990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))  For calendar year 2022 or other tax year beginning 7/1/2022 , and ending 6/30/2023 .					
Form OOO						
	For calen			Open to Public Inspection		
Department of the Treasury Internal Revenue Service	Do no	Go to www.irs.gov/Form990T for instructions and the latest information. t enter SSN numbers on this form as it may be made public if your organization is a 501(c)	(3).	for 501(c)(3) Organizations Only		
A Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	D Emplo	yer identification number		
B Exempt under section						
X 501( C )( 3 )	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		up exemption number		
408(e) 220(e)	or	4455 Woodson Road	(see in	structions)		
408A 530(a)	Туре	City or town State ZIP code	928			
529(a) 529A		Saint Louis MO 63134				
		Foreign country name Foreign province/state/county Foreign postal code		Check box if an amended return.		
	C Book v	alue of all assets at end of year		)		
G Check organization ty		501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university		
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form	2439			
I Check if a 501(c)(3) of	organizatio	on filing a consolidated return with a 501(c)(2) titleholding corporation				
		chedules A (Form 990-T)				
		pration a subsidiary in an affiliated group or a parent-subsidiary controlled group?				
•		ifying number of the parent corporation				
L The books are in care	e of Ke	evin J. Prior, CPA, CFA Telephone number 3	14-427-	2500		
		usiness Taxable Income				
1 Total of unrelated	business t	axable income computed from all unrelated trades or businesses (see				
•			1			
			2			
			3			
	•	e instructions for limitation rules)	4			
		able income before net operating losses. Subtract line 4 from line 3	5			
		oss. See instructions	. 6			
		axable income before specific deduction and section 199A deduction.				
			7			
•		/ \$1,000, but see instructions for exceptions)	8			
		tion. See instructions				
		8 and 9	10			
		e income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
			11			
Part II Tax Com			1 4 1			
		orporations. Multiply Part I, line 11 by 21% (0.21)	1			
		s. See instructions for tax computation. Income tax on the amount on				
Part I, line 11 from		ax rate schedule or Schedule D (Form 1041)	2			
<ul><li>3 Proxy tax. See ins</li><li>4 Other tax amounts</li></ul>			3			
			4 5			
Alternative minimu	лп ках (пи	sts only)	J			

**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies . . . . . . . . . . . . . . .

0

6

7

6

Part	Ш	ax and Payments				
1a	Foreign t	ax credit (corporations attach Form 1118; trust	s attach Form 1116) 1	а		
b	Other cr	edits (see instructions)	1	b		
С	General	business credit. Attach Form 3800 (see ins	tructions) 1	С		
d	Credit fo	r prior year minimum tax (attach Form 880	l or 8827)	d		
е	Total cr	edits. Add lines 1a through 1d			. 1e	0
2	Subtract	line 1e from Part II, line 7			. 2	0
3		ounts due. Check if from: Form 4255	Form 8611 Form 869	7 Form 8866		
			nent)		,	
4		c. Add lines 2 and 3 (see instructions).		ously deferred unde	r	
		294. Enter tax amount here			0. 4	0
5		net 965 tax liability paid from Form 965-A, F			. 5	
6a	-	ts: A 2021 overpayment credited to 2022 .		ia		
b	2022 esti	mated tax payments. Check if section 643(g) e	election applies 6	ib .		
С	Tax dep	osited with Form 8868	6	Sic .		
d	Foreign	organizations: Tax paid or withheld at sourc	ce (see instructions) 6	id		
е	Backup	withholding (see instructions)	6	ie l		
f	Credit fo	r small employer health insuran <u>ce p</u> remium	is (attach Form 8941)	Sf Sf		
g	Other cre	dits, adjustments, and payments: Form 2	439			
	Form	4136 Other	Total	g	0	
7		yments. Add lines 6a through 6g			. 7	0
8	_	ed tax penalty (see instructions). Check if Fo			8	
9		. If line 7 is smaller than the total of lines 4,				0
10		ment. If line 7 is larger than the total of line			<del> </del>	0
11		amount of line 10 you want: Credited to 2023		Refund		0
Part		Statements Regarding Certain Activ		on (see instruction	3)	
1		me during the 2022 calendar year, did the d				Yes No
	-	nancial account (bank, securities, or other)	-	_		
		Form 114, Report of Foreign Bank and Fina		-	=	
	here				,	X
2	During th	e tax year, did the organization receive a distri	bution from or was it the granto	r of, or transferor to,	a foreign trust?	Х
		see instructions for other forms the organiz		,		
3		e amount of tax-exempt interest received or		\$		
4		ailable pre-2018 NOL carryovers here			NOL carryover	
		n Schedule A (Form 990-T). Don't reduce t				
	Part I, lir			, ,	•	
5		7 NOL carryovers. Enter the Business Acti	vity Code and available post-	2017 NOL carryove	rs. Don't reduce	
		unts shown below by any NOL claimed on a	-			
		Business Activity Code			17 NOL carryover	
	541800				503,141	
				3		
				\$ \$		
				\$ \$ \$		
				\$ \$ 		
6a	Did the o	organization change its method of accounting	ng? (see instructions)	\$ \$ \$		X
		organization change its method of accounting	- ,	\$ \$ \$		X
6a b	If 6a is "	Yes," has the organization described the ch	ange on Form 990, 990-EZ, 9	\$		X
b	If 6a is " explain i	Yes," has the organization described the ch	ange on Form 990, 990-EZ, 9	\$		X
b Part	If 6a is " explain i	Yes," has the organization described the chan Part V	ange on Form 990, 990-EZ, 9	\$		X
b Part	If 6a is " explain i	Yes," has the organization described the ch	ange on Form 990, 990-EZ, 9	\$		X
b Part	If 6a is " explain i	Yes," has the organization described the chan Part V	ange on Form 990, 990-EZ, 9	\$		X
b Part	If 6a is " explain i  Se the exp	Yes," has the organization described the chan Part V	ange on Form 990, 990-EZ, 9	\$	28? If "No,"	X
<b>b</b> Part  Provid	explain i  Set the explain i  Under belief, i	Yes," has the organization described the chan Part V	ange on Form 990, 990-EZ, 9	\$	28? If "No,"	X
Part Provid	If 6a is " explain i  Se the exp  Under belief, i	Yes," has the organization described the chan Part V	ange on Form 990, 990-EZ, 9	\$	28? If "No,"  cuctions.  knowledge and ledge.  May the IRS discuss the	nis return with
<b>b</b> Part  Provid	If 6a is "" explain i V S e the exp  Under   belief, i	Yes," has the organization described the charge of the part V	ange on Form 990, 990-EZ, 9	\$	R8? If "No,"  Tuctions.  knowledge and ledge.  May the IRS discuss the preparer shown be	ais return with
Part Provid	If 6a is "" explain i V S e the exp  Under   belief, i	Yes," has the organization described the chan Part V	provide any other additional in a companying schedules and state an taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer).	\$	Regretaria (No.)"  Fuctions.  knowledge and ledge.  May the IRS discuss the preparer shown be instructions)?	ais return with
Part Provid Sign Here	If 6a is "" explain i V S e the exp  Under   belief, i	Yes," has the organization described the chan Part V	ange on Form 990, 990-EZ, 9	\$	Regretaria (No.)"  Fuctions.  In the interval of the preparer shown be instructions)?    Check	nis return with low (see
Part Provid Sign Here	If 6a is "" explain i V S e the exp  Under belief, i Sr Signa	Yes," has the organization described the chan Part V	provide any other additional in a companying schedules and state an taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer).	\$	R8? If "No,"  Tuctions.  knowledge and ledge.  May the IRS discuss the preparer shown be instructions)?	nis return with low (see
Part Provid Sign Here	If 6a is "" explain i  V S e the exp Under belief, i Sr Signa	Yes," has the organization described the chan Part V	provide any other additional in a companying schedules and state an taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer) is based on all information of a companying schedules and state and taxpayer).	\$	Regretaria (No.)"  Fuctions.  In the interval of the preparer shown be instructions)?    Check	nis return with low (see es No

## SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

B Employer identification number

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Cath	olic Health Association of the United States			43-0653271			
<u>c</u> ს	Inrelated business activity code (see instructions)	<u> </u>	541800	<b>D</b> Sequence	e: 1	of	1
<b>-</b> 5	Advantaine Dubli	- Dala	tions O Doloted Comics	_			
		c Reia	tions, & Related Service				
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net	:
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c	0				
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3	0				0
4a	Capital gain net income (attach Schedule D (Form 1041 or						
	Form 1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See						
	instructions	4b					
C	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
_	statement)	5					
6	Rent income (Part IV)	6 7 <sup>4</sup>					
7	Unrelated debt-financed income (Part V)	/					
8	Interest, annuities, royalties, and rents from a controlled						
•	organization (Part VI)	8			-		
9	Investment income of section 501(c)(7), (9), or (17)						
10	organizations (Part VII)	9			-		
11	Advertising income (Part IX)	11	27,870	0.1	,681		-63,811
12	Other income (see instructions; attach statement).	12	21,010	9	,001		-03,011
13	Total. Combine lines 3 through 12	13	27,870	91	,681		-63,811
Par	t II Deductions Not Taken Elsewhere See instruction						00,011
	directly connected with the unrelated business inc						
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions		7 8a				
8	Less depreciation claimed in Part III and elsewhere on return .		<b>8a</b>		8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)				14		
15	<b>Total deductions.</b> Add lines 1 through 14				15		0
16	Unrelated business income before net operating loss deduction						00.04:
4-7	column (C)				16		-63,811
17 18	Deduction for net operating loss. See instructions				17		-63 811

	ule A (Form 990-T) 2022 Catholic Health Associat	ion of the United Sta	tes	43-0653271	Page <b>2</b>
Par		nod of inventory valu			
1	Inventory at beginning of year				
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)			5	
6	<b>Total.</b> Add lines 1 through 5				0
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				0
9	Do the rules of section 263A (with respect to property prod	duced or acquired for r	esale) apply to the orga	nization?	Yes No
Par	t IV Rent Income (From Real Property and	l Personal Prope	rty Leased with Re	eal Property)	
1	Description of property (property street address, city,	state, ZIP code). Che	eck if a dual-use. See	instructions.	
	A 🗍				
	вП				
	c 🗆				
	D [	1 4		0	
_	Doub received an economical	Α	В	С	D
2	Rent received or accrued From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)	<b>▲</b> 4			
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	• 0	0	0	0
	•				
3	Total rents received or accrued. Add line 2c columns	A through D. Enter h	ere and on Part I, line	6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
_	Total deductions. Add line 4 columns A through D. E	mtor bare and an Day	et Lline C. column (D)		0
5	Total deductions. Add line 4 coldnins A through D. E.	niei nele and on Fai	t i, line o, coluinii (b)	· · · · · · <u> </u>	0
Pai	t V Unrelated Debt-Financed Income (see	e instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code	). Check if a dual-use.	See instructions.	
	A				
	вП	•			
	c				
	Ď H				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		В	<u> </u>	ט
-	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)	0	0	0	0
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)		2.1	2.1	
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	0	0	0	0
8	Total gross income (add line 7, columns A through D	)). Enter here and on	Part I, line 7, column	(A)	0
^	· · · · · · · · · · · · · · · · · · ·	0		0	
9	Allocable deductions. Multiply line 3c by line 6.	0	ا ا	υ <u>j</u>	0
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here	and on Part I, line 7, o	olumn (B)	0
11	Total dividends - received deductions included in lin	ne 10			

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

5

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Schedu	ule A (Form 990-T) 2022 C	atholic Health Association	on of the United Sta	tes	43-065	3271	Page <b>4</b>
Par							,
1	Name(s) of periodical(s). Check be	ox if reporting two or mo	re periodicals on a d	consolidated basis.			
	A Health Progress						
	B Catholic Health World						
	с						
	р 🗏						
Enter	amounts for each periodical listed	above in the correspond	ing column.				
	·	'	Α	В	С		D
2	Gross advertising income	[	1,060	26,810			
а	Add columns A through D. Enter h	pere and on Part I line 1:	1 column (A)				27,870
а	•	-					21,010
3	Direct advertising costs by periodic	cal	15,172	76,509			
а	Add columns A through D. Enter h	ere and on Part I. line 1	1. column (B)				91,681
	_	F					
4	Advertising gain (loss). Subtract lin						
	2. For any column in line 4 showin complete lines 5 through 8. For an						
	line 4 showing a loss or zero, do n	=					
	lines 5 through 7, and enter zero		-14,112	-49,699		0	0
5	Readership costs		- 17, 112	-40,000			
6	Circulation income						
7	Excess readership costs. If line 6 i	is less than					
	line 5, subtract line 6 from line 5. It						
	than line 6, enter zero		0	0		0	0
8	Excess readership costs allowed a						
	deduction. For each column show			_		_	
	line 4, enter the lesser of line 4 or		0	0		0	0
а	Add line 8, columns A through D. I						0
-	Part II, line 13						0
Par	t X Compensation of Office	cers, Directors, and	Trustees (see in	structions)	İ		
		_ (			ercentage		pensation
	1. Name		2. Title		ne devoted		table to
				ιο	business	unrelated	d business
(1)					%		
(2)					%		
(3)					% %		
(4)					70		
Tota	I. Enter here and on Part II, line 1 .						0
	t XI Supplemental Informa	tion (see instructions	<u> </u>				
	Cappionional mornia	A TOTAL COST IN COST COST COST COST COST COST COST COST	·/				
		<b>)</b>					
	*						