\*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Form 990

2

Department of the Treasury

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 using its gov/Earmoon for instructions and the latest information

OMB No. 1545-0047 **Open to Public** 

_	_		ie iatest ill	normauon.	Inspection
A	For th	e 2022 calendar year, or tax year beginning $JUL 1, 2022$ and e	ending J	UN 30, 2023	}
В	Check if applicab	le:		D Employer identif	fication number
	Addre				
	Name	Doing business as		61-11359	07
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final return	700 E. MUHAMMAD ALI BLVD.		50256867	
	termir ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	5,123,243.
	Amen	LOOISVILLE, KI 40202		H(a) Is this a group I	
	Applic tion pendi			for subordinate	
_		SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No
		empt status: 🔀 501(c)(3) 🚺 501(c) ( ) (insert no.) 🛄 4947(a)(1) or	r 📃 527	If "No," attach a	a list. See instructions
_	Websi			H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year o	of formation: 1988	M State of legal domicile; KY
	art I	Summary			
Ŗ	1	Briefly describe the organization's mission or most significant activities: ST. J			
Activities & Governance		TO HELP PEOPLE EXPERIENCING HOMELESSNESS A			
ern	2	Check this box if the organization discontinued its operations or dispose		1	
20	3	Number of voting members of the governing body (Part VI, line 1a)			25
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	••••••		25
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			42
tivi	6  7a	Total number of volunteers (estimate if necessary)			175
Å	/ a				
		Net unelated business taxable income from Form 990-1, Part I, line 11		Prior Year	
	8	Contributions and grants (Part VIII, line 1h)		3,323,301.	Current Year
ent	9			<u> </u>	2,326,513.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		146,497.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,805.	-13,850.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,498,603.	2,249,952.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		240,885.	222,973.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
ŝ	46	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,713,678.	1,755,598.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 302, 38	5.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		425,861.	425,712.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,380,424.	2,404,283.
	19	Revenue less expenses. Subtract line 18 from line 12		1,118,179.	-154,331.
S OF			Beg	inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,165,092.	5,234,305.
et As	21	Total liabilities (Part X, line 26)		93,608.	95,686.
N.	22 art	Net assets or fund balances. Subtract line 21 from line 20		5,071,484.	5,138,619.
-		Signature Block			
Una	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	nd statemer	its, and to the best of my	/ knowledge and belief, it is
iue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer h		. 1 7
Sigr	.	Signature of officer		Date	023
Her		RA'SHANN MARTIN, EXECUTIVE DIRECTOR		Date	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Paid		MELINDA L. HECK MELINDA L. HECK	11	L/13/23 if Lifemploy	
	arer	Firm's name DEMING MALONE LIVESAY & OSTROFF PS	C		1-1064249
Jse	Only	Firm's address 9300 SHELBYVILLE ROAD SUITE 1100			
		LOUISVILLE, KY 40222-5187		Phone no. ( 5	02)426-9660
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
	)1 12-13		2		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	ST. JOHN CENTER, INC.         61-1135907	Page <b>2</b>
Pa	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ST JOHN CENTER (SJC) WAS FOUNDED IN 1986 IN RESPONSE TO THE RISE OF	
	HOMELESSNESS IN THE LOUISVILLE METRO AREA. THE GOAL WAS AND REMAINS	то
	PROVIDE REFUGE, RESOURCES, AND SERVICES TO THOSE EXPERIENCING	
	HOMELESSNESS. OVER THE PAST 37 YEARS, SJC HAS GROWN TO OFFER THREE	
2	Did the organization undertake any significant program services during the year which were not listed on the	37
		s X No
3	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
5	f "Yes," describe these changes on Schedule O.	5 [11] 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	and
	revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$ 654,807. including grants of \$ 61,262. ) (Revenue \$	)
	ST JOHN CENTER'S DAY SHELTER AND SOCIAL SERVICES CENTER OFFERS INDIVIDUALS EXPERIENCING HOMELESSNESS A PLACE TO GO DURING THE DAY 7	<u>го</u>
	ACCESS RESOURCES, SHELTER, AND SERVICES. CLIENTS ARRIVE WITH MULTIPI	-
	BARRIERS TO PERMANENT HOUSING INCLUDING EXPERIENCING HEALTH DISPARIT	
	IN COMPARISON TO THE HOUSED POPULATION. THE DAY SHELTER AND SOCIAL	
	SERVICES CENTER ASSISTS CLIENTS IN REMOVING BARRIERS ONE BY ONE SO T	ГНАТ
	THEY MAY LEAVE HOMELESSNESS FOR GOOD.	
	DURING THE FISCAL YEAR 2022-2023, OVER 2,900 CLIENTS VISITED THE DAY	ζ
	SHELTER AND SOCIAL SERVICES CENTER MORE THAN 51,000 TIMES TO ACCESS	<b>3</b> NID
	THESE SERVICES: 1) REFERRALS, DOCUMENTATION, AND SAFETY: THE SAFETY SERVICES STAFF ENSURE CONSISTENCY WITH SERVICE PROVISION, MAINTAIN A	
	SAFE ENVICES STAFF ENSURE CONSISTENCE WITH SERVICE PROVISION, MAINTAIN P SAFE ENVIRONMENT, AND ASSIST CLIENTS WITH PERSONAL IDENTIFICATION	1
4b	Code:         ) (Expenses \$         618,543.         including grants of \$         112,299.         ) (Revenue \$	)
	ST JOHN CENTER'S PERMANENT SUPPORTIVE HOUSING (PSH) PROGRAM FOCUSES	ON (
	INDIVIDUALS WHO FIND MAINTAINING PERMANENT HOUSING MOST CHALLENGING.	•
	THESE VULNERABLE INDIVIDUALS HAVE CHRONIC AND COMPLICATED NEEDS,	
	INCLUDING SERIOUS MENTAL ILLNESS, SUBSTANCE USE DISORDER, A HISTORY	
	TRAUMA, AND A HISTORY OF INCARCERATION. PSH CLIENTS OFTEN HAVE LITTI TO NO INCOME AND ARE CONSIDERED CHRONICALLY HOMELESS (HOMELESS FOR M	
	THAN THREE YEARS OR WHO HAVE THREE OR MORE INSTANCES OF HOMELESSNESS	
	WITHIN THREE YEARS). THE PSH PROGRAM OFFERS CONSISTENT, DEDICATED	
	SUPPORT TO THOSE WHO FACE THESE AND OTHER BARRIERS SO THAT THEY MAY	
	MAINTAIN THEIR HOME.	
	IN 2022, SJC'S PSH PROGRAM ACCOMPLISHED THE FOLLOWING: 120 CLIENTS W	
	PLACED IN PERMANENT SUPPORTIVE HOUSING; 99% OF CLIENTS RETAINED THEI	
4c	Code:) (Expenses \$478,804. including grants of \$49,412. ) (Revenue \$) (Revenue \$	)
	BETWEEN ST. JOHN CENTER (SJC), UNITING PARTNERS FOR WOMEN AND CHILDR	
	(UP), AND LOUISVILLE METRO GOVERNMENT. THE PROGRAM'S PRIMARY FOCUS 1	
	CONNECTING INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS ON THE	Ξ
	STREETS AND IN ENCAMPMENTS WITH SERVICES AVAILABLE AT OVERNIGHT	
	SHELTERS AND RESOURCES THROUGHOUT THE COMMUNITY. EACH ACTIVITY IS DO	ONE
	WITH THE PURPOSE OF MOVING CLIENTS TOWARD PERMANENT HOUSING	
	IN 2022, THE STREET OUTREACH TEAM WORKED WITH 919 PEOPLE WHERE 4,514 SERVICES WERE PROVIDED, SUCH AS OBTAINING DOCUMENTS AND FOOD AND	±
	WORKING THROUGH THE PROCESS OF OBTAINING DECOMENTS AND FOOD AND	
	IN 2022, SJC'S OUTREACH PROGRAM ACCOMPLISHED THE FOLLOWING:4,514	
	SERVICES WERE PROVIDED TO 919 PEOPLE; 51 OF THOSE SERVED MOVED HOME;	; 24
4d	Other program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses1,752,154.	000
000		<b>990</b> (2022)
23200	12-13-22 SEE SCHEDULE OF OR CONTINUATION(S) 2	
1711	L3 757979 0660501 2022.05000 ST. JOHN CENTER, INC.	06605

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 Form 990 (2022)
 ST. JOHN CENTER, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI			<u> </u>
U		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C		11c		x
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			- 23
a		444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	A	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	A	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		- v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			v
<i>.</i> -	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

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	t IV Checklist of Required Schedules (continued)			
			Yes	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
3	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			x
1.	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
ta	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	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		X
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		X
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
_	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
7	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	07		x
0	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes, " complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes." complete Schedule L. Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
D	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	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
3	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	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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		
6	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
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
8	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	30	27	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		103	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b 2			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
č	(gambling) winnings to prize winners?	1c	х	
				L
2004	12-13-22	Form	990	(202

Form	990 (2022) ST. JOHN CENTER, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	61-1135	907	P	<sub>age</sub> 5
Far	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 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?	2b	Х	
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				77
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	<u>4a</u>		X
D	If "Yes," enter the name of the foreign country				
52	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. ,	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
		~ 	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	X	
			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		v
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	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:	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a			
b	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		<u>X</u>
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		х
	excess parachute payment(s) during the year?		15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х
10	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	9 <b>90</b>	(2022)
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	~	<b>TOIN</b>		THA	06605011
2022.05000	ST.	JOHN	CENTER,	INC.	06605011

Form 990	(2022)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

						X	

number of voting members of the governing body at the end of the tax year e material differences in voting rights among members of the governing body, or if the governing gated broad authority to an executive committee or similar committee, explain on Schedule 0. I number of voting members included on line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship or irector, trustee, or key employees to a management duties customarily performed by or under the s, directors, trustees, or key employees to a management company or other person? rganization delegate control over management duties customarily performed by or under the s, directors, trustees, or key employees to a management company or other person? rganization make any significant changes to its governing documents since the prior Form 99 rganization become aware during the year of a significant diversion of the organization's asse rganization have members, stockholders, or other persons who had the power to elect or app mbers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, sto other than the governing body? ganization contemporaneously document the meetings held or written actions undertaken during the year errning body? movificer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react ion's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> <b>Policies</b> <i>(This Section B requests information about policies not required by the Internal Revi</i> rganization have local chapters, branches, or affiliates? did the organization have written policies and procedures governing the activities of such cha ches to ensure their operations are consistent with the organization's exempt purposes? organization provided a complete copy of this Form 990 to all members of its governing body on Schedule O the process, if any, used by the organization to review this Form 990. rganization	1b       2         with any other         direct supervision         00 was filed?         its?         point one or         bckholders, or         by the following:         hed at the         enue Code.)         upters, affiliates,         before filing the form?	3 4 5 6 7a 7b 8a 8b 8b 9	X X X Yes	x x x x x x x x x x x x x x x x x x x
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organization provided a complete copy of this Form 990 to all members of its governing body on Schedule O the process, if any, used by the organization to review this Form 990.	before filing the form?			
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rganization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	ent with a			-
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did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
enture arrangements under applicable federal tax law, and take steps to safeguard the organiz	zation's			
tatus with respect to such arrangements?		16b		
Disclosure				
tates with which a copy of this Form 990 is required to be filed $~{ m KY}$				
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	on Schedule ()			
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MUHAMMAD ALI BLVD +, LOUISVILLE, KY 40202	dule O how this was done       organization have a written whistleblower policy?         organization have a written document retention and destruction policy?       process for determining compensation of the following persons include a review and approval by independent         , comparability data, and contemporaneous substantiation of the deliberation and decision?       anization's CEO, Executive Director, or top management official         ficers or key employees of the organization       to the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a entity during the year?         did the organization follow a written policy or procedure requiring the organization to evaluate its participation renture arrangements under applicable federal tax law, and take steps to safeguard the organization's status with respect to such arrangements?         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Check all that apply.         win website       Another's website       X         upon request       Other (explain on Schedule O)         e on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a nts available to the public during the tax year.         e name, address, and telephone number of the person who possesses the organization's books and records JOHN CENTER , INC 502-568-6758 <td>dule O how this was done       12c         organization have a written whistleblower policy?       13         organization have a written document retention and destruction policy?       14         process for determining compensation of the following persons include a review and approval by independent       15a         anization's CEO, Executive Director, or top management official       15a         ficers or key employees of the organization       15b         to line 15a or 15b, describe the process on Schedule O. 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Form 990 (2022) ST. JOHN CENTER, INC.	61-1135907	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	mpensated							
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								
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), required to be a set of the organization of the organizati</li></ul>	5							

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-NEĆ) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both officer and a director/trus		an	compensation	compensation	amount of		
	week				from	from related	other			
	(list any	ndividual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	dual t	In stit utio nal tru stee	5	Key employee	est col	er			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) RA'SHANN MARTIN	40.00									
EXECUTIVE DIRECTOR				Х				100,000.	Ο.	8,448.
(2) WHITNEY KING	0.50									
BOARD MEMBER		Х						0.	0.	0.
(3) BRAD SAVKO	1.00									
TREASURER		Х		X				0.	0.	0.
(4) PHANI KONDURU	0.50									
BOARD MEMBER		Х						0.	0.	0.
(5) ANNE-BRITTON ARNETT	1.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(6) JULIE ANN GOETZ	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) KEANU HACKLEY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(8) MARK HOHMANN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) JULIE BOATRIGHT	1.00									
CHAIR		Х		Х				0.	0.	0.
(10) TOMAS AGUILERA	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) DANIELLE WAKABA	2.00									
SECRETARY		Х		Х				0.	0.	0.
(12) THOMAS B. SIMMS JR.	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) JON SANDERS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(14) ROY WELCH	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) RICARDO GOODIN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(16) SUSANNE BINFORD	0.50									
BOARD MEMBER		Х						0.	0.	0.
(17) JOHN DESMARAIS	0.50									
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

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Form 990 (2022)

08471113 757979 0660501

2022.05000 ST. JOHN CENTER, INC.

7

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(de	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	is both	n an	compensation compensat		amount of
	week		cer an	dad	lirecto	or/trus	tee)	from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations	compensation
	related	e or di	tee			sated		Organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	nstitutional trustee	_	nploy	st cor	5			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			J
(18) ANDY KAELIN	0.50									
BOARD MEMBER		Х						0.	0	. 0.
(19) BRIAN MANGAN	0.50									
BOARD MEMBER		Х						0.	0	. 0.
(20) SMITH RODES	1.00									
VICE CHAIR		Х		Х				0.	0	. 0.
(21) BRANDON RODGERS	0.50									
BOARD MEMBER		Х						0.	0	. 0.
(22) KEVIN DUNLAP	0.50									
BOARD MEMBER		Х						0.	0	. 0.
(23) GABE FRITZ	0.50									
BOARD MEMBER		Х						0.	0	. 0.
(24) JERMAINE WATKINS	0.50									
BOARD MEMBER	0 50	X				-		0.	0	. 0.
(25) AARON WATT	0.50								0	
BOARD MEMBER	0 50	X				<u> </u>		0.	0	. 0.
(26) COREY WISE	0.50								0	
BOARD MEMBER		Х						0. 100,000.	0	
1b Subtotal								0.	0	
c Total from continuation sheets to Part VI								100,000.	0	
d Total (add lines 1b and 1c)										• 0,440.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	0
compensation from the organization										Yes No
3 Did the organization list any former officer.	director truct			mol			hia	bast companyated amp		
<b>3</b>										3 X
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com										5 X
Section B. Independent Contractors		50 10	<u> </u>		0013					
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation from
the organization. Report compensation for t	-									
(A)								(B)		(C)
Name and business	address	NC	ONE	6				Description of s	ervices	Compensation
							_			
							_			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2022)

232008 12-13-22

					CENT	ER, INC.			61-1135	907 Page 9
Pa	rt \	/	Statement of Re	venue						
			Check if Schedule O	contains a i	response	or note to any lin			(2)	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	-	b			1b					
n Gr			Fundraising events		1c	361,627.				
iifts ar A					1d					
s, G		е	Government grants (contr	ributions)	1e	1,050,265.				
r Si		f	All other contributions, gifts,	grants, and						
ibut the			similar amounts not included	above	1f	914,621.				
ontr Id C		g	Noncash contributions included in	lines 1a-1f	1g \$	33,215.				
ano		h	Total. Add lines 1a-1f				2,326,513.			
						Business Code				
Program Service Revenue	2	a								
erv		b								
m S ven		C								
gra Re		d								
Pro		f	All other program service	revenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includ							
				-		, 	99,172.			99,172.
	4		Income from investment of							
	5		Royalties							
				(i)	Real	(ii) Personal				
	6	а		6a						
		b	Less: rental expenses $\dots$	6b						
		С	Rental income or (loss)	6c						
	_	d	Net rental income or (loss	·		(ii) Other				
	7	а	Gross amount from sales of		ecurities	(ii) Other				
		L	assets other than inventory Less: cost or other basis	7a <sup>2</sup> ,6	27,240.					
e		D	and sales expenses	<b>7b</b> 2,7	89,123.					
evenue		с	Gain or (loss)		.61,883.					
Rev			Net gain or (loss)				-161,883.			-161,883.
erF	8		Gross income from fundraisi							
Other			including \$							
			contributions reported on							
			Part IV, line 18		8a					
			Less: direct expenses			72,467.				
			Net income or (loss) from				-64,499.			-64,499.
	9	а	Gross income from gamin			60.050				
			Part IV, line 19							
			Less: direct expenses Net income or (loss) from				50,649.			50,649.
	10		Gross sales of inventory, I							
	10	u	and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from							
<i>/</i> ^			· · · · · ·			Business Code				
sno	11	а								
Miscellaneous Revenue		b								
cell.		с								
Mis			All other revenue							
_			Total. Add lines 11a-11d				0.040.055	-		
	12		Total revenue. See instruction	ons			2,249,952.	0.	0.	-76,561.
23200	9 12	-13-	22							Form <b>990</b> (2022

232009 12-13-22

9

2022.05000 ST. JOHN CENTER, INC.

06605011

ST. JOHN CENTER, INC. Part IX Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a respons	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	222,973.	222,973.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ŀ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	108,736.	43,495.	43,494.	21,74
;	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	1,378,393.	1,001,470.	189,977.	186,94
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,457.	19,864.	4,983.	3,61 8,12
)	Other employee benefits	130,436.	110,193.	12,120.	8,12
)	Payroll taxes	109,576.	76,394.	17,882.	15,30
	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	19,800.	14,652.	5,148.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,261.		15,261.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	26,167.	17,021.	8,160.	98
2	Advertising and promotion	40,085.			40,08
;	Office expenses	33,796.	12,412.	13,802.	7,58
	Information technology	15,585.	7,778.	3,061.	4,74
	Royalties				
i	Occupancy	66,758.	50,667.	13,121.	<u>2,97</u> 19
	Travel	40,667.	40,079.	393.	19
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	5,683.	2,958.	2,636.	8
	Interest				
	Payments to affiliates		-		
	Depreciation, depletion, and amortization	108,304.	87,677.	11,621.	9,00
	Insurance	22,295.	17,080.	5,215.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT LABOR	18,391.	16,757.	928.	70
b	MISCELLANEOUS	12,920.	10,684.	1,942.	29
с					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,404,283.	1,752,154.	349,744.	302,38
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			1		

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Check here

if following SOP 98-2 (ASC 958-720)

10 2022.05000 ST. JOHN CENTER, INC.

08471113 757979 0660501

ST. JOHN CENTER, INC. Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any li	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			656,821.	2	1,010,763.
	3	Pledges and grants receivable, net			982,023.	3	112,959.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
		controlled entity or family member of any of these	e person	s		5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described		· · · · · · · · · · · · · · · ·		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Â	9	Prepaid expenses and deferred charges			2,159.	9	5,900.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,572,124.	1 246 262		1 0 6 5 5 5 5 6
		Less: accumulated depreciation	10b	1,306,345.	1,346,860.		1,265,779.
	11	Investments - publicly traded securities			2,177,229.	11	2,838,904.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	F 224 205
	16	Total assets. Add lines 1 through 15 (must equa			5,165,092.		5,234,305.
	17	Accounts payable and accrued expenses			93,608.		95,686.
	18	Grants payable		18			
	19 00	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F			21		
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa				00	
Lial	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrelate		F		22 23	
	23 24	Unsecured notes and loans payable to unrelated		Г Г		23	
	24 25	Other liabilities (including federal income tax, pay				24	
	25	parties, and other liabilities not included on lines					
		· · · · · · · · · · · · · · · · · · ·	,	· .		25	
	26	Tabal Kabilitian Asial Kasa 47 daysarah 05			93,608.		95,686.
		Organizations that follow FASB ASC 958, chee		X	•		,
es		and complete lines 27, 28, 32, and 33.		_			
and	27	Net assets without donor restrictions			4,367,362.	27	4,534,595.
Bal	28	Net assets with donor restrictions			704,122.	28	604,024.
pu		Organizations that do not follow FASB ASC 95					
Ъ.		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	uipment	fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			5,071,484.	32	5,138,619.
	33	Total liabilities and net assets/fund balances			5,165,092.	33	5,234,305.
							Form <b>990</b> (2022)

Form	990 (2022) ST. JOHN CENTER, INC.	61-	-1135907	Pag	<sub>ge</sub> 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,249	),9	52.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,404	1,2	83.
3	Revenue less expenses. Subtract line 2 from line 1	3	-154		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,071	.,4	84.
5	Net unrealized gains (losses) on investments	5	221	.,4	66.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,138	3,6	19.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed auc	lit 📔		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	L

Form **990** (2022)

232012 12-13-22

SCHEDULE A	
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#### (Form 990)

Total

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

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

OMB No. 1545-0047
2022
Open to Public

Department of th Internal Revenue	Service	At /Go to www.irs.gov		Open to Public Inspection							
Name of the	e organization							identification number			
Dell		JOHN CENTE						1-1135907			
Part I	Reason for Public (	Charity Status.	(All organizations must o	omplete tl	his part.) S	ee instructior	1S.				
The organiza	ation is not a private found	lation because it is: (l	For lines 1 through 12, c	neck only	one box.)						
1 🗌 A	church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>-</sup>	1)(A)(i).					
2 🗌 A	school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)							
3 🗌 A	hospital or a cooperative	hospital service orga	anization described in se	ection 170	<b>)(b)(1)(A)(i</b> i	ii).					
4 🗌 A	medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,			
С	ity, and state:										
5 🗌 A	n organization operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	init describe	ed in			
s	section 170(b)(1)(A)(iv). (Complete Part II.)										
	federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).					
	n organization that norma	-					he general r	public described in			
	ection 170(b)(1)(A)(vi). (C			5			5				
	community trust describe		(1)(A)(vi). (Complete Par	t II.)							
	n agricultural research org				ed in coniu	unction with a	land-grant	college			
	r university or a non-land-g	-			-		-	-			
	niversity:				··, -··,	,					
	n organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. memberst	nip fees, and	d gross receipts from			
	ctivities related to its exen	• • • •					-	•			
	ncome and unrelated busir										
	ee section 509(a)(2). (Co				bood doqui		gamzation a				
	n organization organized a		ively to test for public sa	etv See	section 50	<b>19(a)(4)</b>					
	n organization organized a	-	•	•			arry out the	nurnoses of one or			
	nore publicly supported or										
	nes 12a through 12d that										
	Type I. A supporting orga	• •			-		-	aivina			
a 🔛	the supported organization	-		• • •	-						
				majonty c				ipporting			
ь	organization. You must o			ion with it	o ourporte	d organizatio	n(a) by bay	lina			
b 🛄	Type II. A supporting org	-				-		-			
	control or management o			ame perso	ns that co	ntroi or mana	ge the supp	Joned			
-	organization(s). You mus	•					II :				
с 📖	Type III functionally inte						ily integrate	a with,			
	its supported organization										
d 🛄	Type III non-functionally						° °				
	that is not functionally int						an attentiv	/eness			
	requirement (see instruct										
e 🔛	Check this box if the orga					Type I, Type	II, Type III				
	functionally integrated, or										
	the number of supported of	•									
	e the following information Name of supported	n about the supporte (ii) EIN	d organization(s).	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other			
(1)	organization	(1) 211	(described on lines 1-10		ing document?	support (see i	-	support (see instructions)			
			above (see instructions))	Yes	No						
								l			
		1	1		1	1		1			

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1986076.	1955000.	2807355.	3323301.	2326513.	12398245.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge $\dots$									
4	Total. Add lines 1 through 3	1986076.	1955000.	2807355.	3323301.	2326513.	12398245.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						12398245.			
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	1986076.	1955000.	2807355.	3323301.	2326513.	12398245.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources $\dots$	64,285.	60,435.	57,760.	98,228.	99,172.	379,880.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10					F	12778125.			
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12				
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)				
	organization, check this box and stop									
See	ction C. Computation of Publi		-				07.02			
14	Public support percentage for 2022 (I		•			14	97.03 %			
15	Public support percentage from 2021					15	97.11 %			
16a	33 1/3% support test - 2022. If the o						37			
	stop here. The organization qualifies		•							
b	<b>33 1/3% support test - 2021.</b> If the o				line 15 is 33 1/3%	or more, check th	is box			
	and <b>stop here.</b> The organization qual		•••							
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact			-	-	VI how the organiz	ation			
	meets the facts-and-circumstances te	-		• • • •						
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets th									
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation				

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

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## 61-113<u>5907 Page 2</u>

ST. JOHN CENTER, INC. Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

ST. JOHN CENTER, INC.

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.) Section A. Public Support

Je	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
70	3 received from disgualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third.	fourth, or fifth tax	year as a section 5	01(c)(3) orgai	nization,
					-		
See	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		15	%
16	Public support percentage from 2021		•			16	%
See	ction D. Computation of Invest						
	Investment income percentage for 20			ne 13. column (fi)		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
150	more than 33 1/3%, check this box a						
L		-	•		•••••		
C	<b>33 1/3% support tests - 2021.</b> If the	-					
20	line 18 is not more than 33 1/3%, che			-		•	
20	Private foundation. If the organization	DIT UIU HOL CHECK & I	50X 011 III 11 14, 19	a, UL 19D, CHECK I	IIS DUX AND SEE INS		
2320	23 12-09-22		15			Sched	dule A (Form 990) 2022
			т.)				

2022.05000 ST. JOHN CENTER, INC.

ST. JOHN CENTER, INC.

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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2022.05000 ST. JOHN CENTER, INC.

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	ST.	JOHN	CENTER,
Part IV	Supporting	Organizations	(continue	ed)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
~	Did the eventiantian an event for the hear of the constructed event interaction of a start the event of			

INC.

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

supervised or controlled the supporting organization

Section C.	Type II S	Supporting	g Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed
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Section D.	All Typ	e III Sup	porting	Organizations

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

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

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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17 2022.05000 ST. JOHN CENTER, INC. Yes No

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

ST. JOHN CENTER, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pre	ovide details in Part VI)		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	ne organization is responsive	•		
	(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	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>    i</u>	Carryover from 2017 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
7	Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

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ST. JOHN CENTER, INC.

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	ST.	JOHN	CENTER	, INC.				61-113590	/ Page 8
Part VI	Supplemental II Part IV, Section A, Iir line 1; Part IV, Sectio	on D, lines 2 ar	nd 3; Part	IV, Section E,	lines 1c, 2a, 2b,	3a, and 3i	o; Part V, II	ne 1; Part V,	Section B, line 1e;	; ion C, Part V,
	Section D, lines 5, 6, (See instructions.)	, and 8; and Pa	art V, Sect	ion E, lines 2,	5, and 6. Also c	omplete th	is part for	any additiona	al information.	
32028 12-09-2	2				20				Schedule A (For	n 990) 202
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#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Schedule	В
(Form 990)	

Department of the Treasury

Internal Revenue Service		
Name of the organization	<u>ו</u>	Employer identification number
	ST. JOHN CENTER, INC.	61-1135907
Organization type (cheo	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.
General Rule		
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib	•
Special Rules		
	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup	

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 totaling \$5,000 or more during the year \_\_\_\_\_\_\$

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).

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

Page **2** 

ST. JOHN CENTER, INC.

Employer identification number

61-1135907

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$409,694.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$360,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>271,856.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$99,839.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15-	22		Schedule B (Form 990) (2022)

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Name of organization

Page 3
Employer identification number

61-1135907

#### ST. JOHN CENTER, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	(see instructions). Use duplicate copies of Part		1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	· · · · · · · ·	(See instructions.)	

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2022.05000 ST. JOHN CENTER, INC.

lame of or	ganization		Emp	loyer identification number		
ST. JO	OHN CENTER, INC.		6	1-1135907		
Part III		) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that tota For organizations	I more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held		
$\vdash$		(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transfero	r to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held		
			_			
Γ		(e) Transfer of gift	·			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transfere	or to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held		
			_			
-		(e) Transfer of gift	I			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transfero	r to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held		
—						
F	(e) Transfer of gift					
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transfero	r to transferee		
23454 11-15-2	22	24		Schedule B (Form 990) (202		

2022.05000 ST. JOHN CENTER, INC. 06605011

50	HEDULE D	Su	pplement	al Financial State	ements	F	OMB No. 1545-0047
	n 990)	Coi	nplete if the orga	nization answered "Yes" on	Form 990,		2022
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.           Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Nam	e of the organization	on ST. JOHN	CENTER, I	NC.			dentification number 1135907
Par	rt I Organiza			d Funds or Other Simil	ar Funds or Ac		
	organizatior	n answered "Yes" on Fo	rm 990, Part IV, lir				
				(a) Donor advised fun	ids (t	<b>b)</b> Funds and	other accounts
1 2		d of year contributions to (during					
2	00 0	grants from (during yea					
4							
5				writing that the assets held in	donor advised fund	s	
	are the organization	n's property, subject to	the organization's	exclusive legal control?			Yes No
6	•	•		dvisors in writing that grant fu			
				r donor advisor, or for any oth		0	
Par	impermissible priva		Complete if the or	ganization answered "Yes" on	Form 990 Part IV	line 7	Yes No
1				on (check all that apply).	1 onn 000, 1 ar 10, 1		
		of land for public use (fe	, ,		eservation of a histor	rically import	ant land area
	Protection of	f natural habitat		Pre	eservation of a certif	ied historic st	tructure
	Preservation	of open space					
2	•	<b>v v</b>	zation held a quali	fied conservation contribution	in the form of a con		
_	day of the tax year						t the End of the Tax Year
a b		icted by conservation easements				2a 2b	
	-	•		ucture included in (a)		2c	
				after July 25,2006, and not on	Г		
			., .			2d	
3				eased, extinguished, or termir		ation during	the tax
4	Number of states w	vhere property subject t	o conservation ea	sement is located			
5	Does the organizat	ion have a written policy	/ regarding the pe	riodic monitoring, inspection, h	nandling of		
~	,	provide the conserverse deviated to manife			foreing concernation		
6		nours devoted to moni	toring, inspecting,	handling of violations, and en	forcing conservation	1 easements	during the year
7	Amount of expense	es incurred in monitoring	g, inspecting, hand	lling of violations, and enforcir	ng conservation eas	ements durin	g the year
8		•	• •	e satisfy the requirements of s			
9				on easements in its revenue a			Yes No
J		•	•	note to the organization's finar	•		ne
Par		ounting for conservation Itions Maintaining		f Art, Historical Treasu	res, or Other Si	milar Asse	ets.
	Complete if	the organization answe	red "Yes" on Form	990, Part IV, line 8.			
<b>1</b> a	8	, ,		8, not to report in its revenue			rks
			•	olic exhibition, education, or re		ce of public	
h	· •			ncial statements that describe i8, to report in its revenue stat		sheet works	of
D	-			exhibition, education, or rese			
		ng amounts relating to t	•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•	• •				\$	
2	•			asures, or other similar assets	0 1	rovide	
	-			SC 958 relating to these items		¢	
		eduction Act Notice, se		s for Form 990.			ule D (Form 990) 2022
	1 09-01-22					Geneu	
_0200				25			

0	847	1113	757979	0660501
v	0 - /	<b>TTT</b>	131313	0000001

	~	-					
2	2		٥	5	n	٥	

Sche	dule D (Form 990) 2022 ST. JOHN	CENTER, I	NC.			6	51-11	35907	Pa	age <b>2</b>
Par	t III Organizations Maintaining Coll			asures, or	Other S					<u> </u>
3	Using the organization's acquisition, accession,	and other records	, check any of the f	following that	make sigr	nificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collect	ctions and explain	how they further th	ne organizatior	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or re	ceive donations of	art, historical treas	sures, or other	r similar as	ssets		-		,
D	to be sold to raise funds rather than to be mainta							Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Part X		e if the organizatio	n answered "`	Yes" on F	orm 990,	Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for contribution	s or other asse	ets not ind	cluded				
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII and	I complete the follo	owing table:							
								Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					<b>1</b> f		7		1
	Did the organization include an amount on Form					?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. Ch									]
T ai		a) Current year	(b) Prior year	(c) Two years		<b>d)</b> Three ye	are hack	(e) Four	Veare	hack
10		1,454,464.	1,588,083.				59,139.		974,0	
la b	Beginning of year balance	1,101,101.	101,894.		,401.		22,590.		<i></i>	
0	Contributions	97,235.	-224,531.		,430.		54,181.		60 '	756.
с А	Grants or scholarships				,				,	
	Other expenditures for facilities									
C	and programs									
f	Administrative expenses	10,115.	10,982.	9	,258.		7,400.		7.4	441.
g	End of year balance	1,541,584.	1,454,464.		-	1,03	, 38,510.		, 959	
2	Provide the estimated percentage of the current				, ,	,	•			
а	Board designated or quasi-endowment	100	%	,						
b	Permanent endowment	%	-							
с	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possession	on of the organizat	ion that are held ar	nd administere	ed for the			-		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the org		ment funds.							
Par	t VI Land, Buildings, and Equipmen				Davit V. Ku	. 10				
	Complete if the organization answered "Y	1								
	Description of property	(a) Cost or otl basis (investme	• • •	or other (other)	• • •	cumulate	d	(d) Bool	< value	;
	Land		Dasis		uepr	eciation				
	Land		2 53	6 608	1 2'	76 15	2	1,260	) / 5	56
	Buildings		<u> </u>	6,608.	1,4	76,15		<b>_</b> ,200	,43	
	Leasehold improvements		2	5,516.		30,19	3		5,32	23
	EquipmentOther			<u>,,,,,</u>		,_,	• •		, , , , 2	
-	Other		( oolump (D) line 1					1,265	5.77	79.
TOLA	. Aud intes ta through te. (Column (a) must equa	<u>u Forni 990, Part X</u>	<u>, column (B), line 1</u>				 Schedule			
									/	

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Schedule D (Form 990) 2022	ST. JOHN CE	NTER, INC.		61-1135907 Page
	Other Securities.			
			11b. See Form 990, Part X, line 12	
(a) Description of security or categ	Ory (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990				
Part VIII Investments - I	-			
			11c. See Form 990, Part X, line 13	
(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>fotal</b> . (Col. (b) must equal Form 990	, Part X, col. (B) line 13.)			
Part IX Other Assets.				
Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	rm 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities	S.			
		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
. (a) De	escription of liability			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(5) (6)				
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9)	rm 990 Part X col (R) line	e 25 )		

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

Schedule D (Form 990) 2022

232053 09-01-22

	edule D (Form 990) 2022 ST JOHN CENTER, INC.				1135907 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,652,550.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	221,466.		
b	Donated services and use of facilities	2b	112,226.		
с	Recoveries of prior year grants	2c			
d			84,167.		
е	Add lines 2a through 2d			2e	417,859.
3	Subtract line 2e from line 1			3	2,234,691.
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	15,261.		
b	Other (Describe in Part XIII.)	4b			
				4c	15,261.
c					
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,249,952.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per R	•	
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nents With	Expenses per R	•	n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten	<b>nents With</b> <sup>2a.</sup>	Expenses per R	•	
c 5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<b>nents With</b> <sup>2a.</sup>	Expenses per R	letur	n.
с 5 Ра	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12.</i> )         rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements	nents With	Expenses per R	letur	n.
с 5 Ра 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With 2a. 2a	Expenses per R	letur	n.
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With           2a            2a            2b	Expenses per R	letur	n.
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	Pents With           2a            2a            2b            2c	Expenses per R	letur	n. 2,585,415.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a            2a            2b            2c            2d	Expenses per R 112,226. 84,167.	letur	n. 2,585,415. 196,393.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a            2a            2b            2c            2d	Expenses per R 112,226. 84,167.	1	n. 2,585,415.
c 5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a            2a            2b            2c            2d	Expenses per R 112,226. 84,167.	1 2e	n. 2,585,415. 196,393.
c Fai 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	Expenses per R 112,226. 84,167.	1 2e	n. 2,585,415. 196,393.
c 5 Pa 1 2 a b c d 8 3 4	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per R 112,226. 84,167.	1 2e	n. 2,585,415. 196,393. 2,389,022.
c 5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12,</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           4a           4b	Expenses per R 112,226. 84,167. 15,261.	1 2e	n. 2,585,415. 196,393. 2,389,022. 15,261.
c 5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12.</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2b           2c         2c           2d         2d           4a         4b	Expenses per R 112,226. 84,167. 15,261.	1 2e 3	n. 2,585,415. 196,393. 2,389,022.

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

#### PART V, LINE 4:

ALL ENDOWMENT FUNDS ARE HELD TO SUPPORT THE MISSION OF THE CENTER.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL, KENTUCKY AND LOCAL INCOME TAXES

AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER INTERNAL REVENUE CODE

SECTION 501(C)(3). THE ORGANIZATION FILES AN INFORMATIONAL TAX RETURN IN

THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY

GENERAL. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO

THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS

UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THAT THE

ORGANIZATION HAS UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30,

232054 09-01-22

2022.05000 ST. JOHN CENTER, INC. 06605011

	(Form 990) 2022			CENTER,	INC.
Part XIII	Supplemental	Information	(continue	ed)	

2023 AND 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSE

84,167.

84,167.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, (	or if the	2022	
Department of the Treasury	, , , , , , , , , , , , , , , , , , ,		Open to Public						
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and t	ne latest information			Inspection	
Name of the organizatior		N CENTER, INC.					Employer ide 61-1135	entification number 907	
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17			
· · ·	complete this part								
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events								
		art VII) or entity in connection with pr <i>r</i> iduals or entities (fundraisers) pursua			•	ne fun	draiser is to b		
compensated at le									
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) from activity listed in col. (i)							r retained by) fundraiser	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No					
Total									
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration	

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

Schedule G (Form 990) 2022

232081 10-27-22

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

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1 RAISIN' THE RENT	(b) Event #2 EXTRA MILE	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
~			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	369,320.	275.		369,595.
	2	Less: Contributions	361,352.	275.		361,627.
	3	Gross income (line 1 minus line 2)	7,968.			7,968.
	4	Cash prizes	5,913.			5,913.
s	5	Noncash prizes	507.			507.
pense	6	Rent/facility costs	6,300.			6,300.
Direct Expenses	7	Food and beverages	27,689.			27,689.
D	8	Entertainment				15,000.
	9	Other direct expenses		823.		17,058.
		Direct expense summary. Add lines 4 through				72,467.
		Net income summary. Subtract line 10 from I				-64,499.
Pa	rt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			62,350.	62,350.
es	2	Cash prizes			1,937.	1,937.
ztbens	3	Noncash prizes			7,150.	7,150.
Direct Expenses	4	Rent/facility costs				-
	5	Other direct expenses			2,614.	2,614.

	6	Volunteer labor	No	No	X No		
	7	11	.,701.				
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			50	),649.
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities: K	v			
-			· · · _				<u> </u>
6	a ist	he organization licensed to conduct gaming a	ictivities in each of these s	states?		X Yes	No
k	) If "	No," explain:					

%

Yes

%

Yes

%

Yes

232082 10-27-22

Schedule G (Form 990) 2022

<sup>10</sup>a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? X No Yes b If "Yes," explain:

Schedule G (Form 990) 2022 ST. JOHN CENTER, INC. 6	1-1135907	Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?	X Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	
<ul><li>to administer charitable gaming?</li><li>13 Indicate the percentage of gaming activity conducted in:</li></ul>	[] Yes	
a The organization's facility	13a	%
<b>b</b> An outside facility		.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name DAWN HOWARD		
Address 700 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amour	nt	
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name JANE WALSH		
Name JANE WALSH		
Gaming manager compensation \$ 1,500.		
Description of services provided OVERSEES THE OPERATION OF THE RAFFLES.		
Director/officer		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?		X No
<ul> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in thoroganization's own exempt activities during the tax year</li> </ul>	e	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9	)b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
232083 10-27-22 So	chedule G (Form	990) 2022
32		

	Schedule G (Form 990
32084 04-01-22	33 2022.05000 ST. JOHN CENTER, INC. 06605
71113 757979 0660501	2022.05000 ST. JOHN CENTER, INC. 06605

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								0. 1545-0047
Department of the Treasury	Attach to Form 990.								
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.								pection
Name of the organization								Employer identifica	
									135907
Part I General Information									
1 Does the organization ma			6	,	<b>o o</b> ,	8	,		5
criteria used to award the 2 Describe in Part IV the or	•		oring the use of grant :						
Part II Grants and Other	Assistance to I	Domestic Organiz	ations and Domestic be duplicated if addition	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
1 (a) Name and address of or government	0	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assista	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

Part III	Grants and Other Assistance to Domestic Individuals.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.		

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE FOR CLIENTS TO ACCESS HOUSING AND					
EMPLOYMENT AND TO APPLY FOR OTHER SUPPORT.	1056	220,921.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THIS IS INPUT DAILY AND ELECTRONIC RECORDS ARE KEPT ON FILE. DISBURSEMENTS

ARE PAID TO THE PROVIDER (TARC, CORT FURNITURE, LANDLORD'S NAME, ETC) AND

THE CLIENT NAME IS INCLUDED IN THE MEMO LINE AS WELL AS WITHIN QUICKBOOKS.

EACH DISBURSEMENT REQUIRES A COVER PAGE WITH APPROPRIATE MANAGER LEVEL

APPROVAL AS OUTLINED IN THE FINANCIAL POLICIES & PROCEDURES MANUAL. THE

DATA IS REVIEWED MULTIPLE TIMES BY DIFFERENT FINANCE PERSONNEL THROUGH THE

AGENCY'S MONTHLY STANDARD OPERATING PROCEDURES.

61-1135907

SCHEDULE	Μ
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047

2022

**Open to Public** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	inspect	
Employer	identification	numbe

Name of the organization	
--------------------------	--

Employer Identification num
61-1135907

ST. JOHN CENTER, INC.

Pal	rt I   Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	S
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		3	33,215.	FAIR MARKET	VAI	LUE	
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							
23 24	Archeological artifacts							
24 25								
	Other (							
26 07	Other (							
27	Other (	)						
28	Other (	)	 					
29	Number of Forms 8283 received by the org							
	for which the organization completed Form	8283, Part V, L	Jonee Acknowledg	ement 29			Vee	Na
20-	Duving the year did the superior tier was the			outod in Dout I. lines of the	h 00 that it		Yes	No
30a	During the year, did the organization receive							
	must hold for at least 3 years from the date			•				v
	exempt purposes for the entire holding peri					30a	_	X
	If "Yes," describe the arrangement in Part II		auiroo tha maria	of any nanatan daval a sub-	tionol			v
31	Does the organization have a gift acceptant		-	•	tions?	31		X
32a	Does the organization hire or use third parti		•					v
-						32a		Х
	,							
33	If the organization didn't report an amount i	n column (c) fo	r a type of property	/ tor which column (a) is cheo	cked,			
	describe in Part II.				<b>A</b> · · · · ·			
LHA	For Paperwork Reduction Act Notice, s	ee the Instruc	tions for Form 990	).	Schedule N	/I (Form	1 990)	2022

NC. 61-1135907 Page 2

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

	37	
232142 09-09-22		Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



61-1135907

ST. JOHN CENTER, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSING AND SELF-SUFFICIENCY SO THEY CAN LEAVE HOMELESSNESS FOR GOOD.

OUR VISION IS A CITY WHERE ALL PEOPLE EXPERIENCING HOMELESSNESS HAVE

THE RESOURCES AND SUPPORT THEY NEED TO LEAVE HOMELESSNESS FOR GOOD.

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990

PROGRAMS: DAY SHELTER AND SOCIAL SERVICES CENTER, PERMANENT SUPPORTIVE

HOUSING, AND STREET OUTREACH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DOCUMENTATION AND COMMUNITY RESOURCE REFERRALS. 2) HOUSING SUPPORT

TWO HOUSING SPECIALISTS WORK WITH CLIENTS WHO NEED ASSISTANCE SERVICES.

3) WITH NAVIGATING THE HOUSING PROCESS. SERVICE PARTNERS. THE PROGRAM

WELCOMES COMMUNITY VOLUNTEERS AND OTHER HOMELESS SERVICES PARTNERS.

REPRESENTATIVES FROM THE VETERANS ADMINISTRATION, LEGAL AID, THE COMMON

ASSESSMENT TEAM, KY HARM REDUCTION COALITION AND WELLSPRING'S ASSERTIVE

COMMUNITY TREATMENT TEAM (FOR MENTAL HEALTH NEEDS) ARE ONSITE

REGULARLY. 4) BASIC SERVICES. THE DAY SHELTER AND SOCIAL SERVICES

CENTER OFFERS A PLACE FOR INDIVIDUALS TO RECEIVE MAIL, MAKE PHONE

CALLS, AND TAKE SHOWERS.

FORM 990, PART III, LINE 4B, **PROGRAM SERVICE ACCOMPLISHMENTS:** HOUSING FOR 12 OR MORE MONTHS, WHICH EXCEEDS HUD'S INDICATOR FOR HOUSING RETENTION OF 80%; 55% OF CLIENTS OBTAINED, MAINTAINED, OR INCREASED INCOME.

3-1-1 CALLS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD REVIEWS THE FORM 990 PRIOR TO SUBMISSION TO THE IRS EACH YEAR.

THE REVIEW PROCESS MAY TAKE PLACE AT A BOARD MEETING, IF SCHEDULES PERMIT,

OR ON AN INDIVIDUAL BASIS.

IF THE REVIEW TAKES PLACE OUTSIDE A BOARD MEETING, THE PROCESS IS AS

FOLLOWS:

FORM 990 IS EMAILED AND/OR MAILED TO EACH OF THE BOARD MEMBERS. BOARD MEMBERS ARE ENCOURAGED TO SUBMIT QUESTIONS TO THE BOARD TREASURER. EACH MEMBER IS ASKED TO SEND NOTICE TO THE EXECUTIVE DIRECTOR THAT SHE/HE HAS RECEIVED AND REVIEWED THE FORM 990. ONCE ANY QUESTIONS ARE ANSWERED, CONCERNS ADDRESSED, AND A MAJORITY OF BOARD MEMBERS HAVE CONFIRMED RECEIPT AND REVIEW, THE FORM 990 IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL DISCLOSURE OF CONFLICT OF INTEREST: BEFORE SIGNING A CONTRACT WITH LOUISVILLE METRO GOVERNMENT FOR ANY GRANT AGREEMENT, THE AGENCY IS ASKED TO DISCLOSE ANY RELATIONSHIP WITH AN EMPLOYEE OF CITY GOVERNMENT. MANAGEMENT ASKS ALL BOARD MEMBERS TO COMPLETE A DISCLOSURE FORM ANNUALLY.

MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY: WHEN RECRUITING POTENTIAL NEW BOARD MEMBERS, THE EXECUTIVE COMMITTEE AND BOARD DEVELOPMENT COMMITTEE DISCUSS POTENTIAL CONFLICTS OF INTEREST. CONCERNS ARE ADDRESSED WITH THE CANDIDATE AND CLEAR EXPECTATIONS FOR THE BUSINESS RELATIONSHIP ARE 232212 10-28-22 39

08471113 757979 0660501

2022.05000 ST. JOHN CENTER, INC.

Name of the organization

ST. JOHN CENTER, INC.

Employer identification number 61 - 1135907

ESTABLISHED.

IT IS THE POLICY OF THE AGENCY TO PROHIBIT ITS EMPLOYEES FROM ENGAGING IN ANY ACTIVITY, PRACTICE, OR CONDUCT WHICH CONFLICTS WITH, OR APPEARS TO CONFLICT WITH, THE INTERESTS OF THE AGENCY, ITS CLIENTS, OR ITS FUNDERS. SINCE IT IS IMPOSSIBLE TO DESCRIBE ALL OF THE SITUATIONS THAT MAY CAUSE OR GIVE THE APPEARANCE OF A CONFLICT OF INTEREST, THE PROHIBITIONS INCLUDED IN THIS POLICY ARE NOT INTENDED TO BE EXHAUSTIVE AND INCLUDE ONLY SOME OF THE MORE CLEAR-CUT EXAMPLES. CONFLICTS OF INTEREST MAY ARISE FROM THE SOLICITATION OR ACCEPTANCE OF GIFTS OR GRATUITIES BY EMPLOYEES FOR THEIR PERSONAL BENEFIT IN EXCESS OF A MINIMAL VALUE. AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OCCURS WHEN AN EMPLOYEE IS IN A POSITION TO INFLUENCE A DECISION BY THE AGENCY THAT MAY RESULT IN A PERSONAL GAIN FOR THAT EMPLOYEE OR FOR A RELATIVE OR FRIEND. A CONFLICT WILL NOT BE PRESUMED BY THE MERE EXISTENCE OF A RELATIONSHIP WITH OUTSIDE AGENCIES. HOWEVER, IF AN EMPLOYEE HAS ANY INFLUENCE OVER TRANSACTIONS INVOLVING PURCHASES, CONTRACTS, OR LEASES, IT IS IMPERATIVE THAT HE OR SHE DISCLOSE SUCH INFLUENCE TO THE EXECUTIVE DIRECTOR IMMEDIATELY SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

FORM 990, PART VI, SECTION B, LINE 15:

IN PREPARATION FOR THE FYE BUDGET, AND IN ACCORDANCE WITH AGENCY

GUIDELINES, ST. JOHN CENTER'S EXECUTIVE AND FINANCE COMMITTEES, SERVING AS

THE COMPENSATION COMMITTEE, CONDUCTED A COMPENSATION REVIEW AND

COMPARATIVE.

COMPENSATION DATA WAS COLLECTED FROM:

- CONVERSATIONS WITH HR PROFESSIONALS FROM A SAMPLING OF AGENCIES IN

LOUISVILLE THAT SHARE A MISSION AND PERFORM SIMILAR WORK

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization ST. JOHN CENTER, INC.	Page 2 Employer identification number 61-1135907
- CONVERSATIONS WITH HR PROFESSIONALS FROM A SAMPLING OF A	GENCIES IN
LOUISVILLE THAT HAVE A SIMILAR SIZE BUDGET	
- A NATIONAL DATABASE, WITH DATA SEGMENTED BY GEOGRAPHIC R	EGION, SIZE OF
BUDGET, AND FIELD OF WORK.	
A COMPENSATION EXPERT WHO SERVES ON ST. JOHN CENTERS FINAN	CE COMMITTEE
EVALUATED THE DATA AND PROVIDED ANALYSIS AND RECOMMENDATION	NS TO FINANCE
COMMITTEE AND EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE MADE AVAILABLE WHEN REQUESTED BY A DONOR	, VOLUNTEER,
STAFF OR INTERESTED PARTY.	

232161 09-14-22 LHA

### 42

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

## Department of the Treasury Internal Revenue Service

Name of the organization

ST. JOHN CENTER, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
ST. JOHN CENTER PROPERTIES LLC - 92-0271042					
700 E MUHAMMAD ALI BLVD					
LOUISVILLE, KY 40202	HOUSING DEVELOPMENT	KENTUCKY	٥.	0.	ST. JOHN CENTER, INC.
	1				
	1				

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
	1						

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

22 20 Open to Public Inspection

Employer identification number

61-1135907

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	· · · · · · · · · · · · · · · · · · ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	1										
											+
	1										
	{										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
	1								
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

#### Schedule R (Form 990) 2022 ST. JOHN CENTER, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes	) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2022

ST. JOHN CENTER, INC.

#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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