

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SAINT JOSEPHS CARPENTER SOCIETY	Taxpayer identification number (TIN) 22-2756708
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 20 CHURCH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAMDEN, NJ 08105-2414	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TRACY DINH

• The books are in the care of ▶ **20 CHURCH STREET - CAMDEN, NJ 08105**

Telephone No. ▶ **(856) 966-8117** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2022** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAINT JOSEPHS CARPENTER SOCIETY		D Employer identification number 22-2756708
	Doing business as		E Telephone number (856) 966-8117
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	20 CHURCH STREET		G Gross receipts \$ 5,007,534.
	City or town, state or province, country, and ZIP or foreign postal code CAMDEN, NJ 08105-2414		
F Name and address of principal officer: PILAR HOGAN CLOSKEY 20 CHURCH STREET, CAMDEN, NJ 08105		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: SJCSCAMDEN.ORG		L Year of formation: 1983 M State of legal domicile: NJ	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION TARGETS NEIGHBORHOOD REDEVELOPMENT, HOMEBUYER EDUCATION, AND COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,871,393.	3,593,791.
	9 Program service revenue (Part VIII, line 2g)	749,509.	1,118,716.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,490.	143,333.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-554,442.	-501,464.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,204,950.	4,354,376.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,006,448.	1,209,093.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	24,539.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,947,687.	2,806,599.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,954,135.	4,015,692.	
19 Revenue less expenses. Subtract line 18 from line 12	250,815.	338,684.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,315,284.	End of Year 11,356,989.
	21 Total liabilities (Part X, line 26)	6,136,491.	7,114,794.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,178,793.	4,242,195.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	PILAR HOGAN CLOSKEY, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL D. LACATENA	Preparer's signature MICHAEL D. LACATENA	Date 05/30/23	Check if self-employed <input type="checkbox"/>	PTIN P00294921
	Firm's name BOWMAN & COMPANY LLP	Firm's EIN 21-0658561	Firm's address 601 WHITE HORSE ROAD VOORHEES, NJ 08043-2493	Phone no. 856.435.6200	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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: THE ORGANIZATION STRIVES TO IMPROVE THE QUALITY OF LIFE OF THE PEOPLE OF THE CITY OF CAMDEN AND ITS SURROUNDING COMMUNITIES BY PROMOTING AFFORDABLE HOUSING AND NEIGHBORHOOD DEVELOPMENT. THROUGH OUR INITIATIVES, WE ENCOURAGE PEOPLE TO TAKE CHARGE OF THEIR LIVES AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,880,295. including grants of \$) (Revenue \$ 786,920.) CONSTRUCTION, REHABILITATION, AND SALE OF HOMES TO QUALIFIED INDIVIDUALS AND THEIR FAMILIES; HOMEOWNERSHIP TRAINING AND EDUCATION PROGRAMS HELD THROUGHOUT THE YEAR; NEIGHBORHOOD REVITALIZATION THROUGH RESIDENTIAL REPAIRS, PLACEMAKING, AND OUTREACH. IN 2022 SJCS SOLD 7 HOMES TO FAMILIES, RECLAIMING ABANDONED HOMES AND REHABING THEM UP TO CODE OR BUILDING NEW ON VACANT LOTS. SJCS IS A HUD CERTIFIED COUNSELING AGENCY. 137 PEOPLE GRADUATED FROM ACADEMY CLASSES AND 247 PEOPLE WERE ENGAGED IN FINANCIAL COUNSELING. SJCS ALSO WORKED WITH 32 EXISTING HOMEOWNERS TO STABILIZE THEIR HOMES THROUGH A SMALL REPAIR PROGRAM AND 40 HOMEOWNERS AND RENTERS TO ACHIEVE A LEAD-SAFE HOME THROUGH REMEDIATION AND ABATEMENT. SJCS OWNED AND MANAGED 87 RENTAL PROPERTIES AND PROVIDED RESOURCES TO TENANTS TO RECEIVE ADDITIONAL

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,880,295.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, contributions, and organizational status.

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	13	
b	Enter the number of voting members included on line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
TRACY DINH - (856) 966-8117
20 CHURCH STREET, CAMDEN, NJ 08105

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRACY DINH DIRECTOR OF ACCOUNTING/ADM	40.00				X		168,000.	0.	6,720.	
(2) PILAR HOGAN CLOSKEY EXECUTIVE DIRECTOR	40.00				X		155,000.	0.	6,200.	
(3) ENRIQUE RIVERA DIRECTOR OF NEIGHBORHOOD DEVELOPMENT	40.00					X	106,875.	0.	4,275.	
(4) TRACY BELL PROJECT MANAGER	40.00				X		105,900.	0.	4,236.	
(5) ALLE RIES VICE CHAIR	0.00	X		X			0.	0.	0.	
(6) MELISSA RODRIGUEZ BOARD MEMBER	0.00	X					0.	0.	0.	
(7) JOHN D'ANASTASIO TREASURER	0.00	X		X			0.	0.	0.	
(8) BARRY MOORE BOARD MEMBER	0.00	X					0.	0.	0.	
(9) FELICIA RINIER BOARD CHAIR	0.00	X		X			0.	0.	0.	
(10) LOUIS HANNA SECRETARY	0.00	X		X			0.	0.	0.	
(11) JEANETTE ALVAREZ BOARD MEMBER	0.00	X					0.	0.	0.	
(12) DAVID R. GARRISON BOARD MEMBER	0.00	X					0.	0.	0.	
(13) ANTHONY ZICCARDI BOARD MEMBER	0.00	X					0.	0.	0.	
(14) JOHN CELLUCCI BOARD MEMBER	0.00	X					0.	0.	0.	
(15) PATRICK HARKER BOARD MEMBER	0.00	X					0.	0.	0.	
(16) TROY ADAMS BOARD MEMBER	0.00	X					0.	0.	0.	
(17) SISTER BONNIE MCMENAMIN, SSJ BOARD MEMBER	0.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	64,258.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,967,170.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	562,363.				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		3,593,791.				
				Business Code			
Program Service Revenue	2 a SALE OF REHABBED HOMES		531390	845,000.	845,000.		
	b CONTRACTOR FEE		230000	188,911.	188,911.		
	c MANAGEMENT FEES		541610	47,804.	47,804.		
	d CONSULTING FEE		541610	37,001.	37,001.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,118,716.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			143,333.	143,333.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents		(i) Real				
		6a	(ii) Personal	69,288.			
		b Less: rental expenses ...	6b	626,823.			
	c Rental income or (loss)	6c	-557,535.				
	d Net rental income or (loss)			-557,535.	-557,535.		
	7 a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other				
		b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 64,258. of contributions reported on line 1c). See Part IV, line 18						
8a			0.				
b Less: direct expenses	8b		26,335.				
c Net income or (loss) from fundraising events			-26,335.		-26,335.		
9 a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
			Business Code				
Miscellaneous Revenue	11 a MISCELLANEOUS		561499	82,406.	82,406.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			82,406.			
12 Total revenue. See instructions			4,354,376.	786,920.	0.	-26,335.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	335,920.	285,532.	42,328.	8,060.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	725,297.	711,169.	2,811.	11,317.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,402.	23,860.	310.	232.
9 Other employee benefits	42,770.	40,289.	1,711.	770.
10 Payroll taxes	80,704.	76,024.	3,228.	1,452.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,586.	2,586.		
13 Office expenses	23,110.	6,932.	15,022.	1,156.
14 Information technology				
15 Royalties				
16 Occupancy	31,037.	9,311.	20,174.	1,552.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,845.	31,845.		
23 Insurance	30,984.	30,984.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF HOMES SOLD	1,413,604.	1,413,604.		
b COST OF CONTRACT SERVIC	1,158,127.	1,158,127.		
c PROFESSIONAL FEES	77,036.	62,244.	14,792.	
d STAFF DEVELOPMENT	24,614.	19,691.	4,923.	
e All other expenses	13,656.	8,097.	5,559.	
25 Total functional expenses. Add lines 1 through 24e	4,015,692.	3,880,295.	110,858.	24,539.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	2,367,941.	2,174,238.
	3	Pledges and grants receivable, net	785,774.	1,268,890.
	4	Accounts receivable, net	137,374.	99,841.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
	7	Notes and loans receivable, net		
	8	Inventories for sale or use	4,569,886.	5,620,137.
	9	Prepaid expenses and deferred charges	23,024.	21,147.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,220,044.	
	10b	Less: accumulated depreciation	1,050,982.	
	10c		146,480.	169,062.
	11	Investments - publicly traded securities	1,333,917.	914,105.
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related. See Part IV, line 11		
	14	Intangible assets		
15	Other assets. See Part IV, line 11	950,888.	1,089,569.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	10,315,284.	11,356,989.	
Liabilities	17	Accounts payable and accrued expenses	569,244.	566,917.
	18	Grants payable		
	19	Deferred revenue	3,396,366.	3,819,038.
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties	12,000.	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,158,880.	2,728,839.
	26	Total liabilities. Add lines 17 through 25	6,136,491.	7,114,794.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	4,178,793.	4,242,195.
	28	Net assets with donor restrictions		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		
	30	Paid-in or capital surplus, or land, building, or equipment fund		
	31	Retained earnings, endowment, accumulated income, or other funds		
32	Total net assets or fund balances	4,178,793.	4,242,195.	
33	Total liabilities and net assets/fund balances	10,315,284.	11,356,989.	

Part 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	4,354,376.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,015,692.
3	Revenue less expenses. Subtract line 2 from line 1	3	338,684.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,178,793.
5	Net unrealized gains (losses) on investments	5	-133,577.
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	-141,705.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,242,195.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2343508.	2623314.	2275918.	2871393.	3529533.	13643666.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2343508.	2623314.	2275918.	2871393.	3529533.	13643666.
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)						24,216.
6 Public support. Subtract line 5 from line 4.						13619450.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2343508.	2623314.	2275918.	2871393.	3529533.	13643666.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	113,014.	120,601.	130,117.	138,490.	143,333.	645,555.
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						14289221.
12 Gross receipts from related activities, etc. (see instructions)					12	5,968,614.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.31	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	95.48	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
c Add lines 10a and 10b						
11 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.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the 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 organization used to satisfy the Integral Part Test during 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.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
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.		
2a		
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.		
2b		
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.		
3a		
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.		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 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	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7:		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SAINT JOSEPHS CARPENTER SOCIETY

22-2756708

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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).

Name of organization

Employer identification number

SAINT JOSEPHS CARPENTER SOCIETY

22-2756708

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	US TREASURY - NEIGHBORWORKS AMERICA 999 N. CAPITOL ST NE WASHINGTON, DC 20002	\$ 469,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NJ DEPT OF COMMUNITY AFFAIRS - NRTC 101 SOUTH BROAD ST. 5TH FLOOR TRENTON, NJ 08625	\$ 739,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COOPER HEALTH SYSTEM ONE COOPER PLAZA CAMDEN, NJ 08103	\$ 75,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US HOUSING AND URBAN DEVELOPMENT 145 WEST HANOVER ST TRENTON, NJ 08618	\$ 354,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TD CHARITABLE FOUNDATION PO BOX 9540 PORTLAND, ME 04112	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NJ DEPT OF COMMUNITY AFFAIRS-LEAD 101 SOUTH BROAD STREET 5TH FLR TRENTON, NJ 08625	\$ 742,247.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAINT JOSEPHS CARPENTER SOCIETY	Employer identification number 22-2756708
--	---

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
7	FHLB NEW YORK 101 PARK AVENUE NEW YORK, NY 10178	\$ 168,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	US TREASURY 1500 PENNSYLVANIA AVENUE, NW WASHINGTON , DC 20049	\$ 155,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAINT JOSEPHS CARPENTER SOCIETY

22-2756708

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SAINT JOSEPHS CARPENTER SOCIETY	Employer identification number 22-2756708
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SAINT JOSEPHS CARPENTER SOCIETY

Employer identification number

22-2756708

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____%
- b Permanent endowment _____%
- c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		910,959.	772,870.	138,089.
c Leasehold improvements				
d Equipment		309,085.	278,112.	30,973.
e Other				
Total. Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				169,062.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,039,619.
(2) CAPITAL INVESTMENT-WEST WYNNE	49,950.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,089,569.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RENTAL SECURITY DEPOSITS	6,204.
(3) INVEST. WEST WYNNE/CHURCH ST LP	1,257,273.
(4) INVEST. 32ND ST URBAN RENEWAL	1,465,362.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,728,839.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SAINT JOSEPHS CARPENTER SOCIETY

Employer identification number

22-2756708

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING			
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	64,258.		64,258.
	2	Less: Contributions	64,258.		64,258.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	26,335.		26,335.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			26,335.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-26,335.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount 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 _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

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? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SAINT JOSEPHS CARPENTER SOCIETY

Employer identification number

22-2756708

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SAINT JOSEPHS CARPENTER SOCIETY

Employer identification number

22-2756708

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

ENGAGEMENT TO IMPROVE THE QUALITY OF LIFE AND CREATE SAFE
NEIGHBORHOODS.

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

BECOME ACTIVE COMMUNITY MEMBERS.

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

ASSISTANCE. SJCS ALSO WORKED WITH STAKEHOLDERS ON COMMUNITY RELATED
ENGAGEMENT LINKED TO NEIGHBORHOOD PLANS, 1 MURAL, AND 4 RESIDENT-DRIVEN
NEIGHBORHOOD STABILIZATION AND CLEAN-UP PROJECTS.

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

LINE 11B EXPLANATION - FORM 990 IS REVIEWED BY STAFF AND THE FINANCE AND
AUDIT COMMITTEE. ONCE APPROVED BY BOTH, FORM 990 IS FORWARDED TO THE
ENTIRE BOARD OF TRUSTEES FOR REVIEW AND IS FORMALLY APPROVED AT A BOARD
MEETING.

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

CONFLICTS OF INTEREST ARE DISCLOSED AT BOARD MEETINGS AND ON THE CONFLICT
OF INTEREST STATEMENTS. ANNUALLY ALL BOARD OF TRUSTEE MEMBERS ARE ASKED TO
RECERTIFY THEIR CONFLICT OF INTEREST STATEMENT.

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

THE EXECUTIVE DIRECTOR REVIEWS OTHER KEY EMPLOYEES AND SETS COMPENSATION.
SALARIES ARE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE AS PART OF THE

Name of the organization

SAINT JOSEPHS CARPENTER SOCIETY

Employer identification number

22-2756708

BUDGET PROCESS AND FORWARDED TO THE FULL BOARD. APPROPRIATE COMPARABLE DATA FROM THRID PARTY SOURCES IS REVIEWED.

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE, WHICH INCLUDES A THIRD PARTY SOURCE REVIEW OF COMPARABLE DATA AND RESULTS IN THE PRESENTATION TO THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

32ND STREET URBAN RENEWAL LP CONSOLIDATION -21,000.

WEST WYNNE/CHURCH STREET LP CONSOLIDATION -120,705.

TOTAL TO FORM 990, PART XI, LINE 9 -141,705.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CARPENTERS SQUARE II, LLC - 82-4934297					
20 CHURCH STREET					
CAMDEN, NJ 08105	CONSTRUCTION	NEW JERSEY	47,073.	898,280.	SAINT JOSEPHS CARPENTER SOCIETY
SJCS COMMUNITY LINKS IV, LLC - 47-0984198					
20 CHURCH STREET	CONSTRUCTION	NEW JERSEY	0.	17,009.	SAINT JOSEPHS CARPENTER SOCIETY
CAMDEN, NJ 08105					

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WEST WYNNE/CHURCH STREET, L.P. - 22-3081113, 20 CHURCH STREET, CAMDEN, NJ 08105	AFFORDABLE RENTAL HOUSING	NJ	ST JOE'S CARP SOC		0.	0.		X	N/A		X	99.00%
32ND ST URBAN RENEWAL LTD PARTNERSHIP - 22-3742905, 20 CHURCH STREET, CAMDEN, NJ 08105	AFFORDABLE RENTAL HOUSING	NJ	STJOES CARPENTER SOC		0.	0.		X	N/A		X	99.99%

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SAINTE JOSEPH'S 32ND STREET CORP - 22-3742764 20 CHURCH STREET CAMDEN, NJ 08105	AFFORDABLE RENTAL HOUSING	NJ	ST JOE'S CARP SOC	C CORP	0.	0.	100%		X
SAINTE JOSEPH'S HOUSING CORP - 22-3529179 20 CHURCH STREET CAMDEN, NJ 08105	AFFORDABLE RENTAL HOUSING	NJ	ST JOE'S CARP SOC	C CORP	0.	0.	100%		X
WEST WYNNE CORP - 22-3081112 20 CHURCH STREET CAMDEN, NJ 08105	AFFORDABLE RENTAL HOUSING	NJ	ST JOE'S CARP SOC	C CORP	0.	0.	100%		X

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

Note: 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?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)		X
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		X

2	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	WEST WYNNE/CHURCH STREET, L.P.	A	120,705.	AMOUNT ACCRUED
(2)	32ND ST URBAN RENEWAL LTD PARTNERSHIP	A	21,000.	AMOUNT ACCRUED
(3)				
(4)				
(5)				
(6)				

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
59	26 N. 28TH STREET 26 N. 28TH STREET	04/01/03	SL	25.00		16	29,597.				29,597.	22,199.		1,184.	23,383.
60	26 N. 28TH STREET 26 N. 28TH STREET	05/10/04	SL	25.00		16	4,500.				4,500.	3,180.		180.	3,360.
61	26 N. 28TH STREET 26 N. 28TH STREET	08/04/05	SL	10.00		16	650.				650.	650.		0.	650.
62	WIRING 26 N. 28TH STREET	05/30/12	SL	15.00		16	1,300.				1,300.	834.		87.	921.
63	CABINET/COUNTERTOP 26 N. 28TH STREET	06/30/12	SL	15.00		16	533.				533.	342.		36.	378.
64	PAINTING 26 N. 28TH STREET	07/15/12	SL	15.00		16	356.				356.	227.		24.	251.
65	REFRIGERATOR 26 N. 28TH STREET	07/15/12	SL	7.00		16	449.				449.	449.		0.	449.
66	CARPET 26 N. 28TH STREET	05/15/13	SL	7.00		16	767.				767.	767.		0.	767.
67	CARPET 26 N. 28TH STREET	08/15/13	SL	7.00		16	1,510.				1,510.	1,510.		0.	1,510.
	* 990 PAGE 10 TOTAL														
	BUILDINGS						39,662.				39,662.	30,158.		1,511.	31,669.
	* 990 PAGE 10 TOTAL -						39,662.				39,662.	30,158.		1,511.	31,669.
	BUILDINGS														
23	2768 FEDERAL STREET 2768 FEDERAL STREET	04/01/92	SL	25.00		16	74,153.				74,153.	74,153.		0.	74,153.
24	2768 FEDERAL STREET 2768 FEDERAL STREET	08/16/02	SL	25.00		16	1,750.				1,750.	1,400.		70.	1,470.
25	2768 FEDERAL STREET 2768 FEDERAL STREET	12/01/03	SL	25.00		16	2,671.				2,671.	1,934.		107.	2,041.
26	2768 FEDERAL STREET 2768 FEDERAL STREET	07/20/04	SL	25.00		16	1,800.				1,800.	1,254.		72.	1,326.
27	2768 FEDERAL STREET 2768 FEDERAL STREET	01/01/04	SL	25.00		16	288.				288.	212.		12.	224.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	SMOKE DETECTOR 2768 FEDERAL STREET	08/15/12	SL	7.00		16	100.				100.	100.		0.	100.
29	WATER HEATER 2768 FEDERAL STREET	08/15/12	SL	10.00		16	471.				471.	441.		27.	468.
	* 990 PAGE 10 TOTAL BUILDINGS						81,233.				81,233.	79,494.		288.	79,782.
	* 990 PAGE 10 TOTAL - BUILDINGS						81,233.				81,233.	79,494.		288.	79,782.
35	2772 FEDERAL STREET 2772 FEDERAL STREET	10/01/97	SL	25.00		16	97,468.				97,468.	94,547.		2,921.	97,468.
36	2772 FEDERAL STREET 2772 FEDERAL STREET	12/03/98	SL	25.00		16	3,000.				3,000.	2,760.		120.	2,880.
37	2772 FEDERAL STREET 2772 FEDERAL STREET	02/05/02	SL	25.00		16	44,237.				44,237.	35,238.		1,769.	37,007.
38	2772 FEDERAL STREET 2772 FEDERAL STREET	12/01/03	SL	25.00		16	1,683.				1,683.	1,214.		67.	1,281.
39	2772 FEDERAL STREET 2772 FEDERAL STREET	01/09/04	SL	25.00		16	500.				500.	360.		20.	380.
40	2772 FEDERAL STREET 2772 FEDERAL STREET	01/05/07	SL	5.00		16	3,479.				3,479.	3,479.		0.	3,479.
41	2772 FEDERAL STREET 2772 FEDERAL STREET	07/01/10	SL	5.00		16	1,036.				1,036.	1,036.		0.	1,036.
42	CABINETS 2772 FEDERAL STREET	12/15/11	SL	10.00		16	1,338.				1,338.	1,338.		0.	1,338.
43	CIRCUIT BOARD - A/C UNIT 2772 FEDERAL STREET	01/05/11	SL	15.00		16	350.				350.	254.		23.	277.
44	BATHTUB 2772 FEDERAL STREET	03/31/11	SL	10.00		16	500.				500.	500.		0.	500.
45	CABINETS 2772 FEDERAL STREET	03/15/12	SL	10.00		16	2,077.				2,077.	2,036.		35.	2,071.
46	REFRIGERATOR/RANGE 2772 FEDERAL STREET	04/15/12	SL	7.00		16	808.				808.	801.		0.	801.
47	SEWER LINE 2772 FEDERAL STREET	10/15/12	SL	15.00		16	610.				610.	377.		41.	418.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
48	PLUMBING 2772 FEDERAL STREET	10/31/12	SL	15.00		16	700.				700.	431.		47.	478.
73	FIXTURES 2772 FEDERAL STREET	01/31/13	SL	7.00		16	525.				525.	525.		0.	525.
90	IMPROVEMENTS - 2772A 2772 FEDERAL STREET	05/31/21	SL	15.00		16	30,900.				30,900.	1,202.		2,060.	3,262.
93	BOILER	11/30/22	SL	15.00		16	2,575.				2,575.			14.	14.
	* 990 PAGE 10 TOTAL BUILDINGS						191,786.				191,786.	146,098.		7,117.	153,215.
	* 990 PAGE 10 TOTAL - BUILDINGS						191,786.				191,786.	146,098.		7,117.	153,215.
49	BUILDINGS														
49	48 S. 28TH STREET 48 S. 28TH STREET	09/01/98	SL	25.00		16	115,369.				115,369.	107,680.		4,615.	112,295.
50	48 S. 28TH STREET 48 S. 28TH STREET	12/01/03	SL	25.00		16	972.				972.	704.		39.	743.
51	48 S. 28TH STREET 48 S. 28TH STREET	05/24/04	SL	25.00		16	3,765.				3,765.	2,652.		151.	2,803.
52	48 S. 28TH STREET 48 S. 28TH STREET	03/05/07	SL	5.00		16	1,154.				1,154.	1,154.		0.	1,154.
53	48 S. 28TH STREET 48 S. 28TH STREET	07/01/10	SL	5.00		16	1,113.				1,113.	1,113.		0.	1,113.
54	HOT WATER HEATER 48 S. 28TH STREET	11/30/11	SL	10.00		16	675.				675.	675.		0.	675.
55	HOT WATER HEATER 48 S. 28TH STREET	12/15/11	SL	10.00		16	779.				779.	776.		0.	776.
56	VINYL TILE FOR KITCHEN 48 S. 28TH STREET	09/30/12	SL	15.00		16	347.				347.	213.		23.	236.
57	VINYL TILE FOR KITCHEN 48 S. 28TH STREET	09/30/12	SL	15.00		16	450.				450.	278.		30.	308.
58	KITCHEN IMPROVEMENTS 48 S. 28TH STREET	09/15/12	SL	15.00		16	1,462.				1,462.	901.		97.	998.
68	SINK 48 S. 28TH STREET	02/28/13	SL	15.00		16	1,005.				1,005.	592.		67.	659.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
69	CABINETS 48 S. 28TH STREET	03/15/13	SL	15.00		16	1,700.				1,700.	998.		113.	1,111.
70	CARPET 48 S. 28TH STREET	03/15/13	SL	7.00		16	1,672.				1,672.	1,672.		0.	1,672.
71	VANITY 48 S. 28TH STREET	05/15/13	SL	15.00		16	525.				525.	303.		35.	338.
72	FIXTURES 48 S. 28TH STREET	12/01/13	SL	7.00		16	1,204.				1,204.	1,204.		0.	1,204.
	* 990 PAGE 10 TOTAL BUILDINGS						132,192.				132,192.	120,915.		5,170.	126,085.
	* 990 PAGE 10 TOTAL - BUILDINGS						132,192.				132,192.	120,915.		5,170.	126,085.
	BUILDINGS														
30	2770 FEDERAL STREET 2770 FEDERAL STREET	04/01/92	SL	25.00		16	74,153.				74,153.	74,153.		0.	74,153.
31	2770 FEDERAL STREET 2770 FEDERAL STREET	03/06/02	SL	25.00		16	3,221.				3,221.	2,555.		129.	2,684.
32	2770 FEDERAL STREET 2770 FEDERAL STREET	07/20/04	SL	25.00		16	2,750.				2,750.	1,916.		110.	2,026.
33	CARPET 2770 FEDERAL STREET	06/30/11	SL	7.00		16	2,070.				2,070.	2,070.		0.	2,070.
34	HVAC 2770 FEDERAL STREET	08/15/12	SL	15.00		16	971.				971.	609.		65.	674.
75	GAS FURNACE 2770 FEDERAL 2770 FEDERAL STREET	03/15/14	SL	25.00		16	2,600.				2,600.	815.		104.	919.
94	FURNACE	10/15/22	SL	15.00		16	9,500.				9,500.			158.	158.
	* 990 PAGE 10 TOTAL BUILDINGS						95,265.				95,265.	82,118.		566.	82,684.
	* 990 PAGE 10 TOTAL - BUILDINGS						95,265.				95,265.	82,118.		566.	82,684.
	BUILDINGS														
14	18-20 CHURCH STREET	01/01/99	SL	25.00		16	253,280.				253,280.	243,147.		10,133.	253,280.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Con y	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
15	18-20 CHURCH STREET	01/01/01	SL	25.00		16	1,639.				1,639.	1,446.		66.	1,512.
16	18-20 CHURCH STREET	01/01/02	SL	25.00		16	3,700.				3,700.	2,960.		148.	3,108.
17	18-20 CHURCH STREET	08/14/03	SL	25.00		16	28,160.				28,160.	20,694.		1,126.	21,820.
18	18-20 CHURCH GAS FURNACE	07/02/07	SL	15.00		16	2,400.				2,400.	2,320.		80.	2,400.
19	18-20 CHURCH ROOF	01/15/10	SL	15.00		16	3,500.				3,500.	2,787.		233.	3,020.
20	18-20 CHURCH AC HEATER	07/15/10	SL	15.00		16	5,840.				5,840.	4,458.		389.	4,847.
21	ROOF REPAIRS	05/22/08	SL	25.00		16	6,000.				6,000.	3,260.		240.	3,500.
22	A/C UNIT	06/15/11	SL	15.00		16	2,375.				2,375.	1,679.		158.	1,837.
74	ROOF 20 CHURCH ST	03/15/14	SL	25.00		16	1,500.				1,500.	470.		60.	530.
85	IMPROVEMENTS	12/07/20	SL	15.00		16	20,787.				20,787.	1,501.		1,386.	2,887.
95	FURNACE/DUCT WORK	10/15/22	SL	15.00		16	41,640.				41,640.			694.	694.
	* 990 PAGE 10 TOTAL BUILDINGS						370,821.				370,821.	284,722.		14,713.	299,435.
	* 990 PAGE 10 TOTAL -						370,821.				370,821.	284,722.		14,713.	299,435.
	MACHINERY & EQUIPMENT														
1	FULLY DEPRECIATED ASSETS	01/01/01	SL	5.00		16	185,099.				185,099.	185,099.		0.	185,099.
2	COMPUTER SERVERS	06/30/08	SL	5.00		16	2,743.				2,743.	2,743.		0.	2,743.
3	COMPUTER SERVERS	07/31/08	SL	5.00		16	2,550.				2,550.	2,550.		0.	2,550.
4	COMPUTER SERVER	02/15/09	SL	5.00		16	1,619.				1,619.	1,619.		0.	1,619.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	DELL COMPUTERS	10/15/10	SL	5.00		16	4,194.				4,194.	4,194.		0.	4,194.
6	MONIOR/DOCKING STATION	10/15/10	SL	5.00		16	372.				372.	372.		0.	372.
7	LAPTOP	10/15/10	SL	5.00		16	999.				999.	999.		0.	999.
8	COMPUTER	11/15/10	SL	5.00		16	1,360.				1,360.	1,360.		0.	1,360.
9	DELL DESKTOP	04/15/11	SL	5.00		16	739.				739.	739.		0.	739.
10	2 DELL DESKTOPS	02/15/12	SL	5.00		16	2,408.				2,408.	2,408.		0.	2,408.
11	DELL DESKTOP	06/30/12	SL	5.00		16	739.				739.	739.		0.	739.
12	UPS BATTERY	08/31/12	SL	5.00		16	189.				189.	189.		0.	189.
13	DELL OPTIIPLEX 3010 DESKT	12/15/12	SL	5.00		16	739.				739.	739.		0.	739.
76	DELL COMPUTER	01/31/14	SL	5.00		16	1,505.				1,505.	1,505.		0.	1,505.
77	SAGE SOFTWARE	03/20/14	SL	3.00		16	3,809.				3,809.	3,809.		0.	3,809.
78	SERVER	07/15/14	SL	5.00		16	6,568.				6,568.	6,568.		0.	6,568.
80	CRW-COMPUTER UPGRADES	12/10/18	SL	5.00		16	25,697.				25,697.	15,845.		5,139.	20,984.
81	SEC CAMERA & NVR SYSTEM	05/08/18	SL	5.00		16	1,577.				1,577.	1,155.		315.	1,470.
82	PHONE SYSTEM	07/15/19	SL	5.00		16	9,747.				9,747.	4,873.		1,949.	6,822.
83	COMPUTER	02/15/19	SL	5.00		16	770.				770.	449.		154.	603.
84	SURFACE 7 SOFTWARE	11/15/19	SL	3.00		16	1,898.				1,898.	1,371.		527.	1,898.
86	2 SURFACE COMPUTERS	06/30/20	SL	5.00		16	3,596.				3,596.	1,079.		719.	1,798.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
87	COMPUTER	11/30/20	SL	5.00		16	2,307.				2,307.	499.		461.	960.
88	SURFACE COMPUTER	12/31/20	SL	5.00		16	1,867.				1,867.	373.		373.	746.
89	4 LAPTOPS	08/15/21	SL	5.00		16	7,104.				7,104.	592.		1,421.	2,013.
91	COMPUTER EQUIPMENT	08/15/22	SL	5.00		16	10,471.				10,471.			873.	873.
92	VIDEO CAMERA	09/30/22	SL	5.00		16	4,322.				4,322.			216.	216.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						284,988.				284,988.	241,868.		12,147.	254,015.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT						284,988.				284,988.	241,868.		12,147.	254,015.
79	2015 FORD TRANSIT	11/30/17	SL	5.00		16	24,097.				24,097.	19,678.		4,419.	24,097.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						24,097.				24,097.	19,678.		4,419.	24,097.
	* 990 PAGE 10 TOTAL - * GRAND TOTAL 990 PAGE 10 DEPR						24,097.				24,097.	19,678.		4,419.	24,097.
							220,044.				1,220,044.	1,005,051.		45,931.	1,050,982.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						151,536.			0.	1,151,536.	1,005,051.			1,049,027.
	ACQUISITIONS						68,508.			0.	68,508.	0.			1,955.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						220,044.			0.	1,220,044.	1,005,051.			1,050,982.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

