# TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

### FOR THE YEAR ENDING

December 31, 2021

Prep	oared	For:
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Ms. Peggy Forrest Our Lady's Inn 8790 Manchester Road 202 St. Louis, MO 63144

## Prepared By:

Kerber, Eck & Braeckel LLP One South Memorial Dr. Ste 900 Saint Louis, MO 63102

#### **Amount Due or Refund:**

Not applicable

# Make Check Payable To:

Not applicable

# Mail Tax Return and Check (if applicable) To:

Not applicable

### **Return Must be Mailed On or Before:**

Not applicable

# **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 16, 2022

Check if applicable:

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury

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. A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number 43-1213751 Room/suite E Telephone number 314-736-1544 202 G Gross receipts \$ H(a) Is this a group return

Address change OUR LADY'S INN Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Final return/ termin-ated 8790 MANCHESTER ROAD 3,822,686. City or town, state or province, country, and ZIP or foreign postal code Amended return ST. LOUIS, MO 63144 Applica-tion pending F Name and address of principal officer: PEGGY FORREST for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or 527 ) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.OURLADYSINN.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Other > Year of formation: 1980 M State of legal domicile: MO ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: CARE OF HOMELESS PREGNANT **Activities & Governance** AND THEIR CHILDREN. Check this box 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) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 69 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,901,951. 2,777,666. Contributions and grants (Part VIII, line 1h) 8 69,430. 95,147. Program service revenue (Part VIII, line 2g) 84,922. 69,364. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -1,785. -2,100. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,955,635. 3,038,960. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,881,830. 1,862,949. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 693,970. 798,877. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,680,707. 2,556,919. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 482,041. 274,928. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5,772,535. 6,230,201 Total assets (Part X, line 16) 123,942. 106,066. 21 Total liabilities (Part X, line 26) 648,593. 6,124,135 Net assets or fund balances. Subtract line 21 from line 20 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		Signature of	fofficer						Date		
Here		PEGGY	FORREST,	PRESIDE	NT & C	EO					
		Type or prin	t name and title								
	Print/Type preparer's name Preparer's signature Date								Check	PTIN	
Paid	STI	EVE ECH	KHARD CPA		STEVE	ECKHARD	CPA	03/25	/22 self-employed	P000197	10
Preparer	Firm	n's name	KERBER,	ECK & BR.	AECKEL	LLP			Firm's EIN ▶ 43	3-035298	5
Use Only	Firm's address ONE SOUTH MEMORIAL DR. STE 900										
	SAINT LOUIS, MO 63102 Phone no. 314-231-6232										
May the II	SS di	scuss this re	turn with the pren	arer shown abo	ve? See ins	tructions				X Ves	No

Form	1 990 (2021) OUR LADY'S INN	43-1213751	Page 2
	rt III Statement of Program Service Accomplishments	<del>-</del>	3-
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:  CARE OF HOMELESS PREGNANT WOMEN AND THEIR CHILDREN.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		nd
4a	OUR LADY'S INN (AGENCY), A NOT-FOR-PROFIT CORPORATION, E AND INDIVIDUALIZED SUPPORTIVE SERVICES FOR HOMELESS PRECEDED THEIR CHILDREN, WITH A FOCUS ON HEALTHY BIRTH OUTCOMES, AND MOVEMENT TOWARD HOUSING STABILITY. SERVICES INCLUDE MANAGEMENT, MATERIAL SUPPORTS, COUNSELING, LIFE SKILLS E PARENTING, EMPLOYMENT READINESS, MENTAL HEALTH, AND SUBSIDISORDER TREATMENT SUPPORT AS WELL AS PERI-NATAL NURSING 2021, DESPITE ALL THE CHALLENGES ASSOCIATED WITH THE COUOLI REMAINED OPENED WITH SOCIALLY DISTANCED REDUCED CAPA 8,414 DAYS OF CARE/NIGHTS OF SHELTER AND ON-SITE SERVICE FAMILIES. IN THE 2-YEAR AFTERCARE PROGRAM, AN ADDITIONAL WERE SUPPORTED. IN DECEMBER, 55 FAMILIES INCLUDING 113 OF SHELTER AND SITE SERVICES.	PROVIDES SHELENANT WOMEN A FAMILY WELLN CASE EDUCATION, STANCE USE SUPPORT. IF ID-19 PANDEM ACITY, PROVIDES TO 99	ND ESS N IC,
4b	(Code:) (Expenses \$	enue \$	
4c	(Code:) (Expenses \$	enue \$	
4d	Other program services (Describe on Schedule O.)		
_	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 2 ⋅ 054 ⋅ 931 •	)	

Form 990 (2021) OUR LADY'S INN
Part IV Checklist of Required Schedules

or in quasi endowments? If "Yes," complete Schedule D, Part V  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? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  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? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  11d X  12d Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability or uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  11d X  12a Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b X  13 Is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  15 Did the organization report on Part IX, column (A), line 3, mor				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I    3	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I    3					
section 50((s)) arganization. Did the organization engage in lobbying activities, or have a section 50((s)) election in effect during the tax year? (if "Yes," complete Schedule C, Part II	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
Section SO1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section SO1(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section SO1(h)(s), 501(e)(s), 5	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, "complete Schedule C, Part II  s the organization a section 501(4), 501(6)(5), or 501(6)(5) or 501(6)(6) or 501(6) or 501(6)(6) or 501(6) or 501			3		<u>X</u>
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. 98.197 if "Yes," complete Schedule C, Part III  6 Did the organization review of hold a conservation is such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization review or hold a conservation essement, including easements to preserve peep species.  8 b Old the organization maintain array donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III  8 D Id the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization answer or olloctrons of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV.  10 Did the organization singular or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.  11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V.  12 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VI, VIII, VII, VI, VII, VII, VII,	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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or in quasi endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, X, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  d 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? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  110 X  111 X  112 X  113 If X  114 X  115 X  116 X  117 Yes, "complete Schedule D, Part X III  116 X  117 If Yes," complete Schedule D, Part X III  117 X  118 X  119 If "Yes," complete Schedule D, Part X III  110 X  111 X  111 X  112 If X  113 If X  114 X  115 X  116 X  116 X  117 X  117 X  117 X  118 X  119 If "Yes," complete Schedule D, Part X III  110 X  111 X  111 X  112 X  113 If X  114 X  115 X  116 X  116 X  117 X  117 X  118 X  119 If Yes, "complete Schedule D, Part X III  110 X  111 X  111 X  112 X  113 If X  114 X  115 X  116 X  117 X  117 X  118 X  119 X  110 X  110 X  110 X  110 X  110 X  110 X  111 X  111 X  111 X  112 X  112 X  113 X  114 X  115 X  116 X  117 X  117 X  118 X  119 X  110 X  110 X  110 X  110 X  110 X  110 X  111 X  111 X  111 X  112 X  112 X  112 X  112 X  113 X  114 X  115 X  116 X  117 X  117 X  118 X  119 X  119 X  110 X		If "Yes," complete Schedule D, Part IV	9		_X_
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  16 X  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II.  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·			
			21		Х

Form 990 (2021) OUR LADY'S INN
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
<u> </u>	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
02	, · ·	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<b>0</b> T	Part V, line 1	34		x
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<del>"</del>		<del></del>
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 15			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
			200	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 69 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

OUR LADY'S INN 43-1213751 Page 6 Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 **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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. X Upon request X Own website Another's website \_\_\_ Other *(explain on Schedule O)* 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.

State the name, address, and telephone number of the person who possesses the organization's books and records

LOUIS

63144

JOANN M. RICH, CFO - 314-736-1544 8790 MANCHESTER ROAD, SUITE 202, ST. Form 990 (2021) OUR LADY'S INN 43-1213751 Page 7

# 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, 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.

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

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

Check this box if neither the organization n	(C)					Salt	(D)	(E)	(F)	
Name and title	(B) Average	Position (do not check more than one					nc	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trust	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	om per		1099-NEC)	1000 1120)	and related
	below	ridual	Institutional trustee	Je.	Key employee	Highest compensated employee	Jer.	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) VINCENT P. KAISER	1.00							_	_	_
CHAIRMAN		Х		Х				0.	0.	0.
(2) MARK E. DUNN, ESQ.	1.00	1								_
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) JOHN P. DWYER, CFA, CAIA	1.00	l								
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) EDWARD PUZZELLA	1.00	ļ								
TREASURER	1 00	Х		Х				0.	0.	0.
(5) JEAN FLANAGAN	1.00								•	•
SECRETARY	1 00	Х		Х				0.	0.	0.
(6) AMY BILYEU, MD	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(7) THOMAS DONAHUE	1.00	<b>.</b> ,							0	•
DIRECTOR	50.00	Х						0.	0.	0.
(8) MARGUERITE (PEGGY) A. FORREST PRESIDENT & CHIEF EXECUTIVE OFFICER	30.00	Х		х				117 100	0.	2 755
(9) ROBERT J. GARAGIOLA	1.00	Λ		Λ				117,188.	0.	3,755.
DIRECTOR	1.00	Х						0.	0.	0.
(10) DONALD A. GOEDEKER	1.00	Λ						0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(11) JOSPEH G HERMANN, MD	1.00	22							0.	•
DIRECTOR	1.00	х						0.	0.	0.
(12) JOAN PISONI	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ANTHONY TRUPIANO	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JOANNE WELKER, CFA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MEGAN FOSTER	40.00									
CHIEF OPERATIONS OFFICER			L	Х	L			85,714.	0.	19,232.
(16) GLORIA LEE	40.00									
CHIEF PROGRAM OFFICER				Х				88,624.	0.	2,863.
(17) JOANN RICH	32.00									
CHIEF FINANCE OFFICER				Х				77,904.	0.	8,903.

Part v	Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	timate	ed
		hours per	box	box, unless person is both a officer and a director/truste				n an	compensation	compensation	n	an	nount	of
		week		cer ar	nd a di	irecto	or/trus T	tee)	from	from related	i		other	
		(list any	ector						the	organization		l	pensa	
		hours for	or dir	9			ated		organization	(W-2/1099-MIS		l	om the	
		related organizations	ıstee	truste		eo	bens		(W-2/1099-MISC/	1099-NEC)		ı -	anizati	
		below	ual tri	ional		ploye	t com	١.	1099-NEC)			l	d relati anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iizatii	0115
		,	=	=	0	ž	王屯	Œ						
							$\vdash$							
				$\vdash$			┢							
							$\vdash$							
							$\vdash$							
							$\vdash$							
									260 420		_	2	4 7	
	ıbtotal								369,430.		0.	3	4,7	
	tal from continuation sheets to Part VII								0.		0.		4 7	0.
	tal (add lines 1b and 1c)							<u> </u>	369,430.				4,7	55.
	tal number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	<del>)</del>			1
СО	mpensation from the organization												<b>V</b>	
										_			Yes	No
	d the organization list any <b>former</b> officer,	•		•		•		•	•	•				37
	e 1a? If "Yes," complete Schedule J for st											3		<u>X</u>
	r any individual listed on line 1a, is the su	•							•	•				.,
an	d related organizations greater than \$150	),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
	d any person listed on line 1a receive or a													
	ndered to the organization? If "Yes." com	plete Schedule	J fo	or st	ıch r	oers	on .					5		Х
	B. Independent Contractors													
	omplete this table for your five highest con										ensa	tion fro	om	
the	e organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
	<b>(A)</b> Name and business	addraga	37/	<b>\</b> *TT	,				(B)	on doos	c	) (C		_
	Name and business	address	ИС	ONE	<u> </u>			$\dashv$	Description of s	er vices		compe	isatioi	
								$\dashv$						
								$\dashv$						
	tal number of independent contractors (ir		ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$1	00,000 of compensation from the organiz	zation >				(	J							

43-1213751

Form 990 (2021) OUR LADY'S INN
Part VIII Statement of Revenue

			Check if Cabadula O captains a recognition	or note to ony lim	as in this Dort \/III			
			Check if Schedule O contains a response	e or note to any iir	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues1b					
Ω, Ħ		С	Fundraising events 1c	89,927.				
ifts			Related organizations 1d					
nis, G			Government grants (contributions) 1e 1	,022,175.				
Sir			All other contributions, gifts, grants, and	,, -, -, -				
E E		•		,665,564.				
ē			similar amounts not included above $\dots$ 1f $1$	349,637.	-			
ont od (		_	Noncash contributions included in lines 1a-1f		277 666			
ğ ğ		h	Total. Add lines 1a-1f		2,777,666.			
				Business Code				
ė	2	а	THRIFT SHOP	453310	95,147.	95,147.		
e Şi		b						
Se		С						
ž Š		d						
Peg		e						
Program Service Revenue			All other program service revenue					
_					95,147.			
		g	Total. Add lines 2a-2f		JJ,147.			
	3		Investment income (including dividends, inte		E0 107			EO 107
			other similar amounts)		52,127.			52,127.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties	<b>)</b>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)	<b>•</b>				
			Gross amount from sales of (i) Securities					
	•	u	assets other than inventory 7a 866,939					
		L-	-	•	-			
4		D	Less: cost or other basis					
ng			and sales expenses       7b 834,144         Gain or (loss)       7c 32,795	•	-			
Revenue					20 705			20 505
æ			Net gain or (loss)	<b>.</b>	32,795.			32,795.
her	8	а	Gross income from fundraising events (not					
₹			including \$ 89,927. of					
			contributions reported on line 1c). See					
			Part IV, line 18	a 25,385.				
		b	Less: direct expenses 8					
			Net income or (loss) from fundraising events	<b>&gt;</b>	-7,522.			-7,522.
			Gross income from gaming activities. See					
	·	_	Part IV, line 19	9				
		h	Less: direct expenses 9		-			
				<u> </u>				
			Net income or (loss) from gaming activities	·····				
	10	а	Gross sales of inventory, less returns	. [				
			and allowances 10					
		b	Less: cost of goods sold10	)b				
		С	Net income or (loss) from sales of inventory	<u></u>				
,,				Business Code				
ņo 6	11	а	MISCELLANEOUS INCOME	624100	5,422.	5,422.		
ne Dug		b						
Miscellaneous Revenue		С						
ŠČ			All other revenue					
Σ			Total. Add lines 11a-11d		5,422.			
	12		Total revenue. See instructions		2,955,635.	100.569.	0.	77,400.

# Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX	,	
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D) .
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		САРСПОСО	general expenses	слреносо
•	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	404,183.	234,101.	128,532.	41,550.
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	1,288,553.	1,023,549.	75,396.	189,608.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23,322.	19,364.		3,958. 8,771.
9	Other employee benefits	47,491.	38,720.		8,771.
10	Payroll taxes	118,281.	91,130.	9,131.	18,020.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	7,199. 32,096.	51.	7,148.	
С	Accounting	32,096.	227.	31,869.	
d	Lobbying				
е	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.)	11,140.	79.	11,061.	
12	Advertising and promotion	21,870.	4,059.	601.	17,210.
13	Office expenses	44,793.	32,007.	5,699.	7,087.
14	Information technology	61,443.	43,906.	7,817.	9,720.
15	Royalties	000 004	0.45 4.4.6	10.000	15 605
16	Occupancy	277,034.	247,116.	12,293.	17,625.
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	Q0 04 <i>6</i>	71 401	3 553	E 003
22	Depreciation, depletion, and amortization	80,046. 54,923.	71,401. 49,469.	3,552.	5,093. 2,838.
23	Other expanses Itemize expanses not severed	J4,343.	43,403.	2,010.	4,030.
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 0.)	140 555	140 555		
a	CLIENT EXPENSE	140,555.	140,555.	E 47	67
b	FOOD TRANSPORTATION	32,695. 17,077.	32,081. 16,399.	547. 459.	67. 219.
C					
d	STAFF DEVELOPMENT	14,008. 3,998.	8,306. 2,411.	4,391. 1,587.	1,311.
	All other expenses	2,680,707.	2,054,931.		222 077
25	Total functional expenses. Add lines 1 through 24e	4,000,707.	4,054,931.	302,699.	323,077.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Par	<u> t X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	499,714.	1	675,827.
	2	Savings and temporary cash investments	442,257.	2	321,753.
	3	Pledges and grants receivable, net		3	185,862.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	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)		6	
ıς	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	L 6 101	9	38,593.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a  2,666,371  10b  1,281,960	<u>.</u>		
	b	Less: accumulated depreciation 10b 1,281,960	1,434,894.	10c	1,384,411. 3,623,755.
	11	Investments - publicly traded securities	3,050,119.	11	3,623,755.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	6,230,201.
	17	Accounts payable and accrued expenses		17	106,066.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab.		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D	123,942.	25	106,066.
	26	Total liabilities. Add lines 17 through 25	143,944.	26	100,000.
g		Organizations that follow FASB ASC 958, check here X			
nce	07	and complete lines 27, 28, 32, and 33.	4,163,570.	27	4,680,290.
ala	27	Net assets without donor restrictions		28	1,443,845.
d B	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here	1,405,025	20	1,113,013.
盲		and complete lines 29 through 33.			
ō	20	•		29	
Net Assets or Fund Balances	29 30	Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss(	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
et 4	32	- · · · · · · · · · · · · · · · · · · ·		32	6,124,135.
ž	33	Total liabilities and not assets/fund balances		33	6,230,201.
	<b>3</b> 3	Total liabilities and net assets/fund balances	.   3,112,333•	<b>ა</b> ა	0,230,201.

Pai	T XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>2,95</u>							
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,68							
3	Revenue less expenses. Subtract line 2 from line 1	3			28.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,64							
5	Net unrealized gains (losses) on investments	5	20	0,6	<u> 14.</u>					
6	Donated services and use of facilities	Donated services and use of facilities 6								
7	Investment expenses 7									
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	6,12	4,1	35.					
Pai	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X					
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate									
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
	Act and OMB Circular A-133?									
b	<b>b</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		3b							
			Form	990	(2021)					

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization OUR LADY'S INN 43-1213751 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2756513.	3673505.	2416718.	2901951.	2777666.	14526353.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2756513.	3673505.	2416718.	2901951.	2777666.	14526353.
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)						1333453.
	Public support. Subtract line 5 from line 4.						13192900.
	ction B. Total Support				Г	<u> </u>	Γ
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2756513.	3673505.	2416718.	2901951.	2///666.	14526353.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	00 247	42 144	40 474	45 606	F0 107	017 710
	and income from similar sources	28,347.	43,144.	48,474.	45,626.	52,127.	217,718.
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	7,184.	10,396.	6,970.	4,190.	5,422.	34,162.
	assets (Explain in Part VI.)	7,104.	10,390.	0,370.	4,190.		14778233.
	<b>Total support.</b> Add lines 7 through 10	-t- / it				12	447,355.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,				447,333.
13	-	•					▶□
Sec	organization, check this box and storetion C. Computation of Publi	c Support Per	centage	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		<b></b>
	Public support percentage for 2021 (li			rolumn (f))		14	89.27 %
	Public support percentage from 2020					15	90.62 %
	33 1/3% support test - 2021. If the o						-
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the o		~				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-			▶ □
b	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu		•				<b>&gt;</b>
18	Private foundation. If the organization						········· • · · · · · · · · · · · · · ·

# 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	<b>&gt;</b>
k	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

#### Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

	1.,	
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
56		
5b 5c		
6		
7		
8		
8		
9a		
9b		
3.2		
9c		
10a		
10b		
ule A (For	m 990)	2021

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	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		
Sect	tion B. Type I Supporting Organizations	, 110		
	<u>,</u>		Yes	No
4	Did the severing body, members of the severing body, officers esting in their official conseits, or membership of one or		162	NO
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the 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		
Sect	tion 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		
Sect	tion 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		
	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 <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ic)	
	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	u		
	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	2b		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	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 <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
<b>2</b> R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
<b>5</b> D	Depreciation and depletion	5		
<b>6</b> P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
<b>2</b> A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	subtract line 2 from line 1d.	3		
<b>4</b> C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

	the dule A (Form 990) 2021 UUR LADY S IN		ni-ations		3-1213/31 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu	<u>ied)</u>	
Sect	ion D - Distributions		I		Current Year
1	Amounts paid to supported organizations to accomplish exe	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	_		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Evenes from 2010				

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

# **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

Inspection

Name of the organization

OUR LADY'S INN

**Employer identification number** 43-1213751

		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year		<u> </u>	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		dvised fund	ls
	are the organization's property, subject to the organization's e	_		
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
	• •			
Pa	t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreating		n of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	orm of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Yes
а				2a
b				2b
c	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
_	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			<u> </u>
	year >	acca, examplification, or terminated by	ino organiz	tation daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		of	
_	violations, and enforcement of the conservation easements it	·		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
_	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	ervation eas	sements during the year
	<b>▶</b> \$			Jennes danning and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	170(h)(4)(B)(	(i)
_	and section 170(h)(4)(B)(ii)?	•	. , . , . , .	
9	In Part XIII, describe how the organization reports conservatio			
-	balance sheet, and include, if applicable, the text of the footnot	•		
	organization's accounting for conservation easements.			
	t III Organizations Maintaining Collections of			
Pa	t iii   Organizations Manitanning Conections or	Art, Historical Treasures, or	Other Si	ımılar Assets.
Pa	Complete if the organization answered "Yes" on Form 9		Other Si	ımılar Assets.
		990, Part IV, line 8.		
	Complete if the organization answered "Yes" on Form 9.  If the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. 3, not to report in its revenue stateme	nt and bala	ince sheet works
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research	nt and bala	ince sheet works
1a	Complete if the organization answered "Yes" on Form 9.  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ service, provide in Part XIII the text of the footnote to its finance.	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these	ent and bala in furtheran items.	unce sheet works uce of public
1a	Complete if the organization answered "Yes" on Form 9 lf the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or the provided in the organization elected.	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	sheet works sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is to report in its revenue statement a exhibition, education, or research in the light statement are statement and the light statement are statement and the light statement are statement and the light statement are statement as exhibition, education, or research in the light statement are statement as a statement as a statement are statement as a statement are statement as a statement are statement as a statement as a statement as a statement are statement as a statement are statement as a statement as a statement as a statement are statement as a statement as a statement are statement as a statemen	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the statement and stat	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,

g	End of year balance	2,853,089.	2,072,459.	1,685,302.	1,357,
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) h	neld as:	
а	Board designated or quasi-endowment	54.5240	_%		
b	Permanent endowment ► 11.0230	%			
С	Term endowment ▶34.4530	%			
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.			
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held and	administered for the	organization
	by:				

(i) Unrelated organizations

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

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

#### Land, Buildings, and Equipment.

Schedule D (Form 990) 2021

h

Part IV

collection items (check all that apply):

1a Beginning of year balance .....

Other expenditures for facilities

Contributions

Net investment earnings, gains, and losses Grants or scholarships

and programs Administrative expenses .....

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

Public exhibition

Scholarly research

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		431,055.		431,055.
<b>b</b> Buildings		1,864,720.	988,818.	875,902.
c Leasehold improvements				
<b>d</b> Equipment		174,897.	156,258.	18,639.
e Other		195,699.	136,884.	58,815.
Total Add lines 1a through 1e (Calumn (d) must ague	J. Forms 000 Dort V. salvin	mm (D) line 10e )	_	1 384 411.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 OUR LADY'S	ΓNN	43-	·1213751 Page
Part VII Investments - Other Securities.			TTTT Tage
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 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" of			
(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" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	7 11 d. 666 1 61111 666, 1 d. 121, m. 16.	(b) Book value
(1)	2000111211011		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<b>.</b>	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2)			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 900, Part Y, col. (R) line 25	<b>•</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

a Net unrealized gains (losses) on investments Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 200,614. Add lines 2a through 2d 2e 2,955,635. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 2,955,635. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 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. 2,680,707. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 2,680,707. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 2,680,707. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

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.

#### PART V, LINE 4:

THE AGENCY'S INVESTMENT AND SPENDING POLICY FOR THE ENDOWMENT ASSETS WAS DESIGNED TO PROVIDE FINANCIAL SUPPORT TO FUND THE MISSION OF THE AGENCY INTO THE FUTURE. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE AGENCY MUST HOLD IN PERPETUITY OR FOR DONOR-SPECIFIED PERIOD(S) AS WELL AS ANY BOARD DESIGNATED FUNDS. THE AGENCY'S POLICY IS TO PROVIDE CAPITAL APPRECIATION WITH A MODERATE RISK TOLERANCE OVER A LONG TIME HORIZON.

#### PART X, LINE 2:

THE AGENCY QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(C)(3), AND ACCORDINGLY IT IS EXEMPT FROM FEDERAL

# 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

2021

Open to Public Inspection

Name of the organization

OUR LADY'S INN

Employer identification number 43-1213751

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(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			
otal			<b>•</b>			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration
						_

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.

		of fundraising event contributions and gr	OSS INCOME ON FORM 990-	LZ, illies i aliu ob. List e	verits with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LUNCHEON FOR	GOLF		(add col. (a) through
			LIFE	TOURNAMENT	1	col. <b>(c)</b> )
-			(event type)	(event type)	(total number)	coi. <b>(c)</b> )
Revenue						
e e	1	Gross receipts	25,413.	61,288.	7,620.	94,321.
å	-		,	,	•	•
	,	Less: Contributions	19,427.	47,638.	6,086.	73,151.
	-		- ,	,	,	,
	3	Gross income (line 1 minus line 2)	5,986.	13,650.	1,534.	21,170.
	Ť	areas meetine (into 1 minute into 2)		20,000		== / = / • •
	4	Cash prizes		400.	230.	630.
	•	Odori prizoo		2000	2301	
	5	Noncash prizes		946.	50.	996.
Ø		Noncash prizes		7 40 .	30.	330.
Direct Expenses	6	Rent/facility costs		5,480.		5,480.
(pe	٥	Herit/facility costs		3,400.		3,400.
Ę	_	Food and houses	3,011.	7,410.		10,421.
<u>9</u>	7	Food and beverages	3,011.	7,410.		10,421.
Ö	l					
	8	Entertainment	2,975.	4,325.	1 25/	8,554.
	9	Other direct expenses	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1,254.	
	10	- · · · · · · · · · · · · · · · · · · ·	( /		_	26,081.
De	11 art l			000 B + B + B		-4,911.
Po	ar t i		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
	_	\$15,000 on Form 990-EZ, line 6a.	T	# > Dollstoke for stood		(n= 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) trirough coi. (c))
Rev						
	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
ž	3	Noncash prizes				
ct E						
jre	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
					<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities: _			
-	En		ucts gaming activities: _			Yes No
а	En	ter the state(s) in which the organization condu	ucts gaming activities:ctivities in each of these s	states?		Yes No
а	En	ter the state(s) in which the organization condu	ucts gaming activities:ctivities in each of these s	states?		Yes No
а	En	ter the state(s) in which the organization condu	ucts gaming activities:ctivities in each of these s	states?		
b	En ls t	ter the state(s) in which the organization condu	ucts gaming activities:ctivities in each of these s	states?		
10a	En ls t	ter the state(s) in which the organization condute organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses re	ucts gaming activities:ctivities in each of these s	states?		
10a	En ls t	ter the state(s) in which the organization condute organization licensed to conduct gaming a No," explain:	ucts gaming activities:ctivities in each of these s	states?		

Sch	nedule G (Form 990) 2021 OUR LADY'S INN 4	3-1213	751	Page 3
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?	Ш	Yes	∟ No
	Indicate the percentage of gaming activity conducted in:  a The organization's facility	13a	I	%
	b An outside facility		1	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,-
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t		
	of gaming revenue retained by the third party   \$\blacktriangleright* \blacktriangleright* \b			
•	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
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne		
Ds	organization's own exempt activities during the tax year \( \subseteq \) \$  art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	al David III. IIi	0 /	Dh. 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u Part III, III	ies 9, s	90, 100,
_	100, 100, 10, and 110, as approache. The provide any additional information. Occ. incitations.			
_				

Schedule G	i (Form 990)	OUR LADY'S	INN	43-1213751	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

OUR LADY'S INN

Employer identification number 43-1213751

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	, letermini		
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	10	207,699.	MARKET VALU	JE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	151	21,128.	MARKET VALU	JE		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUPPLIES)	X	544	120,810.	MARKET VALU	JE		
26	Other • ()							
27	Other • ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organiz	=	•					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>			1	
00-	Desired the control of the control o			and and the Donald I Brown of Manager	b 00 45 -4 34		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					30a		X
h	exempt purposes for the entire holding period?					Sua		
31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31	х	
	Does the organization have a gift acceptance policy that requires the review of any horistandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
JEU	contributions?		•	• •		32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

# SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

\*

OUR LADY'S INN

Employer identification number 43-1213751

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

BENEFITED FROM PARTICIPATION IN THE OUR LADY'S INN'S ADOPT A FAMILY

CHRISTMAS PROGRAM.

IN 2021, AT THE ST. LOUIS INN LOCATION, 4,137 NIGHTS OF SHELTER/DAYS OF

CARE WERE PROVIDED FOR A TOTAL OF 57 WOMEN AND 33 CHILDREN. TWELVE

BABIES WERE BORN IN RESIDENCE, WITH AN AVERAGE BIRTH WEIGHT 6LBS 5 OZ

AND GESTATIONAL AGE OF 38 WEEKS AND 1 DAY. THE AVERAGE LENGTH OF STAY

FOR THOSE FAMILIES MOVING FROM THE INN IN 2021 WAS 48 DAYS. THE INN

RECEIVED 197 UNDUPLICATED CALLS FOR HELP FROM PREGNANT WOMEN.

IN 2021, AT THE ST. CHARLES INN LOCATION, 4,277 NIGHTS OF SHELTER/DAYS

OF CARE WERE PROVIDED TO A TOTAL OF 42 WOMEN AND 35 CHILDREN. FIVE

BABIES WERE BORN IN RESIDENCE WITH AN AVERAGE BIRTH WEIGHT OF 6LBS 6 OZ

AND GESTATIONAL AGE OF 36 WEEKS AND 3 DAYS. THE AVERAGE LENGTH OF STAY

FOR THOSE FAMILIES MOVING FROM THE INN IN 2021 WAS 60 DAYS. THE INN

RECEIVED 109 UNDUPLICATED CALLS FOR HELP FROM PREGNANT WOMEN.

TWICE BLESSED RESALE SHOP IS OPERATED BY OUR LADY'S INN AS A SOCIAL

ENTERPRISE, PROVIDING A SMALL REVENUE STREAM IN SUPPORT OF THE INN, BUT

MORE IMPORTANTLY, OFFERING JOB TRAINING AND WORK EXPERIENCE FOR THOSE

CLIENTS OF THE INN WHO WISH TO PARTICIPATE.

DEMOGRAPHIC INFORMATION FOR ADULT RESIDENTIAL CLIENTS:

AGES 18-20 11%

AGES 21-23 27%

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization
OUR LADY'S INN
Employer identification number
43-1213751

AGES 24-26 14%

AGES 27-32 29%

AGES 33-45 18%

AFRICAN AMERICAN 68%

CAUCASIAN 29%

MULTI RACE 3%

AM INDIAN/AK NATIVE 0%

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

A COPY OF THE FORM 990 WAS PROVIDED TO THE FINANCE AND EXECUTIVE COMMITTEES

PRIOR TO FILING FOR THEIR REVIEW. THE 1) BOARD CHAIR, 2) FINANCE COMMITTEE

WHICH IS COMPRISED OF FINANCIAL PROFESSIONALS, AND 3) MANAGEMENT, WHICH

INCLUDES THE PRESIDENT/CEO AND CFO OF OUR LADY'S INN, ALL REVIEW THE FORM

990 PRIOR TO FILING.

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

THE BOARD OF DIRECTORS ANNUALLY SIGN AND DISCLOSE ANY POTENTIAL CONFLICTS.

THE BOARD THEN MONITORS ANY POTENTIAL CONFLICTS MEMBERS MAY HAVE.

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

A SUBCOMMITTE OF THE EXECUTIVE COMMITTEE, THE COMPENSATION COMMITTEE,

ANNUALLY REVIEWS AND DETERMINES THE COMPENSATION OF THE EXECUTIVE STAFF

USING COMPARABILITY DATA AND DOCUMENTING IN THE BOARD MINUTES AT THE TIME

OF THE REVIEW.

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

OUR LADY'S INN MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

Schedule O (Form 990) 2021 Page **2** 

Name of the organization OUR LADY'S INN	Employer identification number 43-1213751
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRIT	TEN REQUEST.
PART XII, LINE 2C	
NO CHANGE FROM PRIOR YEARS	