

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning 7/1/2023, and ending 6/30/2024

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

Department of the Treasury Internal Revenue Service

A Check box if address changed. B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529A

Name of organization Catholic Health Association of the United States. Number, street, and room or suite no. 4455 Woodson Road. City or town Saint Louis, State MO, ZIP code 63134-3701.

D Employer identification number 43-0653271. E Group exemption number 0928. F Check box if an amended return.

C Book value of all assets at end of year 70,383,473

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of Kevin J. Prior, CPA, CFA Telephone number (314) 427-2500

Part I Total Unrelated Business Taxable Income. Table with 11 rows and 2 columns (Amount, 0).

Part II Tax Computation. Table with 7 rows and 2 columns (Amount, 0).

Part III Tax and Payments. Table with 5 main rows and sub-rows (1a-1d, 2, 3a-3e, 4, 5) and 2 columns (Amount, 0).

Part III Tax and Payments (continued)

Table with 11 rows (6a-6j, 7-11) and 3 columns. Rows include: 6a Payments: Preceding year's overpayment credited to the current year; 6b Current year's estimated tax payments; 6c Tax deposited with Form 8868; 6d Foreign organizations: Tax paid or withheld at source; 6e Backup withholding; 6f Credit for small employer health insurance premiums; 6g Elective payment election amount from Form 3800; 6h Payment from Form 2439; 6i Credit from Form 4136; 6j Other; 7 Total payments; 8 Estimated tax penalty; 9 Tax due; 10 Overpayment; 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax, Refunded.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 5 main rows and a sub-table for NOL carryovers. Rows include: 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account...; 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; 3 Enter the amount of tax-exempt interest received or accrued during the tax year; 4 Enter available pre-2018 NOL carryovers here \$ 1,284,050; 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Sub-table with columns: Business Activity Code, Available post-2017 NOL carryover. Row 1: 541800, \$ 503,141.

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here section with signature line, date, and title (President & Chief Executive Office). Includes a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with 'Yes' checked. Below is the 'Paid Preparer Use Only' section with fields for preparer name (Mindy G Krueger), signature, date (4/16/2025), firm name (RubinBrown, LLP), address (7676 Forsyth Blvd. Ste. 2100, Saint Louis, MO 63105), firm's EIN (43-0765316), and phone number ((314) 290-3300).

**SCHEDULE A  
(Form 990-T)**

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

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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<b>A</b> Name of the organization Catholic Health Association of the United States	<b>B</b> Employer identification number 43-0653271
<b>C</b> Unrelated business activity code (see instructions) . . . . . 541800	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business Advertising, Public Relations, & Related Services

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	0		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>	0		0
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>	30,667	102,824	-72,157
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13</b> Total. Combine lines 3 through 12	<b>13</b>	30,667	102,824	-72,157

<b>Part II</b> Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income				
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>			
<b>2</b> Salaries and wages	<b>2</b>			
<b>3</b> Repairs and maintenance	<b>3</b>			
<b>4</b> Bad debts	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions	<b>5</b>			
<b>6</b> Taxes and licenses	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			
<b>9</b> Depletion	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans	<b>10</b>			
<b>11</b> Employee benefit programs	<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>			
<b>13</b> Excess readership costs (Part IX)	<b>13</b>			
<b>14</b> Other deductions (attach statement)	<b>14</b>			
<b>15</b> Total deductions. Add lines 1 through 14	<b>15</b>			0
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			-72,157
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>			
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16	<b>18</b>			-72,157

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for inventory and cost of goods sold calculation, including a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

Table for rent income with columns A, B, C, D and rows for description, rent received, and deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for unrelated debt-financed income with columns A, B, C, D and rows for description, gross income, and deductions.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b> . . . . .			0	0	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				0
(2)				0
(3)				0
(4)				0
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b> . . . . .		0		0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	4	0
5	Gross income from activity that is not unrelated business income . . . . .	5	
6	Expenses attributable to income entered on line 5 . . . . .	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .	7	0

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A  Health Progress
- B  Catholic Health World
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income . . . . .	4,360	26,307		
a Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				30,667
3 Direct advertising costs by periodical . . . . .	17,203	85,621		
a Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				102,824
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . .	-12,843	-59,314	0	0
5 Readership costs . . . . .				
6 Circulation income . . . . .				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .	0	0	0	0
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .	0	0	0	0
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .				0

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 . . . . .			0

**Part XI Supplemental Information** (see instructions)

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