EXTENDED TO MAY 15, 2024 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	FOR THE	e 2022 calendar year, or tax year beginning 00L 1, 2022 and	enaing U	UN 30, 2023	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre chang Name				
	chang	e Doing business as		11-31745	14
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	795 LEXINGTON AVENUE		718-574-0	0058
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,589,679.
	Amen return	BROOKLIN, NI 11221		H(a) Is this a group re	turn
	Application	F Name and address of principal officer: SK • CAROLINE INEEDI	, RSM	for subordinates	? Yes X No
	pendii	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
<u>J</u>	Websi	te: WWW.BREADANDLIFE.ORG		H(c) Group exemption	n number
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1993 N	State of legal domicile: NY
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: PROVI	IDING	FREE, NUTRIT	TIOUS MEALS
ည		AND A SETTING WHERE SOCIAL SERVICE AGENCI	ES CAN	MEET WITH	AND ASSIST
na	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
Ş Ve	3	Number of voting members of the governing body (Part VI, line 1a)			19
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19
ο Q	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			39
/itie	6	Total number of volunteers (estimate if necessary)			38
Activities & Governance	7 a			7a	0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		6,884,024.	7,493,546.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		730.	41,912.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-10,409.	7,867.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,874,345.	7,543,325.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ú	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,070,777.	2,225,646.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	. Ь	Total fundraising expenses (Part IX, column (D), line 25) 406, 34	18.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,753,662.	4,789,483.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,824,439.	7,015,129.
	19	Revenue less expenses. Subtract line 18 from line 12		49,906.	528,196.
or or	3	•		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		8,469,318.	9,039,477.
Ass	21	Total liabilities (Part X, line 26)		357,884.	399,847.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		8,111,434.	8,639,630.
Pi	art II	Signature Block			
Und	er pena	 Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei		SR. CAROLINE TWEEDY, RSM, EXECUTIVE DIRECT	TOR		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature]	Date Check	PTIN
Pai	d	KRISTOPHER KRINGAS KRISTOPHER KRING	as 0	5/14/24 if self-employe	P00747134
Pre	parer	Firm's name CITRIN COOPERMAN ADVISORS LLC			7-2525370
	Only	Firm's address 2 LYON PLACE			
	-	WHITE PLAINS, NY 10601		Phone no. 91	4.644.9200
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
	SEE SCHEDOLE O
	-
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5 , 328 , 729 • including grants of \$) (Revenue \$)
	SOUP KITCHEN PROGRAMS: MEALS AND NUTRITION - THE SOUP KITCHEN, MOBILE
	SOUP KITCHEN AND FOOD PANTRY ARE THE HEART AND SOUL OF THE DAILY WORK
	DONE AT THE ST. JOHN'S BREAD AND LIFE PROGRAM (THE PROGRAM). THE
	PROGRAM IS THE ONE OF THE LARGEST EMERGENCY FOOD PROVIDERS, SERVING
	3,000 MEALS DAILY.
4b	(Code:) (Expenses \$627,823. including grants of \$) (Revenue \$)
	SOCIAL SERVICES - CASE MANAGEMENT SERVICES ASSISTS INDIVIDUALS IN
	SECURING BENEFITS, ETC. WE REFER INDIVIDUALS TO OUTSIDE SERVICES, SUCH
	AS PSYCHIATRIC, SHELTER, ETC. OUR ORGANIZATION IS A REGISTERED SINGLE
	STOP BENEFITS ACCESS PROVIDER.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
TU	(Expenses \$ including grants of \$) (Revenue \$)
4 _P	Total program service expenses 5,956,552.
	Form 990 (2022)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		Х
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 IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, 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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_ -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- "		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Pai	990 (2022) ST JOHNS BREAD & LIFE PROGRAM INC 11-31/4 TIV Checklist of Required Schedules (continued)	FJTA	<u>P</u>	age 🕶
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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%			
	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	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?		77	
Pai	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
ı aı	† V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			

	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	1a	1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			10	X	

Form 990 (2022) ST JOHNS BREAD & LIFE PROGRAM INC

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

	- (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	140
	filed for the calendar year ending with or within the year covered by this return 2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		X
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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
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).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
а	Did the consequence in a consequence of the consequence of the distribution of the consequence of the conseq	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- OD		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	excess parachute payment(s) during the year?	15		_X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SR. CAROLINE TWEEDY, RSM - 718-574-0058			
	795 LEXINGTON AVENUE, BROOKLYN, NY 11221			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do	not cl	(C Pos	C) ition		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			irecto	Highest compensated highest compensated shaployee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MR. THOMAS MCINERNEY	5.00	7.7		37					0	0
BOARD CHAIR (2) MS. PATRICIA CASTEL, ESQ.	3.00	Х		Х				0.	0.	0.
BOARD SECRETARY	3.00	Х		х				0.	0.	0.
(3) MS. MARTHA J. HIRST TREASURER	3.00	х		х				0.	0.	0.
(4) JUSTICE SYLVIA HINDS-RADIX	1.00	Λ		Δ				0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(5) MS. JACKIE LOCHRIE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MS. HELEN T. LOWE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) FR. ASTOR L. RODRIGUEZ CM	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MR. FRED PYTLAK	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(9) DR. JERROLD ROSS	1.00	7.7							_	0
(10) DR JAMES PELLOW	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) MR. RICHARD WESTON	1.00	21						0.	0.	<u> </u>
DIRECTOR	1,00	х						0.	0.	0.
(12) REV. DONALD HARRINGTON CM	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MS. DOROTHY E. HABBEN PHD	1.00									
DIRECTOR		Х						0.	0.	0.
(14) REV. JOHN T. MASHER, C.M.	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MR. KEVIN REED	1.00								_	_
DIRECTOR	1 00	Х						0.	0.	0.
(16) MRS COLLEEN KELLERHER SORRENTIN	1.00								_	^
DIRECTOR	1 00	Х				-		0.	0.	0.
(17) SR. JULIA UPTON, R.S.M. DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR	<u> </u>	Λ					<u> </u>	1 0.	U •	Form 990 (2022)

232007 12-13-22

(19) SAYAN PALCHOWDHURY 1.00	Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
Nours per local part Nours per local part per local	(A)				•	•			(D)	(E)			(F)	
Compensation Comp	Name and title	Average	(do					ne	Reportable	Reportable		Es	stimate	ed
(list any hours for related organizations below line) 2			box	, unle	ss per	son is	s both	an	compensation	compensation	ו ו	an	nount	of
related organizations below below line) 1099 NEC 109				Cerar	a a a	recto	r/trus	.ee)						
related organizations below sine) Part		1 '	irecto							•				
(18) MR. STEVE BUJNO DIRECTOR X			or di	fee			sated		•	•	⁽⁾			
(18) MR, STEVE BUJNO DIRECTOR X			rustee	l trus		ee	ubeu		1 '	1099-14EC)		•		
(18) MR, STEVE BUJNO DIRECTOR X		"	dual t	ntiona	_	nploy	st col	-6	1000 1120)					
(18) MR, STEVE BUJNO DIRECTOR X		line)	Indivi	Institu	Office	(ey er	Highe emplo	Form				3		
1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(18) MR. STEVE BUJNO	1.00												
DIRECTOR	DIRECTOR		Х						0.		0.			0.
Subtotal	(19) SAYAN PALCHOWDHURY	1.00												
1b Subtotal 0	DIRECTOR		Х						0.		0.			0.
1b Subtotal	(20) SR. CAROLINE TWEEDY, RSM	35.00												
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual To bid any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person To complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	EXECUTIVE DIRECTOR				X				0.		0.	14	6,2	<u>50.</u>
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Total (add lines 1b and 1c)	1b Subtotal											14	6,2	50.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No	c Total from continuation sheets to Part \	/II, Section A												_
compensation from the organization Yes No	d Total (add lines 1b and 1c)								0.		0.	14	6,2	<u>50.</u>
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportable				_
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	•	•							•	•		4		v
rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)												4		22
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	, ·	•				,			J			5		x
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		mpiete Schedul	C J /	UI SL	ICII Ļ	JEI S	OII .							
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Complete this table for your five highest c	ompensated ind	depe	nder	nt cc	ntra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
		•	•							•				
Name and business address NONE Description of services Compensation	(A)											(0		
	Name and busines	s address	N	INC	3				Description of se	ervices	С	ompe	nsatio	n
								_						
								-		+				
								\dashv						
								\dashv						
2 Total number of independent contractors (including but not limited to those listed above) who received more than														

Form 990 (2022) ST JOHN
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to anv lin	e in this Part VIII			
		.	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns 1a					
anta							
ij g			102,365.				
ts, Ar			102,303.				
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 1d	L33,140.				
ns, Sim			133,140.				
utio er (1	All other contributions, gifts, grants, and	NEO 041				
5 된			958,041.				
ont od (· · · · · · · · · · · · · · · · · · ·	099,368.	7 402 546			
<u>0 g</u>		1 Total. Add lines 1a-1f		7,493,546.			
		-	Business Code				
e	2 8	a					
Program Service Revenue	ı	·					
S	(=					
am	(d b					
og B	•	e					
Ā	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)	·	41,912.			41,912.
	4	Income from investment of tax-exempt bond pro		·			,
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a	()				
		· · · · · · · · · · · · · · · · · · ·					
		d Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	/ 3		(II) Other				
		assets other than inventory 7a					
-	- 1	Less: cost or other basis					
une		and sales expenses 7b					
ě.	•	Gain or (loss)					
å		d Net gain or (loss)					
Other Revenue	8 8	Gross income from fundraising events (not including \$ 402,365. of					
		contributions reported on line 1c). See					
		Part IV, line 18	24,450.				
	-	Less: direct expenses 8b	46,354.				
		Net income or (loss) from fundraising events	-	-21,904.			-21,904.
		a Gross income from gaming activities. See					
	- '	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		<u> </u>					
		Net income or (loss) from sales of inventory	Business Code				
sn	44	MISCELLANEOUS REVENUE	Duamiesa Coue	29,771.	29,771.		
je en	11 6			49,111.	49,111•		
Miscellaneous Revenue							
sce Be	(
Ξ̈́	(d All other revenue		20 771			
		Total. Add lines 11a-11d		29,771.	20 771	^	20 000
	12	Total revenue. See instructions		7,543,325.	29,771.	0.	20,008.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1 Gr	rants and other assistance to domestic organizations				
an	nd domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for membersompensation of current officers, directors,				
	ustees, and key employees	150,000.	81,902.	46,739.	21,359
	ompensation not included above to disqualified	130,000.	01,302.	40,733.	21,333
	ersons (as defined under section 4958(f)(1)) and				
-	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	1,579,987.	1,135,664.	251,471.	192,852
	ension plan accruals and contributions (include	, ,	,,	,	
	ection 401(k) and 403(b) employer contributions)	32,648.	27,608.	2,622.	2,418
	ther employee benefits	329,436.	278,578.	26,458.	2,418 24,400 9,894
	ayroll taxes	133,575.	112,953.	10,728.	9,894
	ees for services (nonemployees):		-	-	-
a M	lanagement				
	egal				
c A	ccounting	79,880.	4,806.	73,959.	1,115
	obbying				
	rofessional fundraising services. See Part IV, line 17				
f In	vestment management fees				
g O	ther. (If line 11g amount exceeds 10% of line 25,				
CO	olumn (A), amount, list line 11g expenses on Sch O.)	12,960.	780.	11,999.	181
	dvertising and promotion	11000		10.110	
	ffice expenses	118,003.	87,029.	18,443.	12,531
	formation technology				
	oyalties	01 500	61 504	05 014	4 200
	ccupancy	91,700.	61,584.	25,814.	4,302
	ravel	17,750.	17,732.	9.	9
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials	10 400	0.750	2 202	1 001
	onferences, conventions, and meetings	12,423.	8,750.	2,392.	1,281
	nterest				
	ayments to affiliates	380,908.	267,013.	75 020	27 06
	epreciation, depletion, and amortization	147,907.	104,581.	75,930. 34,204.	37,965 9,122
	ther expenses. Itemize expenses not covered	147,307.	104,301.	34,204.	9,144
4 Ot ab	pove. (List miscellaneous expenses not covered				
lin	ne 24e amount exceeds 10% of line 25, column (A),				
	nount, list line 24e expenses on Schedule 0.) COOD PURCHASES	3,453,793.	3,453,793.		
	ROGRAM SUPPLIES	136,212.	116,313.	8,204.	11,695
_	ONSULTANTS AND OUTSIDE	98,149.	31,613.	10,168.	56,368
_	ELIGIOUS STIPEND	94,094.	51,376.	29,320.	13,398
_	Il other expenses	145,704.	114,477.	23,769.	7,458
	otal functional expenses. Add lines 1 through 24e	7,015,129.	5,956,552.	652,229.	406,348
	oint costs. Complete this line only if the organization	, == , == ,	.,,		,
	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				

Fai	ιλ	Dalance Sneet					
		Check if Schedule O contains a response or note t	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,808,738.	1	119,546.
	2	Savings and temporary cash investments			66,210.	2	4,415,220.
	3	Pledges and grants receivable, net		117,854.	3	105,038.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	itial c	ontributor, or 35%			
		controlled entity or family member of any of these	ons		5		
	6	Loans and other receivables from other disqualified	d pers	sons (as defined			
		under section 4958(f)(1)), and persons described in		6			
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			124,871.	8	289,755.
Ä	9	Prepaid expenses and deferred charges			100,682.	9	75,181.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,418,744.			
	b	Less: accumulated depreciation	10b	5,396,735.	4,250,963.	10c	4,022,009.
	11	Investments - publicly traded securities				11	
	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	0.	15	12,728.		
	16	Total assets. Add lines 1 through 15 (must equal I			8,469,318.	16	9,039,477.
	17	Accounts payable and accrued expenses		357,884.	17	387,119.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
iab.		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X	0		10 700
		of Schedule D			<u>0.</u> 357,884.		<u>12,728.</u> 399,847.
	26	Total liabilities. Add lines 17 through 25			337,004.	26	333,047.
ç		Organizations that follow FASB ASC 958, check	nere	· X			
nce	07	and complete lines 27, 28, 32, and 33.			8,070,944.	07	8,614,630.
ala	27			·····	40,490.	27 28	25,000.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958			40,470.	20	25,000.
-un		•					
Net Assets or Fund Balances	20	and complete lines 29 through 33.				29	
əts	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equi			30		
\ss(30 31	Retained earnings, endowment, accumulated inco			31		
et 🗸		— · · · · · · · · · · · · · · · · · · ·			8,111,434.	32	8,639,630.
Ž	32	Total liabilities and net assets/fund balances			8,469,318.	33	9,039,477.
	33	Total liabilities and net assets/fund balances			0,403,310.	ა პ	5,035,47

Form **990** (2022)

1 0111	1 330 (2022)		<u> </u>		1 0	gc
Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,01	5,1	29.
3	Revenue less expenses. Subtract line 2 from line 1	3		52	8,1	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,11	1,4	34.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))					30.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

232012 12-13-22

SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ST JOHNS BREAD & LIFE PROGRAM INC

Employer identification number

11-3174514

Pa	rt I	Reason for Public (Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	\bigcap	A church, convention of chu	·	- ·	-	-)(A)(i).	
2	Ħ	A school described in secti					7. 7.7	
3	H			·		/h\/1\/	:1	
<u>ح</u>	H	A hospital or a cooperative	•					the heapital's name
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support f	om a gove	ernmental	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9	\Box	An agricultural research org				ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	-
		university:	rant conege of agrici	artare (500 instructions).	Littor tilo i	iarrio, orty	, and state or the conege	, 01
40			lly rossiyos (1) more t	than 22 1/20/ of its our	ort from o	ontribution	no momborobin foco on	d aroog receipte from
10		An organization that normal						
		activities related to its exem		· ·			• •	-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	-					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to red	gularly appoint or elect a	maiority o	f the direc	tors or trustees of the su	upportina
		organization. You must c			, ,			
h		Type II. A supporting orga	= :		ion with its	s sunnorte	d organization(s) by hav	vina
		control or management of						
					arrie persor	iis iiiai coi	ittoi or manage the supp	oortea
		organization(s). You mus						1 20
С		Type III functionally inte					• •	ea with,
		its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.	
d			integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		ride the following information		d organization(s).				
	() Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed na document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,		()	` ,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	3835075.	5472935.	7086026.	6884024.	7493546.	30771606.
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	3835075.	5472935.	7086026.	6884024.	7493546.	30771606.
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)						3716044.
6	Public support. Subtract line 5 from line 4.						27055562.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3835075.	5472935.	7086026.	6884024.	7493546.	30771606.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,958.	8.		730.	41,912.	45,608.
9	Net income from unrelated business	,				•	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,500.	1,810.	2,843.	29,771.	35,924.
11	Total support. Add lines 7 through 10		-	-	-	-	30853138.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	•
	First 5 years. If the Form 990 is for th					D1(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	87 . 69 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	77.43 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain in	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s
						Schedule A	(Form 990) 2022

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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	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
ŀ	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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 10	a or 10h check th	nis hox and see in	structions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		L

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule	Δ	(Form	990)	2022

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

4 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i_	Carryover from 2017 not applied (see instructions)						
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
<u>e</u>	Excess from 2022						

Schedule A (Form 990) 2022

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.

2022
Open to Public Inspection

Name of the organization

ST JOHNS BREAD & LIFE PROGRAM INC

 $Employer\ identification\ number \\ 11-3174514$

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
	organization answered Tes On Form 990, Fait IV, link	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	()		
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 v	vriting that the assets he	ld in donor advised fu	nds
_	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	·		
Par				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ution in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and no	ot on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri		ion, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, an	d enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and on	forcing consorvation o	assements during the year
′	Amount of expenses incurred in monitoring, inspecting, name	iii ig or violations, and em	ording conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)(l	3)(i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
_	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.	3		
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treatments	asures, or other similar as	ssets for financial gain	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
				\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Ar				Othe	r Sim		sets (contin		age Z
3	Using the organization's acquisition, accession								•	<u>lueu)</u>	
Ū	collection items (check all that apply):	ori, una otrior record	o, 0110010	dily of the i	ionowning triat	mano o	giiiioc	ant 000 01	110		
а	Public exhibition	c	ı 🗆	Loan or exc	change progra	m					
b	Scholarly research	6			nango progra						
c	Preservation for future generations	•	,	Othici							
4	Provide a description of the organization's co	allections and explain	n how th	ev further th	ne organizatio	n's ever	mnt nu	rnose in F	Part XIII		
5	During the year, did the organization solicit or								art Am.		
J	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par		oto ii tiio	organizatio	ir anoworda	100 01		000, 1 411	. 14, 11110 0, 01		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other ass	ets not	include	ed			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-	Too, explain the arrangement in that will	and complete the le	owg	abio.					Amoun	t	
c	Beginning balance							lc			
	Additions during the year						—	ld			
	Distributions during the year							le			
f	Ending balance							lf			
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.								. —		Ī
	t V Endowment Funds. Complete in										
	·	(a) Current year		rior year	(c) Two year			ree years b	ack (e) Fou	years	back
1a	Beginning of year balance			-							
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1c	a. column (a)) held as:				·		
a		•	%	,, o o i o i i i i i i i i i i i i i i i	,,,						
b	Permanent endowment	%									
С		<u></u> -									
	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	ation tha	t are held ar	nd administer	ed for th	ne				
	organization by:	_								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X,	line 10).			
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) A	ccumi	ılated	(d) Boo	k valu	ie
		basis (investr	ment)	basis	(other)	de	precia	tion	` ,		
1a	Land			98	7,533.				98	7,5	33.
	Buildings				4,030.		546	848.	1,21		
	Leasehold improvements				0,263.			,196.	1,52	6,0	67.
	Equipment				6,918.			,691.	29	1,2	27.
	Other			-							
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	00.)				4,02	2,0	09.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ST JOHNS BRE Part VII Investments - Other Securities.	EAD & LIFE PRO		1-3174514 Page
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives	(1)		,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		
	on Form 000 Deat IV Beer	11 a av 11f Caa Fawer 000 Bart V Pro- 0	nE
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value
(1) Federal income taxes			10 700
(2) OPERATING LEASE			12,728
(3)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

12,728.

(5) (6) (7) (8)

	t XI	(Form 990) 2022 ST JOHNS BREAD & LIFE PRO Reconciliation of Revenue per Audited Financial Statem				174514 Page	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12		- - - - - - - - - - - - -			
1	Total			1		7,543,325	•
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				<u>, , , , , , , , , , , , , , , , , , , </u>	_
а		nrealized gains (losses) on investments	2a				
b		ed services and use of facilities					
С		veries of prior year grants					
d		(Describe in Part XIII.)					
е	Add li	nes 2a through 2d		26	•	0	
3	Subtra	act line 2e from line 1		3		7,543,325	•
4		nts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other	(Describe in Part XIII.)	4b				
С		nes 4a and 4b			:	0	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		7,543,325	•
Pai	rt XII	Reconciliation of Expenses per Audited Financial Stater	ments With Ex	penses per Retu	ırn.		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12					_
1		expenses and losses per audited financial statements		1	_	7,015,129	•
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а		ed services and use of facilities					
b	Prior y	/ear adjustments	2b				
С		losses					
d		(Describe in Part XIII.)				•	
е		nes 2a through 2d				0	•
3		act line 2e from line 1		3	-	7,015,129	•
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а		ment expenses not included on Form 990, Part VIII, line 7b					
b		(Describe in Part XIII.)	4b			0	
С		nes 4a and 4b			-	0 7 015 100	•
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		7,015,129	•
		Supplemental Information.					_
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	·		rt X,	line 2; Part XI,	
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informatio	on.			
							_
דגם	от у	TIME 2.					
PAF	(I V	, LINE 2:					_
יטיד	י ∩ם	GANIZATION EVALUATES ALL SIGNIFICANT	תאע ה∨כושו	ONG THE ACC	ΛĐΙ	DANCE	
1111	5 OK	GANIZATION EVALUATES ALL SIGNIFICANT .	IAN PUBLIT	ONS IN ACC	OKI	DANCE	-
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VV Т 1	^	CCOUNTING TRINCITUED GENERALDI ACCEITI	ED IN IIIE	UNITED SIA	111,	5 OF	-
ΣΜΙ	ים דר	A. AS OF JUNE 30, 2023, THE ORGANIZA	TTON DOFG	NOT BELIEV	י קו	יד העדע	
TIT	31\ 1 C	A: AD OF COME SO, 2025, THE ONGANIZA.	TION DOES	NOI DEDIEV	<u></u>	IIIAI II	-
НΔЯ	т Т	KEN ANY POSITIONS THAT WOULD REQUIRE !	THE RECORT	TNG OF ANY	Δ1	DDTTTONAL.	
. 12 1 6	, 111	NEW THAT TODITIONS THAT WOODS REQUIRE .	IIID RECORD	JING OI IIIII	211	DDITIONIL	-
ТΑΣ	C LI	ABILITY NOR DOES IT BELIEVE THAT THER	E ARE ANY	UNREALIZED	T/	ΑX	
							-
BEI	IEFI	TS THAT WOULD EITHER INCREASE OR DECRI	EASE WITHI	N THE NEXT	Y]	EAR.	
							-
							-

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number
ST JOHN	S BREAD & LIFE PRO	GRAI	II N	1C		11-3174	514
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	red "Y	es" or	ı Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments b If "Ses," list the 10 highest paid individendments 	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	,	Yes	· · · · · · · · · · · · · · · · · · ·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration
							<u> </u>

232081 10-27-22

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

Schedule G (Form 990) 2022

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 gro				s greater than \$5,000.
			(a) Event #1 JOHNNY 'S ANGELS GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ine			(GVGIII 1)PG)	(GVGIII LYPO)	(total Hambol)	
Revenue	1	Gross receipts	426,815.			426,815.
	2	Less: Contributions	402,365.			402,365.
	3	Gross income (line 1 minus line 2)	24,450.			24,450.
	4	Cash prizes				
S		Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	19,620.			19,620.
Ω	8	Entertainment				
	9	Other direct expenses	26,734.			26,734.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			46,354.
_	11	Net income summary. Subtract line 10 from li				-21,904.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ι	(In) Dull tobo/instant		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
	Ė	dioss revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	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	ı 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	Г	towtho otato(a) in which the acceptantian and the	ata gamina cativitias			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				Yes No
		No," explain:				res No
N		, одрши.				
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·			Yes No
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 ST JOHNS BREAD & LIFE PROGRAM INC 11-	31745	14	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	No
	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?	Y	es	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the harmound and address of the person who propares the organization's garming special events books and records.			
	Name			
	- Trainic			
	Address			
	Address			
45.	Does the examination have a contract with a third party from whom the examination reactives coming revenue?		'es	No
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	•	63	140
D	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	v	es	☐ No
L		. — ·	-	
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Рa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	urt III. linna	- 0 0	h 10h
ı u		irt III, IIries	5 9, 8	ь, тоь,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990) Supplemental Inform	ST	JOHNS	BREAD	&	LIFE	PROGRAM	INC	11-3174514	Page 4
Part IV	Supplemental Infor	matio	n (continue	ed)						
-										
_					_					
						<u> </u>	<u></u>	·		

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.

ST JOHNS BREAD & LIFE PROGRAM INC

Employer identification number 11-3174514

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		ınte
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii contribt	alion amol	11115
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						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	77	267	1 000 360			
19	Food inventory	X	367	1,099,368.	WHOLESALE V	ALUE	
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25 26	Other () Other ()						
27	· · · · · · · · · · · · · · · · · · ·						
28	Other () Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions			
	for which the organization completed Form 828	-	•				
	Tel Willer the organization completed from egg	,o, , a, , , ,	onee menine wie ag	<u></u>		Ye	s No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of t			· · · · · · · · · · · · · · · · · · ·			
	exempt purposes for the entire holding period?			•		30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31 X	2
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?		_	· ·		32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ST JOHNS BREAD & LIFE PROGRAM INC

Employer identification number 11-3174514

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THOSE IN NEED TO THE RESIDENTS OF AN IMPOVERISHED BROOKLYN COMMUNITY. FORM 990, PART III, LINE 1 INSPIRED BY THE SPIRIT OF ST. VINCENT DEPAUL, ST. JOHN'S BREAD AND LIFE'S MISSION IS TO BRING CARE AND SERVICE TO THE POOR, TO SERVE ALL IN NEED THROUGH EMERGENCY FOOD PROGRAMS AND SOCIAL SERVICES AND THROUGH ADVOCACY AND EDUCATION, STRIVE TO HEIGHTEN PUBLIC AWARENESS TO CONFRONT AND ALLEVIATE POVERTY. FORM 990, PART VI, SECTION A, LINE 6: THERE IS ONE CLASS OF MEMBERS CONSISTING OF THREE INDIVIDUALS. THE MEMBERS HAVE A NUMBER OF POWERS RESERVED EXCLUSIVELY TO THEM AS LISTED IN THE CORPORATION'S BY-LAWS. FORM 990, PART VI, SECTION A, LINE 7A: THERE IS ONE CLASS OF MEMBER CONSISTING OF THREE INDIVIDUALS. THE MEMBERS HAVE A NUMBER OF POWERS RESERVED EXCLUSIVELY TO THEM AS LISTED IN THE CORPORATION'S BY-LAWS. FORM 990, PART VI, SECTION A, LINE 7B: CERTAIN DECISIONS OF THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY THE

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

MEMBERS AS LISTED IN THE CORPORATION'S BY-LAWS.

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** ST JOHNS BREAD & LIFE PROGRAM INC 11-3174514 AND IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: AT THE ANNUAL BREAD AND LIFE PROGRAM, INC. BOARD MEETING, CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE FILLED OUT BY OFFICERS AND DIRECTORS, AND COLLECTED, REVIEWED AND PRESENTED TO THE AUDIT COMMITTEE. THESE STATEMENTS ARE KEPT ON FILE AND ANY REPORTED CONFLICTS OF INTEREST ARE REPORTED TO THE BOARD CHAIR, WHO DECIDES IF ANY ACTION IS WARRANTED AS SPECIFIED IN THE BY-LAWS. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE EXECUTIVE DIRECTOR AND DIRECTOR OF DEVELOPMENT IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS TAKING INTO ACCOUNT COMPARABLE DATA FOR PEER INSTITUTIONS. THERE ARE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: ST. JOHN'S BREAD AND LIFE PROGRAM, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for in	structions and the latest info	rmation.		Inspection
Name of the organizat						nployer identification number
	ST JOHNS BREAD	& LIFE PROGRAM INC				11-3174514
Part I Identificati	ion of Disregarded Entities. Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 33.			
	(6)	(la)	(0)	/ ₄ 1\	(0)	(4)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ST. JOHN'S UNIVERSITY - 11-1630830							
8000 UTOPIA PKWY	HIGHER EDUCATION						
JAMAICA, NY 11439	INSTITUTION	NEW YORK	501(C)(3)	7	N/A		X
	\neg						
	\exists						

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

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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

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

Schedule R (Form 990) 2022

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		_X_
е	Loans or loan guarantees by related organization(s)				1e		_X_
f	Dividends from related organization(s)				1f		_X_
g	Sale of assets to related organization(s)				1g		<u>X</u>
	Purchase of assets from related organization(s)				1h		_X_
i	Exchange of assets with related organization(s)				1i		_X
	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X
	Performance of services or membership or fundraising solicitations for related organ						X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		_X_
q	Reimbursement paid by related organization(s) for expenses				1q		_X_
r	Other transfer of cash or property to related organization(s)				1r		<u>X</u>
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	ionships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	nvolved		
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000