|-----------------------|---------------------------|
| | ot include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| | 0b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| 2 | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| • | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| 4 | foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members | | - | | |
| 4 5 | Compensation of current officers, directors, | | | | |
| 3 | • | 146 260 | 24 800 | 20 272 | 02 106 |
| 6 | trustees, and key employees | 146,269 | 24,800 | 38,273 | 83,196 |
| 0 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) | 1 607 001 | 1 606 251 | 1 530 | |
| 7 | Other salaries and wages | 1,687,901 | 1,686,371 | 1,530 | |
| 8 | Pension plan accruals and contributions (include | 21 210 | E 380 | 15 100 | 7.00 |
| 9 | section 401(k) and 403(b) employer contributions) Other employee benefits | 21,310 | 5,370 | 15,180 | 760 |
| 9 10 | Payroll taxes | 393,210 | 393,210 | A A1A | 0 606 |
| 11 | Fees for services (nonemployees): | 167,221 | 154,121 | 4,414 | 8,686 |
| а | Management | 239,495 | 7,683 | 107,682 | 124,130 |
| b | Legal | 6,048 | 7,003 | 6,048 | 124,130 |
| c | Accounting | 114,927 | 12,790 | 101,403 | 734 |
| d | Lobbying | 111/52/ | 12,750 | 101,103 | 731 |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 9 | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 50,930 | 31,465 | 12,534 | 6,931 |
| 14 | Information technology | 29,273 | 14,075 | 8,382 | 6,816 |
| 15 | Royalties | • | , | • | - |
| 16 | Occupancy | 394,530 | 377,946 | 14,166 | 2,418 |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 1,803 | | 1,803 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 48,979 | 48,978 | 1 | |
| 23 | Insurance | 20,620 | 15,485 | 4,592 | 543 |
| 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 O.) | | | | |
| а | DIRECT CLIENT SUPPORT | 2,702,117 | 2,702,117 | | |
| b | DUES AND SUBSCRIPTIONS | 25,882 | 19,227 | 2,613 | 4,042 |
| С | TELEPHONE-PROGRAM | 26,915 | 26,915 | | |
| d | PRINTING AND POSTAGE | 8,411 | 3,194 | 1,080 | 4,137 |
| е | All other expenses | 70,714 | 62,753 | 5,930 | 2,031 |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,156,555 | 5,586,500 | 325,631 | 244,424 |
| 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) | | | | |

Part X

Page 11

Form 990 (2022)

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 440,806 803,456 2 909,972 18,538 3 Pledges and grants receivable, net 895,413 338,983 4 54<u>,9</u>84 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 8 318,001 8 190,952 9 Prepaid expenses and deferred charges 60,048 29,104 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 260,859 10b b Less: accumulated depreciation 10c 164,078 109,060 96,781 11 11 30,722 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 561,298 Total assets. Add lines 1 through 15 (must equal line 33) 16 2,788,284 16 2,069,834 Accounts payable and accrued expenses 17 283,040 17 231,241 18 19 1,006,309 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 567,100 Total liabilities. Add lines 17 through 25 _ 26 26 1,289,349 798,341 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 1,498,935 27 1,271,493 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 1,498,935 1,271,493 33 33 2,069,834 2,788,284

Form 990 (2022) ST. JOSEPH THE WORKER 86-0600437 Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 5,929,113 2 2 6,156,555 3 Revenue less expenses. Subtract line 2 from line 1 (227,442)4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,498,935 5 5 6 6 7 7 Investment expenses 8 8 9 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 1,271,493 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Х If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b х If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

EEA Form **990** (2022)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

2c

3a

3b

Х

х

х

X Separate basis

Schedule O.

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number** ST. JOSEPH THE WORKER 86-0600437 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. 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. d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

Total

ST. JOSEPH THE WORKER 86-0600437 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

| | (Complete only if you checked the Part III. If the organization fails to | | | | • | • | alify under |
|------------|--|----------------|--------------------|-----------------|-----------------|----------------|-------------|
| Secti | on A. Public Support | o quality una | 51 ti 10 tooto iic | otou bolow, pi | cace comple | to r art iii.j | |
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | (4) 20:0 | (3) 20:0 | (0) 2020 | () === : | (6) 2622 | (1) |
| - | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1.248.624 | 1.202.046 | 1,716,625 | 2.425.864 | 5.190.819 | 11,783,978 |
| 2 | Tax revenues levied for the | 1,210,021 | 2,202,010 | 2,720,025 | 2,123,001 | 3,230,023 | |
| _ | 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 | 1 - 248 - 624 | 1 - 202 - 046 | 1,716,625 | 2 425 864 | 5 - 190 - 819 | 11,783,978 |
| 5 | The portion of total contributions by | 1,210,021 | 1,202,010 | 1,710,023 | 2,123,001 | 3,130,013 | 11,703,370 |
| · | 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) | | | | | | 1 000 140 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 1,238,142 |
| 6 Socti | on B. Total Support | | | | | | 10,545,836 |
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | | 1,202,046 | 1,716,625 | 2,425,864 | 5,190,819 | 11,783,978 |
| 8 | Gross income from interest, dividends, | 1,248,624 | 1,202,046 | 1,/10,625 | 2,425,864 | 5,190,819 | 11,/83,9/8 |
| 0 | | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | 0.100 | | 456 | 600 | 1 | 10 455 |
| 0 | similar sources | 2,120 | 7,693 | 476 | 627 | 1,559 | 12,475 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | | | | | |
| 40 | is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 44 | (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | /i | | | | 40 | 11,796,453 |
| 12 | Gross receipts from related activities, etc. | • | • | | | 12 | -\(0\) |
| 13 | First 5 years. If the Form 990 is for the o | | | | | | |
| C1: | organization, check this box and stop he | re | <u> </u> | | | | |
| | on C. Computation of Public Suppo | | | 4.4 1 (6) | | 44 | |
| 14 | Public support percentage for 2022 (line 6 | | | | | 14 | 89.40 % |
| 15 | Public support percentage from 2021 Sch | | | | | 15 | 92.75 % |
| 16a | 33 1/3% support test - 2022. If the organ | | | | | | |
| | box and stop here. The organization qua | • | | - | | | |
| b | 33 1/3% support test - 2021. If the organ | | | | | | _ |
| 4- | this box and stop here. The organization | • | | • | | | _ |
| 17a | 10%-facts-and-circumstances test - 20 | - | | | | | |
| | 10% or more, and if the organization mee | | | | | - | |
| | Part VI how the organization meets the fa | | | - | - | | |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 20 | _ | | | | | |
| | 15 is 10% or more, and if the organization | | | | | - | • |
| | in Part VI how the organization meets the | | | - | | - | · · · |
| | organization | | | | | | |
| 18 | Private foundation. If the organization d | id not check a | box on line 13, | , 16a, 16b, 17a | , or 17b, check | this box and | see |
| | instructions | | | | | | |

Schedule A (Form 990) 2022 EEA

86-0600437

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

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

| Secti | on A. Public Support | | | • | • | | |
|-------------|--|-----------------|-----------------|----------------|----------|-----------------|---------------|
| Calen | dar year (or fiscal year beginning in) | (a) 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 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| _ | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| • | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| · | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| <i>i</i> a | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| D | | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| _ | or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Saati | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2010 | (a) 2020 | (4) 2024 | (a) 2022 | (f) Total |
| 9 | Amounts from line 6 | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| ์ 10a | Gross income from interest, dividends, | | | | | | |
| IUa | | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| b | royalties, and income from similar sources . Unrelated business taxable income (less | | | | | | |
| D | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| _ | Add lines 10a and 10b | | | | | | |
| C 44 | | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| 40 | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 42 | (Explain in Part VI.) | | | 1 | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 4.4 | and 12.) | raoni=stic=!= " | rot occer-1 4 : | rd formula " | fth tox | 2 000tion F011 | (2) |
| 14 | First 5 years. If the Form 990 is for the or | | | | | | |
| Saati | organization, check this box and stop her on C. Computation of Public Support | | | | | <u> </u> | |
| | Public support percentage for 2022 (line 8 | | | 12 column (f)) | | 15 | 0/ |
| 15 16 | | | | | | | <u>%</u> % |
| 16 Socti | Public support percentage from 2021 Schoon D. Computation of Investment Inc | | | | | 16 | |
| | | | | v line 12 colu | mn (f)) | 17 | 0/ |
| 17 10 | Investment income percentage for 2022 (| | | - | | 17 | <u>%</u> |
| 18 102 | Investment income percentage from 2021 | | | | | _ | |
| 19a | 33 1/3% support tests - 2022. If the orga | | | | | | |
| h | 17 is not more than 33 1/3%, check this b | = | - | | - | | |
| b | 33 1/3% support tests - 2021. If the organizat | | | | | | |
| 20 | line 18 is not more than 33 1/3%, check this bo | - | - | | | - | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | |

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.)

S

| ecti | on A. All Supporting Organizations | | | |
|------|--|-----|-----|----|
| | • | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 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. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer lines 5b and 5c below (if applicable). Also, provide detail in 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). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity | | | |
| | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line | | | |
| | 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| | disqualified persons, as defined in section 4946 (other than foundation managers and organizations | | | |
| | described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which | | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit | | | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9с | | |
| I0a | 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 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | |

10b

determine whether the organization had excess business holdings.)

| | e A (Form 990) 2022 ST. JOSEPH THE WORKER | 86-0600437 | | P | age ! |
|---------|--|---------------------------|-------|--------|-------|
| Part I | Supporting Organizations (continued) | | | | |
| 44 | | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on | lines 11h and | | | |
| а | 11c below, the governing body of a supported organization? | | 11a | | |
| b | A family member of a person described on line 11a above? | - | 11b | | |
| | A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, c</i> | <u> </u> | | | |
| • | provide detail in Part VI. | | 11c | | |
| Section | on B. Type I Supporting Organizations | | | | |
| | | _ | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or members | hip of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization | ation's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of the support of the su | zation(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more that | n one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated and the contraction of the contract | - | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax y | | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the support | | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," e | · | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that op | erated, | _ | | |
| Sootie | supervised, or controlled the supporting organization. | | 2 | | |
| Secur | on C. Type II Supporting Organizations | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of | the directors | | 103 | 140 |
| - | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI | | | | |
| | or management of the supporting organization was vested in the same persons that controlled | | | | |
| | the supported organization(s). | ŭ | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | | |
| | | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the price | | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | _ | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the properties to the control of the contr | | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explains the expension maintained a global and continuous working relationship with the supported organization. | | 2 | | |
| 2 | the organization maintained a close and continuous working relationship with the supported org By reason of the relationship described in line 2, above, did the organization's supported organ | | 2 | | |
| 3 | a significant voice in the organization's investment policies and in directing the use of the organization. | | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organical income or assets at all times during the tax year? | | | | |
| | supported organizations played in this regard. | "IZGUOTI G | 3 | | |
| Section | on 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 du | uring the year (see | inst | ructio | ons). |
| 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 | W. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. | ent entity (see instructi | ions) | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exemp | | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part | - | | | |
| | those supported organizations and explain how these activities directly furthered their exemples the organization was responsive to those supported organizations and how the organizations. | | | | |
| | how the organization was responsive to those supported organizations, and how the organization that these activities constituted substantially all of its activities. | | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | _ | Za | | |
| D | involvement, one or more of the organization's supported organization(s) would have been eng | | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization | - | | | |
| | have engaged in these activities but for the organization's involvement. | | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, direct | ctors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e | ach | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regal | rd. | 3b | | |

Schedule A (Form 990) 2022 ST. JOSEPH THE WORKER 86-0600437 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

EEA Schedule A (Form 990) 2022

| Part | Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organ | izations (continue | ed) | |
|------|--|--------------------------|---------------------------|-----|-------|
| Sect | Current Year | | | | |
| 1 | Amounts paid to supported organizations to accomplish e | xempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | mpt purposes of support | ed | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | 5 | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | | (ii) | | (iii) |

| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|-------|--|-----------------------------|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2022 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | |
| a | From 2017 | | | |
| b | From 2018 | | | |
| C | 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: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2022 distributable amount | | | |
| C | 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: | | | |
| a | Excess from 2018 | | | |
| b | Excess from 2019 | | | |
| C | Excess from 2020 | | | |
| d | Excess from 2021 | | | |
| e | Excess from 2022 | | | |

EEA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-PF.

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

2022

ST. JOSEPH THE WORKER 86-0600437 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

ST. JOSEPH THE WORKER 86-0600437

| raiti | Contributors (see instructions). Ose duplicate copies of | rait i ii additional space is n | eeded. |
|------------|--|---------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1_ | ARIZONA DEPARTMENT OF ECONOMIC SECU 4635 S. CENTRAL AVE. Phoenix AZ 85040 | \$637,459 | Person x Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | ARIZONA DEPARTMENT OF HOUSING 1110 W WASHINGTON ST 3280 Phoenix AZ 85007 | \$736,732 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | CITY OF PHOENIX 251 W. WASHINGTON ST. 4TH FLOOR X Phoenix AZ 85003 | \$220,227 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | CITY OF SCOTTSDALE 6535 E Osborn Rd. Building 8 Scottsdale AZ 85251 | \$176,590 | Person X Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | DIANE AND BRUCE HALLE FOUNDATION 20225 N Scottsdale Rd Scottsdale AZ 85255 | \$1,000,000 | Person X Payroll Concash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6_ | MARICOPA COUNTY, ARIZONA 234 N. CENTRAL STE 3000 Phoenix AZ 85004 | \$ <u>1,156,670</u> | Person Payroll Noncash (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Name | of the or | ganization | | | Employer identification number |
|------|-----------|---|-------------------------|----------------------------|----------------------------------|
| ST. | JOSEP | H THE WORKER | | | 86-0600437 |
| Pa | rt I | Organizations Maintaining Donor Advised I | Funds or Other S | Similar Funds or Ac | counts. |
| | | Complete if the organization answered "Yes" of | on Form 990, Part | IV, line 6. | |
| | | | (a) Dono | r advised funds | (b) Funds and other accounts |
| 1 | Total | number at end of year | | | |
| 2 | Aggre | egate value of contributions to (during year) | | | |
| 3 | Aggre | egate value of grants from (during year) | | | |
| 4 | Aggre | egate value at end of year | | | |
| 5 | Did th | e organization inform all donors and donor advisors in | writing that the asse | ts held in donor advised | I |
| | funds | are the organization's property, subject to the organization | ation's exclusive lega | al control? | |
| 6 | Did th | e organization inform all grantees, donors, and donor a | dvisors in writing that | at grant funds can be us | ed |
| | only fo | or charitable purposes and not for the benefit of the dor | nor or donor advisor, | or for any other purpos | e |
| | confe | rring impermissible private benefit? | | | |
| Par | t II | Conservation Easements. | | | |
| | | Complete if the organization answered "Yes" of | on Form 990, Part | IV, line 7. | |
| 1 | Purpo | se(s) of conservation easements held by the organizat | ion (check all that a | oply). | |
| | Pre | eservation of land for public use (for example, recreation | on or education) | Preservation of a | historically important land area |
| | Pro | otection of natural habitat | | Preservation of a | certified historic structure |
| | Pre | eservation of open space | | | |
| 2 | Comp | lete lines 2a through 2d if the organization held a qualif | ied conservation co | ntribution in the form of | a conservation |
| | easer | nent on the last day of the tax year. | | | Held at the End of the Tax Year |
| а | Total | number of conservation easements | | | 2a |
| b | Total | acreage restricted by conservation easements | | | 2b |
| С | Numb | per of conservation easements on a certified historic str | ucture included in (a | 1) | 2c |
| d | Numb | per of conservation easements included in (c) acquired | after July 25, 2006, | and not on a | |
| | | c structure listed in the National Register | | | 1 |
| 3 | Numb | per of conservation easements modified, transferred, re | leased, extinguished | d, or terminated by the o | organization during the |
| | tax ye | ar | | | |
| 4 | Numb | per of states where property subject to conservation ea | sement is located _ | | |
| 5 | Does | the organization have a written policy regarding the pe | riodic monitoring, in: | spection, handling of | |
| | | ons, and enforcement of the conservation easements it | | | |
| 6 | Staff a | and volunteer hours devoted to monitoring, inspecting, h | nandling of violations | s, and enforcing conserv | vation easements during the year |
| 7 | <u></u> | ust of overages in surred in monitoring inspecting band | ling of violations on | d anfaraina aanaariatia | n accompanie during the year |
| 7 | Amou | int of expenses incurred in monitoring, inspecting, hand | iirig or violations, an | d emorcing conservation | n easements duling the year |
| 8 | Does | each conservation easement reported on line 2(d) abo | we satisfy the requir | ements of section 170/h | a)(4)(B)(i) |
| · | | ection 170(h)(4)(B)(ii)? | | | |
| 9 | | rt XIII, describe how the organization reports conservat | | | |
| J | | ce sheet, and include, if applicable, the text of the footnot | | | |
| | | ization's accounting for conservation easements. | oto to the organizati | | o that docomboo the |
| Par | t III | Organizations Maintaining Collections | of Art, Historic | al Treasures, or 0 | Other Similar Assets. |
| | | Complete if the organization answered "Yes" of | | | |
| 1a | If the | organization elected, as permitted under FASB ASC 9 | 58, not to report in it | s revenue statement an | d balance sheet works |
| | of art, | historical treasures, or other similar assets held for pul | blic exhibition, educa | ation, or research in furt | herance of public |
| | servic | e, provide in Part XIII the text of the footnote to its fina | ncial statements tha | t describes these items. | |
| b | If the | organization elected, as permitted under FASB ASC 9 | 58, to report in its re | venue statement and ba | alance sheet works of |
| | art, hi | storical treasures, or other similar assets held for public | exhibition, education | on, or research in further | rance of public service, |
| | provid | de the following amounts relating to these items: | | | |
| | (i) R | evenue included on Form 990, Part VIII, line 1 | | | \$ |
| | | ssets included in Form 990, Part X | | | - |
| 2 | | organization received or held works of art, historical tre | | | |
| | follow | ing amounts required to be reported under FASB ASC | 958 relating to thes | se items: | |
| а | Rever | nue included on Form 990, Part VIII, line 1 | | | \$ |
| b | | s included in Form 990. Part X | | | |

| Par | t III Organizations Maintaining Co | ollections of A | rt, Historic | al Treasures, | or Oth | er Similar Ass | sets (co | ontinu | ued) |
|-------|---|------------------------|-------------------|---------------------|--------------|----------------------|-----------------|-----------------|------|
| 3 | Using the organization's acquisition, accession | , and other records, | check any of t | he following that r | nake sign | ificant use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | a ☐ Public exhibition d ☐ Loan or exchange program | | | | | | | | |
| b | ☐ Scholarly research | | e 🗌 Ot | her | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explain | how they furth | er the organization | n's exemp | t purpose in Part | | | |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization solicit or re | eceive donations of | art, historical t | reasures, or other | similar | | | | |
| | assets to be sold to raise funds rather than to be | | | | | | Yes | ; [| No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | |
| | Complete if the organization ar | nswered "Yes" o | on Form 99 | D, Part IV, line | 9, or re | ported an amo | unt on | Form | ı |
| | 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | or other intermedia | ry for contribut | ions or other asse | ts not | | | | |
| | included on Form 990, Part X? | | - | | | | Yes | , \Box | No |
| b | If "Yes," explain the arrangement in Part XIII ar | nd complete the follo | owing table: | | | | | | |
| | - | | - | | | Amo | unt | | |
| С | Beginning balance | | | | . 1c | | | | |
| d | Additions during the year | | | | . 1d | | | | |
| е | Distributions during the year | | | | . 1e | | | | |
| f | Ending balance | | | | . 1f | | | | |
| 2a | Did the organization include an amount on Forn | m 990, Part X, line 2 | 21, for escrow | or custodial accou | nt liability | ? | Yes | ; [] | No |
| b | If "Yes," explain the arrangement in Part XIII. C | Check here if the exp | planation has b | een provided on F | Part XIII | | | . 🗍 | |
| Par | | | | - | | | | | |
| | Complete if the organization ar | nswered "Yes" o | on Form 990 | 0, Part IV, line | 10. | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years | back | (d) Three years back | (e) Four | years b | ack |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | |
| | losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curren | it year end balance | (line 1g, colum | n (a)) held as: | • | | | | |
| а | Board designated or quasi-endowment | % | | | | | | | |
| b | Permanent endowment % | | | | | | | | |
| С | Term endowment% | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | d equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the possess | sion of the organizat | ion that are he | ld and administere | ed for the | | _ | | |
| | organization by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organizati | ions listed as require | ed on Schedul | e R? | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the o | organization's endov | wment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. | | | | | | | |
| | Complete if the organization ar | nswered "Yes" o | on Form 99 | 0, Part IV, line | 11a. S | ee Form 990, F | Part X, I | ine 1 | 0. |
| | Description of property | (a) Cost or other | basis (b) | Cost or other basis | (c) A | ccumulated | (d) Bool | value | |
| | | (investment |) | (other) | dep | reciation | | | |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | 15,394 | | 14,480 | | 9 | 914 |
| d | Equipment | | | 83,934 | | 51,591 | | 32,3 | 343 |
| е | Other STMD1E . | | | 161,531 | | 98,007 | | 63, | 524 |
| Total | Add lines 1a through 1e. (Column (d) must equ | ial Form 000 Part | X column (R) | line 10c) | | | | 96 ' | 781 |

| Schedule D (Forr | · · · · · · · · · · · · · · · · · · · | | 86-0600437 | Page |
|------------------|---|------------------------|---|-------------|
| Part VII | Investments - Other Securities. Complete if the organization answered "Yes" on For | m 000 Part IV line 1 | 1h Soo Form 000 Part \ | / 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 va | |
| (1) Financial d | | | Cost of end-of-year market va | iuc |
| ` ' | Id equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.). | | | |
| Part VIII | Investments - Program Related. | m 000 Dort IV line 1 | 10 Coo Form 000 Dort \ | / line 12 |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, line 1 | ic. See Form 990, Part 7 | t, iiie 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market va | lue |
| (1) | | | oost of one of your market va | 140 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, line 1 | 1d. See Form 990, Part 2 | K, line 15. |
| 45.1.1. | (a) Description | | (b) Bo | ook value |
| | f Use asset-Operating Lease | | | 561,29 |
| (2) | | | | |
| (3) (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 15.) | | | 561,29 |
| Part X | Other Liabilities. | | ' | - |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, line 1 | 1e or 11f. See Form 990 | , Part X, |
| | line 25. | | | |

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2)perating lease liability | 567,100 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 567,100 |

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.

| Part | XI Reconciliation of Revenue per Audited Financial Stateme | nts | With Revenue per | Retu | rn. |
|--------|---|-------------|----------------------|---------|---------------------------|
| | Complete if the organization answered "Yes" on Form 990, Pa | art I\ | /, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 6,373,525 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 444,412 | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 444,412 |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,929,113 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 5,929,113 |
| Part | | | | er Re | turn. |
| | Complete if the organization answered "Yes" on Form 990, Pa | art I\ | /, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 6,600,967 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | ı | ı | | |
| а | Donated services and use of facilities | 2a | 444,412 | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 444,412 |
| 3 | Subtract line 2e from line 1 | | | 3 | 6,156,555 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | | | 5 | 6,156,555 |
| | XIII Supplemental Information. | | | | |
| | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li | | | Part X, | line |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an | | itional information. | | |
| 01. E | ootnote for uncertain tax position under FIN 48 (Part | X) | | | |
| | | | | | |
| THE C | RGANIZATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL R | EVEN | WE CODE (IRC) SE | ECTIC | ON 501(C)(3), |
| | | | | | |
| THOUG | H IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEM | PT F | URPOSE, UNLESS | ГНАТ | INCOME IS |
| | | | | | |
| OTHER | WISE EXCLUDED BY THE IRC. THE ORGANIZATION HAS PROCESS | ES I | N PLACE TO ENSUE | RE TE | E MAINTENANCE OF |
| | N | 201/ | | | |
| LTS 1 | AX-EXEMPT STATUS; TO IDENTIFIY AND REPORT UNRELATED IN | COME | ; TO DETERMINE | LTS F | TILING AND TAX |
| T. | AMILONG IN TURISDICATIONS FOR MUTCH IN UNG NEURIS AND HO | | | | |
| OBLIG | ATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO | TDE | INTIFY AND EVALUA | ATE C | THER MATTERS THAT |
| | E CONCEDED HAV DOCUMENTONG HIM ODCANICATION HAG DEMED | | | - 250 | MAMED TAT |
| MAY E | E CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETER | MINE | D THAT THERE ARE | E NO | MATERIAL |
| TNICHT | TAIN DOCTIONS TAUDN TUAT DESCRIPT DESCRIPTION OF STREET | מננטים | , thi mae ethinia. | AT 0" | יא יי היא היא היא מיי איי |
| ONCER | TAIN POSTIONS TAKEN THAT REQUIRE RECOGNITION OR DISCLO | DUKE | . IN THE PINANCIA | an Si | .AIRMANAIA |
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization ST. JOSEPH THE WORKER 86-0600437 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а ☐ Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

86-0600437

| 2 Less: Contributions | events) through |
|---|---|
| (a) Event #1 (b) Event #2 (c) Other events (d) Total of (exect type) (c) Other events (exect type) (exect type) (c) Other events (exect type) (exect ty |) through (3)) (220,478 (220,478 |
| HIKE FOR THE (event type) |) through (3)) (220,478 (220,478 |
| 1 Gross receipts (event type) (event type) (cotal number) cot. (cot. (co | 220,478 220,478 |
| 1 Gross receipts 71,240 84,194 65,044 2 | 220,478 |
| 2 Less: Contributions | 220,478 |
| 2 Less: Contributions | 220,478 |
| 2 Less: Contributions | |
| 3 Gross income (line 1 minus line 2) | |
| Iline 2) | 570 |
| 4 Cash prizes | 570 |
| 5 Noncash prizes | 570 |
| 5 Noncash prizes | 570 |
| 6 Rent/facility costs | 570 |
| 6 Rent/facility costs | 570 |
| 7 Food and beverages | 570 |
| 7 Food and beverages | 570 |
| 9 Other direct expenses | |
| 9 Other direct expenses | |
| 9 Other direct expenses | 8,203 |
| 9 Other direct expenses | |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) (Part III) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total garcol. (a) through 1 through 2 through 3 through 4 through 4 through 4 through 5 through 5 in column (d) 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: | 10,525 |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) (Part III) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total garcol. (a) through 1 through 2 through 3 through 4 through 4 through 4 through 5 through 5 in column (d) 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: | 10 500 |
| Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, li | 12,529 |
| Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, line 19, or reported more departed in the line of Part IV, li | 21 007 |
| Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete if ite in the substitute in part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete if ite in the substitute in part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete iteration in the substitute in part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming. Complete iteration in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or reported more in the substitute in part IV, line 19, or report | 31,827 |
| \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total garcol. (a) through the progressive bingo (a) Total garcol. (a) through the progressive bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total garcol. (a) through the progressive bingo (c) Other gaming (d) Total garcol. (a) through the progressive bingo (c) Other gaming (d) Total garcol. (a) through the progressive bingo (c) Other gaming (d) Total garcol. (a) through the progressive bingo (c) Other gaming (c) Other gaming col. (a) through the progressive bingo (c) Other gaming (c) Other | (31,827) |
| Can be provided to the part of the part | |
| 1 Gross revenue | ming (add |
| 2 Cash prizes | |
| 2 Cash prizes | |
| 2 Cash prizes | |
| 3 Noncash prizes | |
| 5 Other direct expenses | |
| 6 Volunteer labor | |
| 6 Volunteer labor | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | |
| Enter the state(s) in which the organization conducts gaming activities: | |
| Enter the state(s) in which the organization conducts gaming activities: | |
| | |
| | |
| | |
| | res No |
| b If "No," explain: | |
| | |
| Management the construction of the constructio | , |
| 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Y | res No |
| Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? | |

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

| | JOSEPH THE WORKER | | | 86-0600 |)437 | | | |
|-----|---|-------------------------------|--|---|-----------------------|-----|-----|----|
| Par | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method on noncash cor | | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution - Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (BUS PASSES) | х | 12,494 | 239,061 | FMV | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the | • | • • | tions for | | | | |
| | which the organization completed Form | 8283, Part V | , Donee Acknowledgement | | 29 | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization rece | - | | | | | | |
| | 28, that it must hold for at least three year | | | | | | | |
| | used for exempt purposes for the entire | | d? | | | 30a | | х |
| b | If "Yes," describe the arrangement in Pa | | | | | | | |
| 31 | Does the organization have a gift accept | | · | | | | | |
| | | | | | | 31 | | X |
| 32a | Does the organization hire or use third p | | | | | | | |
| | | | | | | 32a | | х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amoun | nt in column | (c) for a type of property for wh | ich column (a) is checked, | | | | |
| | describe in Part II. | | | | | | | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

86-0600437 ST. JOSEPH THE WORKER 01. Form 990 governing body review (Part VI, line 11) FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE FINANCE COMMITTEE. 02. Conflict of interest policy compliance (Part VI, line 12c) THE WRITTEN CONFLICT OF INTEREST POLICY COVERS THE BOARD OF DIRECTORS, MEMBERS, BOARD COMMITTEE MEMBERS AND KEY EMPLOYEES. DETERMINATION OF WHETHER A CONFLICT MAY EXIST IS MADE BY THE BOARD PRESIDENT AND THE EXECUTIVE DIRECTOR. THE POSSIBLE CONFLICT IS REVIEWED FOR DISPOSITION BY THE EXECUTIVE COMITTEE OF THE BOARD OF DIRECTORS. BOARD MEMBERS, COMMITTEE MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY COMPLETE THE ORGANIZATION'S CONFLICT OF INTEREST DISCLOSURE STATEMENT AND DISCLOSE ALL POTENTIAL CONFLICTS TO THE EXECUTIVE DIRECTOR OR BOARD PRESIDENT. ACTUAL OR APPARENT CONFLICTS OF INTEREST THAT MAY ARISE DURING THE YEAR ARE TO BE IMMEDIATELY REPORTED TO THE EXECUTIVE DIRECTOR OR BOARD PRESIDENT. SHOULD A PERCEIVED CONFLICT OF INTEREST PRESENT ITSELF, THE EXECUTIVE COMMITTEE WILL REVIEW THE POTENTIAL CONFLICT AND DETERMINE IF FURTHER ACTION OR RESTRICTION IS REQUIRED IN ORDER TO ENSURE THE CONFLICT DOES NOT INTERFERE WITH THE PERFORMANCE OF THE MEMBER'S OR KEY EMPLOYEE'S DUTIES TO THE ORGANIZATION, OR RESULT IN PERSONAL FINANCIAL, PROFESSIONAL, OR POLITICAL GAIN ON THE PART OF SUCH PERSONS AT THE EXPENSE OF THE ORGANIZATION, ITS SUPPORTERS OR STAKEHOLDERS. 03. CEO, executive director, top management comp (Part VI, line 15a) THE EXECUTIVE DIRECTOR MEETS WITH THE BOARD PRESIDEN ANNUALLY TO REVIEW PRIOR YEAR PERFORMANCE AND ESTABLISH FUTURE GOALS. THIS INFORMATION IS SHARED WITH THE BOARD OF

Schedule O (Form 990) 2022 Name of the organization **Employer identification number** ST. JOSEPH THE WORKER 86-0600437 DIRECTORS FOR DELIBERATION AND DECISION MAKING PURPOSES REGARDING COMPENSATION ADJUSTMENTS. THE DECISION IS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS MEETING. COMPENSATION IS DETERMINED BASED ON MARKET VALUES FOR KEY LEADERSHIP POSITIONS. OFFICERS AND DIRECTORS ARE NOT COMPENSATED. 04. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS VAILABLE TO THE GENERAL PUBLIC UPON REQUEST. 05. Cessation of, or significant change to, any program service (Part III, line 3) STEP UP, AN INDEPENDENT EMPLOYMENT OFFICE WAS DISCONTINUED IN FEBRUARY 2023.

EEA Schedule O (Form 990) 2022

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print ST. JOSEPH THE WORKER 86-0600437 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. PHOENIX AZ 85002 0 Application Return Application Return Is For Code Is For Code Form 1041-A Form 990 or Form 990-EZ 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 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 The books are in the care of ► CARRIE MASTERS, PO BOX 13503 PHOENIX AZ 85002 Telephone No.▶ 602-223-3464 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 a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 05-15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☐ calendar year 20 or 06-30 ,20 23 . 07-01 , 20 22 , and ending X tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 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. 3a \$ **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 \$ c 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. 3с 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

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

Form 8868 (Rev. 1-2022)

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07-01, 20

07-01 , 2022, and ending 06-30 , 2023

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 86-0600437 ST. JOSEPH THE WORKER Name and title of officer or person subject to tax Carrie Masters, CHIEF EXECUTIVE OFFICER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12)..... Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 8868 check here | x| **b** Balance due (Form 8868, line 3c).......... 6a Form 990-T check here Form 4720 check here 7a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize SNYDER & BROWN, CPAS, PLLC 10260 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 01-08-2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 863051 12365 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 01-08-2024 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Eorm 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

07-01 , 2022, and ending 06-30 , 2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN 86-0600437 ST. JOSEPH THE WORKER Name and title of officer or person subject to tax Carrie Masters, CHIEF EXECUTIVE OFFICER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here x **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)..... 5,929,113 Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 8868 check here **b** Balance due (Form 8868, line 3c).......... 6a Form 990-T check here Form 4720 check here 7a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize SNYDER & BROWN, CPAS, PLLC 10260 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 01-08-2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 863051 12365 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 01-08-2024 ERO's signature Date **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

| | FOR YOUR RECOR | | 2022 | PG01 |
|----------------------------|------------------------------|------------------|-------------------------|----------------------|
| Name(s) as shown on return | Tax ID Numbe | | | |
| ST. JOSEPH THE WORKER | | | 8 | 36-0600437 |
| Form 990 | | Part VI - Line | : 1e sta | atement #D1e |
| Form 990 | - Schedule D - Investments - | | e 1e Sta | atement #D1e |
| Porm 990 Description | | | e 1e sta | atement #D1e Book |
| | Investments - | Other | e 1e sta Depr | |
| Description | Investments - Cost/basis | Other Cost/basis | | Book |

| Form 990 Worksheet | | Schedule A | A, Line 5 - Ex | cess 2% Limi | tation Contri | butors | | |
|----------------------------|-----------------------------------|------------|-------------------------|--------------------------|----------------|--------|---------------|---------|
| | | (This p | age is not filed with t | he retum. It is for your | records only.) | | 2022 | |
| Name(s) as shown on return | • | | | | | | Tax ID Number | |
| ST. JOSEPH TH | E WORKER | | | | | | 86-060043 | 37 |
| 2% of the amount on Sci | hedule A, Part II, line 11, colum | n (f) | | | | | | 235,929 |
| Namo | | (a) | (b) | (c) | (d) | (e) | (f) | (g) |

Excess contributions Name 2018 2019 2020 2021 2022 Total (col. (f) minus the 2% limitation) ANONYMOUS VGPCT 605,000 105,000 710,000 474,071 1,000,000 DIANE AND BRUCE HALLE FOUNDATION 1,000,000 764,071

_____1,238,142