efile Public Visual Render ObjectId: 202510599349300611 - Submission: 2025-02-28 TIN: 03-0385377

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

		the Treasury nue Service	Go to <u>www.irs.gov/Form990</u> for instructions and th	e latest inform	nation.		Inspection
A F	or th	e 2023 c	alendar year, or tax year beginning 07-01-2023 ,and ending 06	5-30-2024			
	dress	applicable: change	C Name of organization NATIVITY SCHOOL OF WORCESTER INC		D Employ 03-038!		fication number
O Ini							
O Fina		e numbe	r				
		ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room 67 LINCOLN STREET	n/suite	(508) 7	99-0100)
		ceipts \$ 8	3,917,493				
			turn for				
			THOMAS MCKENNEY 67 LINCOLN STREET	subo	ordinates?		☐Yes ☑No
			WORCESTER, MA 01605		all subordinat ıded?	es	☐ Yes ☐No
		mpt status:	2 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527		lo," attach a l		
J W	ebsit	te: NAT	TIVITYWORCESTER.ORG	ii(c) Grou	up exemption	numbei	-
K Forn	n of o	rganization:	Corporation Trust Association Other	L Year of form	nation: 2002	M State MA	of legal domicile:
Pa	art I	Sum	mary				
Governance	2	Check thi					
Activities &			of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)		•	3	26 25
vitie			nber of individuals employed in calendar year 2023 (Part V, line 2a)			5	22
¥CE			nber of volunteers (estimate if necessary)			6	85
•	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0
				Pi	rior Year		Current Year
9			ions and grants (Part VIII, line 1h)		12,429,4		4,977,471
enueve		_	service revenue (Part VIII, line 2g)		1,5 425,4		850 856,576
å			venue (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e)		11,3		-31,703
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,867,6		5,803,194
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		93,5	11	126,207
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0	0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10))	1,506,1	.00	1,558,315
ens			nal fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses			raising expenses (Part IX, column (D), line 25) 403,841		040.0	0.5	200 262
1444			penses (Part IX, column (A), lines 11a-11d, 11f-24e) enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		918,9		899,362
		•	less expenses. Subtract line 18 from line 12		2,518,5	_	2,583,884 3,219,310
or es				Beginning	g of Current Ye		End of Year
Net Assets or Fund Balances							
Ass Ba			ets (Part X, line 16)		25,147,7	_	29,099,398
Net			ilities (Part X, line 26)		65,2 25,082,5		121,988 28,977,410
		ייכנ מסספו	S or rund balances. Subtract line 21 HOIII line 20		23,002,3		20,377,410

Signature Block

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	-	ignature of officer				2025-02-2 Date	6	
Here	<u>TI</u>	HOMAS MCKENNEY				Date		
	Ту	ype or print name a	and title reparer's name	Preparer's signature	Dat	e C	¬ PTIN	
Paid			eparer o name	r oparer o organicare		25-02-26 Check self-emp	」if P02149:	189
Prep	arer	Firm's name	BOLLUS LYNCH LLP			Firm's EI	N 04-3037870	
Use	Only	Firm's addre	ss 89 SHREWSBURY STREET			Phone no	o. (508) 755-710)7
			WORCESTER, MA 01604					
May th	ne IRS d	iscuss this retur	n with the preparer show	vn above? See Instruct	tions		🗸	Yes 🗆 No
For Pa	aperwo	rk Reduction A	Act Notice, see the sep	arate instructions.		Cat. No. 1128	2Y	Form 990 (2023)
				Page	2			
Form 9	990 (202	23)						Page 2
Part	: .	Statement of	Program Service A	ccomplishments				
			le O contains a response	or note to any line in t	this Part III	<u></u>		🔽
_	•	-	anization's mission:					
			ER HIGH QUALITY EDUCA TY MAN" IS ENCOURAGE					
SCHO	OL'S FOU	JR PILLARS OF	STRENGTH, SCHOLARSH	IP, CHARACTER AND S	SERVICE.			
2	Did the	organization un	dertake any significant p	rogram services during	the vear which wer	re not listed on		
		r Form 990 or 9	, -	· · · · · ·				🗆 Yes 🔽 No
			new services on Schedu	le O.				
3	Did the	organization cea	ase conducting, or make	significant changes in	how it conducts, any	y program		
	services	s? .						🗌 Yes 🔽 No
	If "Yes,"	describe these	changes on Schedule O.					
	Section	501(c)(3) and 5	on's program service acco 501(c)(4) organizations a each program service re	ire required to report t				
4a	(Code:) (Expenses \$	1,452,137 including g	grants of \$) (Revenu	 ie \$)
			SCHOOL EDUCATION FOR BO					
	SUPPORT		MING, SCHOOL SUFFEILS AF	VD ONII OKIIS, SOIIIIEK C	AMP WITH LEADERSHIP	OFFORTONITIES, I	TEALS, AND SO	CIAL-EMOTIONAL
	(Code:	IOOL ALSO DROVID) (Expenses \$	304,911 including g		126,207) (Revenu	•)
			DES A COMPREHENSIVE SUPP ARSHIP FUNDS FOR THEM TO			2 SCHOOL DOKING	ITILIK TIIGIT SCI	IOOL AND COLLEGE
4c	(Code:) (Expenses \$	including g	grants of \$) (Revenu	ıe \$)
4d	Other p	rogram services	(Describe in Schedule O	•				_
	(Expens	•		g grants of \$) (R	evenue \$)
4e	Total p	rogram servic	e expenses	1,757,048				F 000 (2022)
								Form 990 (2023)
				Page	3 —			
				. age	-			
	990 (202	•						Page 3
Part	IV	Cnecklist of I	Required Schedules					Yes No
								1 1 69 1 140

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	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. 🐒	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b		No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	orm 99	

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			res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	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 17		162	140
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 reportable gaming (gambling) winnings to prize winners?	1c		
		F	orm 99	0 (2023

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	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 sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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			
b	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		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

/10/2	25, 10:19 AM Nativity School Of Worcester Inc - Full Filing - Nonprofit Explorer - ProPubli	ca		
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? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2023)
	Page 6			
orm	990 (2023)			Page 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" recr	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		✓
Se	ction A. Governing Body and Management		Vaa	N
12	Enter the number of voting members of the governing body at the end of the tax year 1a 26		Yes	No
10	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			
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
_	1b 25			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
	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		
Se	ction C. Disclosure			

List the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

11/10/25, 10:19 AM	Nativity Scl	nool Of	Worce	este	r Inc	- Ful	l Fili	ng - Nonprofit Explo	orer - ProPublica	
✓ Own website ✓ Another's website	Upon requ	est 🗆	Othe	r (e	xpla	ain in :	Sche	edule O)		
19 Describe in Schedule O whether (and if so, policy, and financial statements available t	how) the orga	nization	made	e its	go				of interest	
20 State the name, address, and telephone n								nization's books and	d records:	
THOMAS MCKENNEY 67 LINCOLN STREET	WORCESTE	R, MA U.	1605 ((508	3) /	99-01	00			Form 990 (2023)
										,
			Page	7	_					
Form 990 (2023)										Page 7
Part VII Compensation of Officers, D	irectors.Tru	stees	Kev	Fn	nnl	ovee	s. I	Highest Compe	nsated Employ	Page 7
and Independent Contracto	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			0,00	, .	inginest compe		
Check if Schedule O contains a resp										\square
Section A. Officers, Directors, Truste			-						-	
1a Complete this table for all persons required to year.	be listed. Rep	ort com	pensa	ition	ı for	the c	aler	ndar year ending wi	th or within the or	ganization's tax
 List all of the organization's current officers 							or (organizations), rega	ardless of amount	
of compensation. Enter -0- in columns (D), (E), a List all of the organization's current key em					•		efini	tion of "kev employ	vee."	
 List the organization's five current highest of 	compensated er	nployee	s (oth	ner t	han	an of	ffice	r, director, trustee	or key employee)	
who received reportable compensation (box 5 of the organization and any related organizations.	Form W-2, box	6 of Fo	rm 10)99-	MIS	SC, an	d/or	box 1 of Form 109	99-NEC) of more th	an \$100,000 from
 List all of the organization's former officers, 						sated	em	oloyees who receive	ed more than \$100	,000
of reportable compensation from the organization • List all of the organization's former director	,					cana	city	as a former directo	or or trustee of the	
organization, more than \$10,000 of reportable co										
See the instructions for the order in which to list	the persons ab	ove.								
Check this box if neither the organization no	r any related o	rganizat	tion co	omp	ens	ated a	any	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average	Positio	n (do	(C)		eck m	ore	(D) Reportable	(E) Reportable	(F) Estimated
Hame and cale	hours per	tha	an one	e bo	x, u	ınless		compensation	compensation	amount of other
	week (list any hours					office ustee		from the organization (W-	from related organizations	compensation from the
	for related organizations	오늘	=	Q	줎	욕포	Ţī	2/1099- MISC/1099-	(W-2/1099- MISC/1099-	organization and related
	below dotted	효호	Institutional	Officer	yе	ghe ghe	Former	NEC)	NEC)	organizations
	line)	e dia	uti o	7	贾	st o	œ.			
		~ 2	na.		Key employee	ä				
		Individual trustee or director	Trustee		Φ	pen				
		Ψ	îee			Highest compensated employee				
	1.00					à				
(1) MATTHEW BRUNELL	1.00	Х						0	0	0
TRUSTEE										
(2) KATHLEEN HERRMAN PSY D	1.00	х						0	0	0
TRUSTEE										Ü
(3) NICOLYN KEVILLE	1.00			.,						
TREASURER		X		Χ				0	0	0
(4) WILLIAM CONDRON	1.00									
CHAIRMAN		Х		Х				0	0	0
(5) SEAN MCGRATH	1.00									
EMERITUS		Х						0	0	0
(6) MARGARET FLORENTINE	1.00	~		У				-	0	

TROSTEE	•				•	
https://projects.propublica.org/nonprofits/org	anizations/303	85377/20251	05993	3493	0061	11/full

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SECRETARY

(7) REV WILLIAM REISER SJ

(8) VERONICA LISTERUD

(9) WINIFRED OCTAVE

(10) CAROLYN STEMPLER

VICE CHAIRMAN

TRUSTEE

TRUSTEE

0

0

0

0

					<u> </u>			
(11) PAMELA MASSAD TRUSTEE	1.00	Х				0	0	0
(12) JANE MOSAKOWSKI EMERITA	1.00	Х				0	0	0
(13) STEPHEN O'BRIEN TRUSTEE	1.00	Х				0	0	0
(14) VINCENT F O'ROURKE TRUSTEE	1.00	Х				0	0	0
(15) CANDACE RACE TRUSTEE	1.00	х				0	0	0
(16) PATTY PETERLEITNER TRUSTEE	1.00	Х				0	0	0
(17) JACOB VAZQEUZ TRUSTEE	1.00	Х				0	0	0

Form **990** (2023)

– Page 8 ––

Form 990 (2023)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours		one bo	ox, ι n of	t cho inles ficer	ss pers	son	(D) Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
18) REV ANDREW GARAVEL SJ TRUSTEE	1.00	×						0	0	(
(19) GEORGE TETLER TRUSTEE	1.00	х						0	0	(
20) MICHAEL TSOTSIS	1.00	×						0	0	(
21) CHARLES WEISS PHD FRUSTEE	1.00	x						0	0	(
(22) THOMAS MCKENNEY PRESIDENT	40.00	×		х				147,300	0	13,113
(23) THOMAS CLARKE FRUSTEE	1.00	×						0	0	(
(24) DERVIN HYLTON TRUSTEE	1.00	×						0	0	(
(25) PATRICK JONES FRUSTEE	1.00	×						0	0	(
(26) ELIZABETH DELIBERTO VICE PRESIDENT	40.00			Х				106,890	0	11,370

1/10/25, 10:19 AM		•	of Worcester Inc - Fu	ll Filing - Nonpi	ofit Explorer - ProP	ublica		
C Total from continuation shee	. . . ts to Part VII,					_		
d Total (add lines 1b and 1c)				25	54,190	0		24,483
2 Total number of individuals (in of reportable compensation fr			isted above) who red	ceived more th	an \$100,000			
							Yes	No
3 Did the organization list any f line 1a? <i>If "Yes," complete Sci</i>						3		No
For any individual listed on lin organization and related organization individual	nizations grea					4	Yes	
5 Did any person listed on line is services rendered to the organ						5		No
Section B. Independent Co	ntractors							
Complete this table for your fi from the organization. Report						· compens	sation	
	(A Name and bus				(B) Description of service	ces	(C Comper	
		10 10 10 10 10 10 10	1		1 1 1 1 1 1 1 1	0.000		
2 Total number of independent co- compensation from the organiza		uding but not limite	d to those listed abo	ve) who receiv	red more than \$100	J,000 of		
							Form 99	0 (2023)
			Page 9					
000 (2022)			1 2 9 0 0					_
orm 990 (2023) Part VIII Statement of Rev	/enue							Page 9
Check if Schedule O		ponse or note to an	y line in this Part VII	١				
			(A) Total revenue	(B) Related o	r (C)	ed	(D) Rever	
				exempt function	busines revenu	SS	excluded ax under	d from
N = 1	T .			revenue			512 -	
Federated campaigns Contributions,	1a							
Gifts, Grants, Indi Membership dues OtherAmt	1b							
Similar Arfio[HRs]raising events 544,348	1c							
d Related organizations	1d							
Comment and the fact that it is a								
e Government grants (contributions)	1e							
f All other contributions, gifts, grants, and similar amounts not included above	1f							
4,433,123								
g Noncash contributions included in lines 1a - 1f:\$	1g							
b Tabal Add lines to 16								
h Total. Add lines 1a-1f	• • •	4,977,471 Business Code						
2a PARENTAL ACTIVITY FEE		611710	850		850			
		611/10						
e e e								
Service Revenue								
- Servi								
9 1		1			1			

/10/25, 10:19 AW				Nativity School O	r vvorcester inc - Fui	i Filing - Nonprolit Ex	kpiorer - ProPublica	
Program								
f All other program	corv	ico revenue						
9 Total. Add lines				850				
3 Investment income similar amounts)				nterest, and other	663,174			663,174
4 Income from inves	stmen	nt of tax-exen	npt bo	ond proceeds				
5 Royalties				[]				
		(i) Rea	l	(ii) Personal				
6a Gross rents	6a							
b Less: rental	6b							
expenses c Rental income or	6c							
(loss) d Net rental incom	e or i	(loss)		<u> </u>				
1100 1011101111		(i) Securi		(ii) Other				
7a Gross amount	7a							
from sales of assets other than inventory	1	3,24	48,137					
b Less: cost or	7b	3,0	54,735					
other basis and sales expenses			•					
c Gain or (loss)	7c	19	93,402					
d Net gain or (loss	;) .			,	193,402			193,402
d Net gain or (loss	fundra							
(not including \$contributions reporte	ed on	544,348 of line 1c).						
See Part IV, line 18			8a	5,652				
b Less: direct expen	nses		8b	59,564				
c Net income or (lo	ss) fr	om fundraisii	ng eve	ents	-53,912			-53,912
9a Gross income from	n gami	ing activities.						
See Part IV, line 19	9.		9a					
b Less: direct expe			9b					
c Net income or (lo	ss) fr	om gaming a	ctiviti	es				
10a Gross sales of invreturns and allow			10a					
b Less: cost of good	ds so	ld	10b					
c Net income or (lo	ss) fr	om sales of i	nvent	ory				
				Business Code				
11a _{OTHER}				611600	22,209	22,209		
b								
В								
Other Revenue Misc Amt								
d All other revenue								
e Total. Add lines 1	11a-1	11d			22,209			
12 Total revenue.	See ir	nstructions .						
					5,803,194	23,059	0	802,664 Form 990 (2023)
								(2023)
					Page 10 ———			
orm 990 (2023)								Page 10
	t of	Functiona	l Exn	enses				raye 10
				ganizations must com	nplete all columns. A	All other organization	s must complete col	umn (A).
Check if Sch	nedule	e O contains a	resp	onse or note to any l	ine in this Part IX .			0

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	126,207	126,207		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,269,437	789,133	283,613	196,691
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,193	6,849	651	4,693
9	Other employee benefits	172,371	128,019	26,454	17,898
10	Payroll taxes	104,314	67,737	19,892	16,685
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal	9,508		9,508	
	: Accounting	22,249		22,249	
c	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	825		825	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,225	14,225		6,000
12	Advertising and promotion	2,914		2,914	
13	Office expenses	121,574	55,892	4,018	61,664
	Information technology	54,871	48,664	799	5,408
	Royalties				
	Occupancy	90,946	87,589	2,465	892
	Travel	20,511	18,733	1,773	5
	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	
19	Conferences, conventions, and meetings				
20	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	156,629	134,260	21,653	716
	Insurance	48,841	45,071	3,709	61
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a OTHER	179,694	86,401	16,340	76,953
	b REPAIRS AND MAINTENANCE	87,213	85,311	1,447	455
	c FOOD AND FUNCTIONS	63,328	42,923	4,685	15,720
	d SUMMER CAMP & FIELD TRI	20,034	20,034		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,583,884	1,757,048	422,995	403,841
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

Form **990** (2023)

Form 990 (2023) Page **11**

Pa	art X	Balance Sheet	o to on	line in this Bart IV			
		Check if Schedule O contains a response or not	e to any	Time in this rate ix	(A) Beginning of year	ĊΪ	(B) End of year
	•	Cash-non-interest-bearing			1,937,593	1	664,904
	1 2	Savings and temporary cash investments			3,959,120	2	6,809,704
	3	Pledges and grants receivable, net		· · · · · ·	6,417,347	3	7,077,178
	4			-	0,417,047	4	7,077,170
	5	Loans and other receivables from any current o	r former	officer director		-	
	3	trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial c	ontributor, or 35%		5	
	6		ans and other receivables from other disqualified persons (as defined under ction $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$				
93	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
ŝ	9	Prepaid expenses and deferred charges			38,683	9	20,315
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,439,817			
	b	Less: accumulated depreciation	10b	1,867,545	1,727,726	10c	1,572,272
	11	Investments—publicly traded securities .			10,791,879	11	12,668,028
	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		📙	275,447	15	286,997
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	25,147,795	16	29,099,398
	17	Accounts payable and accrued expenses		,	65,242	17	121,988
	18	. ,		,	18	·	
	19					19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		21			
iabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons	ner offic butor, o	er, director, trustee, key 35% controlled entity			
<u></u>		, , ,				22	
	23	Secured mortgages and notes payable to unrela		·		23	
	24	Unsecured notes and loans payable to unrelated	•	_		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			65,242	26	121,988
ses		Organizations that follow FASB ASC 958, cl lines 27, 28, 32, and 33.		re 🔽 and complete			
la	27	Net assets without donor restrictions			8,041,723	27	8,717,500
B	28	Net assets with donor restrictions		🗀	17,040,830	28	20,259,910
Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, cl	neck here 🕨 🗆 and			_
0	29	Capital stock or trust principal, or current funds				29	
ts	30	Paid-in or capital surplus, or land, building or ed				30	
Assets	31	Retained earnings, endowment, accumulated in		<u></u>		31	
	32	Total net assets or fund balances			25,082,553	32	28,977,410
Net	33	Total liabilities and net assets/fund balances		<u> </u>	25,147,795	33	29,099,398
-	J J	iotai napinties and het assets/fullu paldittes .	• •		20,171,190	J.3	Form 990 (2023)
				Page 12			FOITH 990 (2023)
				– Page 12 ––––			
orn	n 990	(2023)					Page 12
Pa	art XI	Reconcilliation of Net Assets					<u> </u>
		Check if Schedule O contains a response or n	ote to a	nv line in this Part XI			

1 Total revenue (must equal Part VIII, column (A), line 12)

5,803,194

1

3 Revenue less expenses. Subtract line 2 from line 1	
4	,583,88
5 Net unrealized gains (losses) on investments	,219,310
6 Donated services and use of facilities	,082,55
Prior period adjustments	699,614
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
9 Other changes in net assets or fund balances (explain in Schedule O)	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	-24,06
Check if Schedule O contains a response or note to any line in this Part XII	,977,410
1 Accounting method used to prepare the Form 990:	
Accounting method used to prepare the Form 990:	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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? 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2023) Additional Data Return to F	No
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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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

		he organization					Employer identific	ation number	
NATIV	ITY SCI	HOOL OF WORCESTER INC					03-0385377		
	rt I	Reason for Public	Charity Stat	us (All organization	s must comp	lete this part.) S	See instructions.		
The c	rganiz	zation is not a private fou	ndation because	e it is: (For lines 1 thro	ough 12, check	only one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2	✓	A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)			
3		A hospital or a coopera	tive hospital ser	vice organization desc	ribed in sectio	n 170(b)(1)(A)(iii).		
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital desc	cribed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descril	oed in section	
6		A federal, state, or loca	l government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	ı)(v).		
7		An organization that no section 170(b)(1)(A)	rmally receives	a substantial part of it Part II.)	s support from	a governmental u	init or from the genera	al public described in	
8		A community trust desc	cribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part	II.)			
9		An agricultural research non-land grant college						ege or university or a	
10		An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busir	nctions—subject to cer ness taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross	
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).		
12		An organization organize more publicly supported on lines 12a through 12	d organizations	described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a		
а		Type I. A supporting o organization(s) the pow complete Part IV, See	rganization oper ver to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its	supported organiz	zation(s), typically by		
b		Type II. A supporting management of the sup must complete Part 1	organization sup oporting organiz	pervised or controlled i ation vested in the sar					
С		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its	
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organing generally must satis	ization operate fy a distribution	d in connection win requirement and	th its supported orgar		
e		Check this box if the or integrated, or Type III	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally	
f	Enter	r the number of supporte	d organizations				<u> </u>		
g		de the following informat		upported organization(
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
			·						
									
	aperv	work Reduction Act No or 990-EZ.	tice, see the I	l nstructions for	Cat. No. 112	 85F	Schedule	A (Form 990) 2023	
				Pa	ge 2 ———				
Sche	dule A	(Form 990) 2023			J -			Page 2	
Pa	rt II			zations Described ne box on line 5, 7,					

If the organization failed to qualify under the tests listed below, please complete Part III.)

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11/10/	25, 10:19 AM	Nativity S	School Of Worce	ster Inc - Full Filir	ng - Nonprofit Expl	orer - ProPublica			
4	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5		+	+					
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ection B. Total Support	<u>I</u>				L			
Cale	endar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
(or 9	fiscal year beginning in) Amounts from line 6	(4) 2023	(3) 2020	(3) 2022	(4) 2022	(3) 2323	(-,		
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.		1						
C	Add lines 10a and 10b. Net income from unrelated business		1	+					
11	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for t	ho organization's	first second th	ind founth on fift	th tay year as a se	action F01(a)(3) a	ranniza	tion of	o olí
14	this box and stop here								
Se	ection C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2023 (lin	ne 8, column (f) o	divided by line 1	3, column (f)) .		15			
16	Public support percentage from 2022 S	Schedule A, Part 1	III, line 15			16			
	ection D. Computation of Invest			1: 42 1	(6))	<u> </u>			
17	Investment income percentage for 20 Investment income percentage from 2	-		•					
18	33 1/3% support tests-2023. If the	•	•			18 han 33 1/3% and	lino 17	ic not	
19a	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2022. If the	e organization did	not check a box	c on line 14 or lin	ne 19a, and line 16	is more than 33	1/3 % ar	nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	n qualifies as a po	ublicly supported	organization)	▶ □	
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, ch	eck this box and s				
						Schedule A	(Form	1 990)	2023
			_						
			Page 4	+					
	dule A (Form 990) 2023							Р	age 4
Pai	t IV Supporting Organization		- 6 D t J J 6	-hll 12-	of Doub To complete	h- Cti A	D 16		
	(Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section	ections A and C. I	f you checked bo	x 12c, of Part I,					
Se	ection A. All Supporting Organiz	ations							
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the sidescribe the designation. If historic an				tea by class or pui	rpose,	L_		
_	-	-					1		
2	Did the organization have any support		not door not have			and a second second	1		
	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).						2		
Зэ.	509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2).	Part VI how the o	organization dete	ermined that the	supported organiz	ration was	2		
3a	509(a)(1) or (2)? If "Yes," explain in I	Part VI how the o	organization dete	ermined that the	supported organiz	ration was	1		
3a b	509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	Part VI how the o	organization dete	501(c)(4), (5),	supported organiz	ration was nswer lines 3b and	-		
	509(a)(1) or (2)? If "Yes," explain in It described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section	organization des	organization dete	501(c)(4), (5), under section 50	supported organize or (6)? If "Yes," a. 01(c)(4), (5), or (6)	nswer lines 3b and	1		
	509(a)(1) or (2)? If "Yes," explain in A described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination.	organization des supported organ 509(a)(2)? If "Ye	ccribed in section dization qualified es," describe in F	ermined that the 501(c)(4), (5), under section 50 Part VI when and	supported organize or (6)? If "Yes," a. 01(c)(4), (5), or (6)	nswer lines 3b and and satisfied ation made the	1		

to use organization areas unated to a support of controller organization with a property of the controller organization and the property of the controller organization and substituted and classification and such controller organization and substituted organization and substituted supported organization and substituted supported organization and substituted or removed. (d) the reasons for each such action, (iii) the authority under the organization and substituted. Or removed. (d) the reasons for each such action, (iii) the authority under the organization and substituted. Or removed. (d) the reasons for each such action, (iii) the authority under the organization organization and substituted organizations and substituted and the property of the substituted organization and substituted organizations and substituted and the property of the substituted organization and substituted supported organization provide substituted supported organization provide substituted supported organization provide substituted supported organization provide substituted supported organization and the substituted supported organi		25, 10:19 AM Nativity School Of Worcester Inc - Full Filing - Nonprofit Explorer - ProPublica				
4a Wes any supported organization not cognized in the United States ("foreign supported organization")? If "res" and if you chacked box 12 or 12 in Plant 1, answer lime 4 and 45 below. 4b Old the organization have utilimate centrol and discretion in deciding whether to make grants to the foreign supported supported organization have utilimate centrol and discretion in deciding whether to make grants to the foreign supported supported organization and supported organizations below the supported organization for the supported organization for the supported organization and substitution, or renove any supported organization and substitution, or renove any supported organization and substitution, or renove any supported organization and substitution organization and substitution for renove any supported organization and substitution for renove any supported organization and substitution for renove any supported organization and and substitution for renove any supported organization and the authority under the organization supported organization and substitution for renove any supported organization and any substitution or the organization and substitution for renove and supported organization and substitution for result of an event beyond the organization score and substitution for the supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization supported organizations or 11 substitution and substitution for result of an event beyond the organization's continuity (referred to the organizations) and 11 substitution organization and substitution for the supporting organization substitution and substitution for the supporting organization is supported organizations. If "res", "review decided in Part VI. 5b Ut the organization are subject to the excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the o	C				ļ	
bit the forganization are utilized control of the part of the forganization in the foreign supported organization in the supported organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization had such control and discretion despite being controlled or supervised and 500(4)(3) or (2) if "Fee" policy in Part IV Induct controls the organization used to assure that all supports of such such as the part IV induce the control of the organization used to suspend that all supports organizations despited organizations and supports organizat	_		3c			
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization part V Two, a supported organizations discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization add, subbittle, or removes any supported organization that does not have an IRS determination under sections 501(1) and 2011 In Two, explain in Part VI was controlled to ensure that all supports of the controlled organization and subbittle, or removes (1) the reasons for each such action. We want that all supports organizations add, substitution, or removed, but the reasons for each such action, (i) the authority where the area was a consistent or the supported organizations adds, substitution, or removed, (ii) the reasons for each such action, (ii) the authority where the organizations organization and (iv) how the action was accomplished (such as by an event or the organization organization organizations organizations, (ii) individuals that are part of the charitable class benefited by one or more of the supported organizations, or (ii) other supported organizations that also support or benefit one or more of the filling organizations organizations, or (iii) other supported organizations that also support or benefit one or more of the filling organization organizations, or (iii) other supported organizations organ	4a		4-			
organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by on in connection with its supported organization that does not have an IRS determination under sections 50.1(2(3) and 50.9(x)) in C1(2) "Yes," explain in Part VI what controls the organization such to ensure that all supports 50.1(2(3) and 50.9(x)) in C1(2) "Yes," explain in Part VI what controls the organization such to ensure that all supports 50.1(2(3) and 50.9(x)) in C1(2) "Yes," can be interested organization and organization supports organization add, substituted, or remove any supported organization during the tax year? If "Yes," answer lines 50.1 and 50.10(x) (if applicable), Nos. provide detail in Part VI, which will be a strongly (if applicable), Nos. provide detail in Part VI. 5a Dit the organization supports organization and the support of the support of organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the action of the supported organizations organizations organizations organizations organizations, control organizations, control organizations, organiza	b					
Soli (C(3) and Si96(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization and set ensure that all support to the foreign supported organization and set excitively for section 270(c)(2)(8) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c before (if aginization, 84x), provide detail in Part VI, including (i) the names and Eff in unifies of the supported organization's organization's organization document. 5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization organization organization organization organization's organization organization or service 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 organization shape the organizations of the film organization shaped organizations (ii) individuals that are part of the charitable class benefited by one or more of its organization supported organizations (ii) individuals that are part of the charitable class benefited by one or more of its organization supported organizations (iii) individuals that are part of the charitable class benefited by one or more of its organization supported organizations (iii) individuals that are part of the charitable class benefited by one or more of its organization supported organizations (iii) individuals that are part of the charitable class benefited by one or more of its organization supported organizations (iii) individuals that are part of the charitable charitable organization organizations is understant organization of the organization organization organizations is provided and in Part VI. 5 Did the organization provides againt. Leave the provide organization organization organization organization organization organization organization organization	-	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b			
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organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 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, or (iii) other supporting organizations that also support or benefit one or more of the filing organizations supported organizations. (iii) other supporting organizations that also support or benefit one or more of the filing organizations supported organizations. (iii) other supporting organizations that also support or benefit one or more of the filing organizations supported organizations. (iii) other supporting organizations that also support or benefit one or more of the filing organizations supported organizations. (iii) other supporting organizations in Part VI. Did the organization movide a grant, Ioan, compensation, or other similar payment to a substantial contributor (idefined in section 4986) (cold the composition of the filing organization on the filing organization in section 4986 (organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4996 (organization by a filing organization organization managers and organizations described in section 599(a)(1) or (2))? If "Yes," and offended in section 4994 (organization by a filing organization and interest? If "Yes," provide detail in Part VI. Did did disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization and an interest? If "Yes," provide detail in Part VI. Did the organization had an interest? If "Yes," provide detail in Part VI. Page 5 Schedule A (Form 990) 2023 Page 5 Schedule A (Form 990) 2023 Page 5 Schedule A (Form 990) 2023 Page 5 Schedule A (Form 990) 20	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				
c. Substitutions only. Was the substitution the result of an event beyond the organization's control? 6 Did the organization royale apport (whether in the form of grants or the provision of species 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 (iii) other supported organizations? If "Yes," provide detail in Part VI. 7 Did the organization provide a grant, Ioan, compression, or rether similar powerful 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 ?? If "Yes," and complete Part I of Schedule L (Form 990). 9a Was the organization ormalized Part I of Schedule L (Form 990). 9a Was the organization ormalized 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 person (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization also 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. 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 organizations, and all Type III Inon-functionally integrated supporting organizations? If "Yes," answer line 10b below. c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in 10b below. Page 5 Schedule A (Form 990) 2023 Part IV Supporting Organizat	b		5h			
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 the filing organizations supported organizations (iii) other supporting organizations that also support or benefit one or more of the filing organizations supported organizations (iii) other supporting organizations that also support or benefit one or more of the filing organizations provide a grant, Ican. Compensation, or other similar payment to a substantial contributor (defined in section 4986) (1310), a family inheritor of school (Lefting 1901). 8 Did the organization make a loan to a disqualified person (as defined in section 4956) not described on line 7? If "Yes," complete Part I of Schoolube (Leftom 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 4950 (or (2))? If "Yes," provide detail in Part VI. 9 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. 10 Did disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization as on an interest? If "Yes," provide detail in Part VI. 10 Did 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-fluctionally integrated supporting organizations whether the organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10 Did the organization accepted a	С					
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 I (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 I (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) have an ownership 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, or derive any personal benefit from, assets in which the supporting organizations also had an interest? If Yes, "provide detail in Part VI. 10a Was the organization also had an interest? If Yes, "provide detail in Part VI. b Did the organization have any 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). Page 5 Schedule A (Form 990) 2023 Page 5 Schedule A (Form 990) 2023 Page 5 Part TV Supporting Organizations (continued) 1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the gove		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				
section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to à substantial contributor, if ""es," 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). 9 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. 10 Did one or more disqualified persons (as defined on line 9a) had a controlling interest in any entity in which the supporting organization and an interest? If "Yes," provide detail in Part VI. 10 Did an interest? If "Yes," provide detail in Part VI. 10 Did an interest? If "Yes," provide detail in Part VI. 10 Was the organization subject to the excess business holdings rules of section 4943 (in Part VI. 10 Did the organization subject to the excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10 Page 5 10 Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? 12 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization. 12 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization directors or trusteed, or controlled the torganization of the supported organization and the tax year? If "No," of except of the purpose of the supported organization of the co	7	Did the examination provide a grant loan componention or other similar narrounds to a substantial contributor (defined in	6			
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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 persons (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). Page 5 Schedule A (Form 990) 2023 Page 5 Schedule A (Form 9	уа	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"	9a			
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operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	_		1			
Section C. Type II Supporting Organizations	2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		_	
		ction C. Tyne II Sunnorting Organizations		I		

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were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the								
	supporting organization was vested in the same persons that controlled or managed the	he sup	ported organization(s).	1				
Se	ction D. All Type III Supporting Organizations				<u> </u>			
					Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	g the	prior tax year, (ii) a copy of the					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or ele	acted	by the supported	1				
2	organization(s) or (ii) serving on the governing body of a supported organization? If "I organization maintained a close and continuous working relationship with the supported	Vo," e	xplain in Part VI how the	2				
3	3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant							
•	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.							
Se	ction E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Pa	rt Tes	t during the year (see instructi	ons):				
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	u supp	oorted a government entity (see	instru	ctions)			
2	Activities Test. Answer lines 2a and 2b below.				Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further							
	supported organization(s) to which the organization was responsive? If "Yes," then in a organizations and explain how these activities directly furthered their exempt purpo							
	responsive to those supported organizations, and how the organization determined that	at thes	se activities constituted	_				
h	substantially all of its activities. Did the activities described on line 2a, above constitute activities that, but for the organizations are substantially all of its activities.	nizati	on's involvement one or more	2a				
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the								
organization's involvement.								
3 Parent of Supported Organizations. Answer lines 3a and 3b below.								
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.								
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its								
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ition ii		3b				
			Schedule A	(Forn	າ 990)	2023		
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Sched	lule A (Form 990) 2023				-	6		
Par		raani	zations			age 6		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus			<i>I</i>). Se	e			
	instructions. All other Type III non-functionally integrated supporting organiza	tions r	· · · · · · · · · · · · · · · · · · ·					
	Section A - Adjusted Net Income		(A) Prior Year ((optio	ent Yea onal)	r 		
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3 4						
<u> 4</u> 5	Add lines 1 through 3 Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross	6						
J	income or for management, conservation, or maintenance of property held for production of income (see instructions)	3						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year (B) Curr (optio	ent Yea onal)	r		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						

1c

1d

c Fair market value of other non-exempt-use assets

d Total (add lines 1a, 1b, and 1c)

е	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
			Current Year
	Section C - Distributable Amount		Current real
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current real
1 2		1 2	Cullent lear
	Adjusted net income for prior year (from Section A, line 8, Column A)		Current real
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Curent real
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Culterit Teal
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	Curent real
2 3 4 5	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6	

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ection D - Distributions				Current Year
Amounts paid to supported organizations to accomplish	exempt purposes		1	
Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
Administrative expenses paid to accomplish exempt pur	3			
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5	
Other distributions (describe in Part VI). See instruction	ons		6	
Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to what details in Part VI). See instructions	8			
Distributable amount for 2023 from Section C, line 6			9	
Line 8 amount divided by Line 9 amount			10	
			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023		(iii) Distributable Amount for 2023
Section E - Distribution Allocations (see instructions)		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023:		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023: From 2018		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023: From 2018		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023: From 2018		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023: From 2018 From 2019 From 2020		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023: From 2018 From 2019 From 2020 From 2021		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023: From 2018 From 2019 From 2020 From 2021 Total of lines 3a through e		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023: From 2018 From 2019 From 2020 From 2021 From 2022 Total of lines 3a through e Applied to underdistributions of prior years		Underdistributio		Distributable
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023: From 2018 From 2019 From 2020 From 2021 From 2022 Applied to underdistributions of prior years Applied to 2023 distributable amount		Underdistributio		
Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023: a From 2018 b From 2019 c From 2020		Underdistributio		Distributable

4 Distributions for 2023 from Section D, line 7:

a Applied to underdistributions of prior years

	turn Reference		Explanation	Schedule A (Form 990) 202 Return to Form
	turn Reference		Explanation	Schedule A (Form 990) 202
	turn Reference		Explanation	
i				
i				
iı		Facts And Circum	stances lest	
i		Facts And Circum	otomore Tool	
S F S	Section A, lines 1, 2, 3b, 3c, 4b, 4 Part IV, Section D, lines 2 and 3: F	1c, 5a, 6, 9a, 9b, 9c, 11a, 11b, Part IV, Section E, lines 1c, 2a,	and 11c; Part IV, Section B, 2b, 3a and 3b; Part V, line 1	ine 17a or 17b; Part III, line 12; Part IV, lines 1 and 2; Part IV, Section C, line 1; ; Part V, Section B, line 1e; Part V for any additional information. (See
	orm 990) 2023	Page 8		Page
				Schedule A (Form 990) (202)
	om 2023			
	om 2022			
	om 2020 om 2021			
	rom 2019			
8 Breakdown				
7 Excess dis 3j and 4c.	stributions carryover to 2024.	. Add lines		
lines 3h a	underdistributions for 2023. Sub and 4b from line 1. If the amount , explain in Part VI . See instructi	is greater		
See instru	underdistributions for years prior iny. Subtract lines 3g and 4a from ount is greater than zero, explain uctions.	n line 2.		
2023, if a	er. Subtract lines 4a and 4b from I	line 4.		
5 Remaining 2023, if a				
c Remaining 5 Remaining 2023, if a	o 2023 distributable amount	•		

efile Public Visual Render	ObjectId: 20251059934930	0611 - Submission: 202	5-02-28		TIN: 03-0385377
Schedule B	Sche	edule of Contrib	utors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		h to Form 990, 990-EZ, c s.gov/Form990 for the la			2023
Name of the organization NATIVITY SCHOOL OF WORCE	STER INC			Employer id	dentification number
Organization type (check o	ne):			03-0385377	
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter numbe	er) organization			
	4947(a)(1) nonexempt of	, •	ted as a private found	lation	
	☐ 527 political organizatio		'		
Form 990-PF	501(c)(3) exempt private				
FOIII 990-FF	4947(a)(1) nonexempt of		as a private foundatio	n	
	501(c)(3) taxable private		as a private louridatio	11	
	U 501(c)(3) taxable privati	e louridation			
money or other procontributions. Special Rules For an organization of under sections 509(a received from any or 990, Part VIII, line 1h For an organization of during the year, total purposes, or for the purpose, or for the purpose. Don't compreligious, charitable, Caution: An organization that	described in section 501(c)(3) a)(1) and 170(b)(1)(A)(vi), that he contributor, during the year, n, or (ii) Form 990-EZ, line 1. Contributions of more than \$1 prevention of cruelty to children described in section 501(c)(7), contributions of more than \$1 prevention of cruelty to children described in section 501(c)(7), contributions exclusively for religions, enter here the total contributions determined between the parts unless the etc., contributions totaling \$5,60 at isn't covered by the General	filing Form 990 or 990-checked Schedule A (Form 1990 or 990-checked Schedule A (Form 1990 or 1	II. See instructions for II. See instructions for II. See instructions for II. See instructions for II. See instructions or 990 or 990 or 990-EZ that reposes, charitable, scie Parts I, II, and III. See instructions or 990-EZ that reposes, but no such conduring the year for an to this organization because II. See instructions or II. See instructions or II. See instructions or 990-EZ that reposes, but no such conductions or II. See instructions or 990-EZ that reposes, but no such conductions or 990-EZ that reposes, but no such conductions or 990-EZ that reposes, but no such conductions or 990-EZ that reposes in II. See instructions or 990-EZ that reposes in III. See instructio	or determining of support test of Part II, line 13, 0 or (2) 2% of the ceived from an antific, literary, of the ceived from an ontributions total exclusively representation of the ceived it received	of the regulations 16a, or 16b, and that the amount on (i) Form by one contributor, or educational contributor, aled more than \$1,000. eligious, charitable, etc., eived nonexclusively contributory contributory aled more than \$1,000. eligious, charitable, etc., eived nonexclusively contributory contributory contributory aled more than \$1,000. eligious, charitable, etc., eived nonexclusively contributory
or on its Form 990PF, Part I, 990-EZ, or 990-PF).	ust answer "No" on Part IV, lin line 2, to certify that it doesn't		nents of Schedule B ((Form 990,	
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF.			Cat. No. 30613X	Sci	hedule B (Form 990) (2023)
		——— Page 2 ———			
Schedule B (Form 990) (202	23)			Page 2	

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ce is needed.	_
Contributoı (a) No.	s (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		Total Contributions	Person
		¢ DECTRICTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		œ.	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	Payroll
	-		Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		\$	Payroll
	-		Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)
	Page 3		
Schedule B	(Form 990) (2023)		Page 3
Name of orc	anization	Employer identification	
	HOOL OF WORCESTER INC	03-0385377	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(0)	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-				\$
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			,	\$
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-				\$
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			,	\$
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-				\$
(a)	-		(c)	
No. from Part I	(b) Description of noncash	property given	FMV (or estimate) (See instructions)	(d) Date received
-			-	\$
		Page 4		Schedule B (Form 990) (2023
Schedule	B (Form 990) (2023)			Page
Name of o	rganization SCHOOL OF WORCESTER INC			dentification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the the year. (Enter this information once. See Use duplicate copies of Part III if additional s	tributor. Complete columns (a) the etotal of exclusively religious, chair instructions.) \(\bigs\)	rough (e) and the foll), (8), or (10) that total more owing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationship of transfero	or to transferee
		<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(A) Transfer (197		
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationship of transfero	or to transferee
(a)	(b) Durnoss of gift	(a) Upp of gift	(d) Doo	arintian of how gift in hold

/10/25, 10:19 A Part I	M Nativi	ity School Of W	orcester Inc - Full Filing - N		ublica
=	Transferee's name, address, and		e) Transfer of gift Relati	onship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Descrip	tion of how gift is held
	Transferee's name, address, and	ZIP 4	e) Transfer of gift Relati	onship of transferor to	transferee
				Sche	edule B (Form 990) (2023
Addition	al Data				Return to Form

efile Public Visual Render

ObjectId: 202510599349300611 - Submission: 2025-02-28

TIN: 03-0385377

SCHEDULE D

(Form 990)

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.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** NATIVITY SCHOOL OF WORCESTER INC 03-0385377 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Cat. No. 52283D

Schedule D (Form 990) 2022

following amounts required to be reported under FASB ASC 958 relating to these items:

——— Page 2 —————

Sche	dule D (Form 990) 2022							Page 2
Par	t III Organizations Maintaining Coll	ections of Art, Hist	torical Trea	asures, or	Other Simi	lar Assets	'continue	d)
3	Using the organization's acquisition, accession items (check all that apply):	,	•	e following th	nat are a signif	icant use of it	s collecti	on
а	Public exhibition		d L	oan or excha	nge programs			
b	Scholarly research		e 0	ther				
С	Preservation for future generations							
4	Provide a description of the organization's collegart XIII.	ections and explain how	they further	the organiza	ation's exempt	purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					□ y	es 🗆	No
Pai	Escrow and Custodial Arranger Complete if the organization answ line 21.		990, Part IV	, line 9, or	reported an			0, Part X,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?					· · · □ y	es 🗆	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:	Γ		Amount		
С	Beginning balance			. [1c			
d	Additions during the year				1d			
е	Distributions during the year			[1e			
f	Ending balance			[1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21,	for escrow or	r custodial ac	count liability	? 🗆 Y	es 🗆	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expla	nation has be	een provided	in Part XIII .	🗆		
Pa	rt V Endowment Funds.	<u> </u>						-
	Complete if the organization answ							
1-	Beginning of year balance	(a) Current year ((b) Prior year 7,544,27	(c) Two ye	7,688,409	hree years back 4,652,834	(e) Four	years back 4,370,761
	Contributions	643,811	1,020,00		434,420	1,972,824		326,528
		1,171,473	773,51		-397,591	1,237,010		52,965
	Net investment earnings, gains, and losses Grants or scholarships	, , -			,,,,	, , , , ,		
	Other expenditures for facilities							
	and programs	296,787	291,78	37	180,959	173,261		97,420
f	Administrative expenses					998		
g	End of year balance	10,564,503	9,046,00	06	7,544,279	7,688,409		4,652,834
2	Provide the estimated percentage of the curre	,	ie 1g, column	(a)) held as	::			
а		20.810 %						
b	Permanent endowment 79.190 %							
С	Term endowment •	1 1 1 2 2 2 7						
За	The percentages on lines 2a, 2b, and 2c shoul Are there endowment funds not in the possess	•	that are held	and adminis	stared for the			
Ju	organization by:	sion of the organization	that are nera	ana aannin	stered for the		Y	es No
	(i) Unrelated organizations					3	a(i) Ye	es
_	(ii) Related organizations						a(ii)	No
b 4	If "Yes" on 3a(ii), are the related organization:	•					3b	
4 Doi	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipmen		ent runus.					
Pai	Complete if the organization answ		990. Part IV	. line 11a. :	See Form 99	0. Part X. lir	ne 10.	
	Description of property (a) Cost or othe (investment)	er basis (b) Cost or o	other basis (other		mulated depreci		(d) Book v	value
1a	Land		234,0	000				234,000
b	Buildings		2,833,8	867	1,55	8,792		1,275,075
С	Leasehold improvements							
d	Equipment		371,9	950	30	8,753		63,197
	Other							
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), I	ine 10(c).)				1,572,272
						Schedule) (Form	990) 2022

Schedule D (Form 990) 2022 Page **3** Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (b) (including name of security) Book value (1) Financial derivatives (2) Closely-held equity interests (3)Other _ (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) **Part IX** Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value

(1) Federal income taxes

•	ivity School Of Worcester I	nc - F	ull Filing - Nonprofit Explo	orer - ProPub	lica
,					
(Column (b) must equal Form 000 Part V and (D) line 25				-1	
al. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provid-	e the text of the footnote t	n the (organization's financial sta	tements that	reports the
ganization's liability for uncertain tax positions under FI			-		
anization's hability for uncertain tax positions under the	N 40 (ASC 740). CHECK HE	e ii tii	e text of the foothole has		O (Form 990) 2022
					/ (. c 220)
	Page 4				
nedule D (Form 990) 2022					Page 4
art XI Reconciliation of Revenue per Aud Complete if the organization answered				eturn.	
Total revenue, gains, and other support per audited				1	6,537,480
Amounts included on line 1 but not on Form 990, Pa	art VIII, line 12:				
Net unrealized gains (losses) on investments	•	2a	699,614		
Donated services and use of facilities		2b	·	-	
Recoveries of prior year grants		2c		-	
Other (Describe in Part XIII.)		2d	35,497	,	
Add lines 2a through 2d		<u> </u>		2e	735,111
Subtract line 2e from line 1				3	5,802,369
Amounts included on Form 990, Part VIII, line 12, b	out not on line 1:				
Investment expenses not included on Form 990, Pa	rt VIII, line 7b	4a	825	5	
Other (Describe in Part XIII.)		4b			
Add lines 4a and 4b				4c	825
Total revenue. Add lines 3 and 4c. (This must equa	l Form 990, Part I, line 12.) .		5	5,803,194
art XII Reconciliation of Expenses per Au				Return.	
Complete if the organization answered			ine 12a.	1	
Total expenses and losses per audited financial state		•		1	2,642,623
Amounts included on line 1 but not on Form 990, Pa	•		İ		
Donated services and use of facilities		2a		_	
Prior year adjustments		2b		_	
Other losses		2c	50.564	-	
Other (Describe in Part XIII.)		2d	59,564	-	E0 E64
Add lines 2a through 2d		•		2e	59,564
Subtract line 2e from line 1		•		3	2,583,059
Amounts included on Form 990, Part IX, line 25, bu			1	.	
Investment expenses not included on Form 990, Pa	·	4a	825	<u>-</u>	
Other (Describe in Part XIII.)		4b		-	005
Add lines 4a and 4b				4c	825
Total expenses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18	.) .		5	2,583,884
art XIII Supplemental Information					
rovide the descriptions required for Part II, lines 3, 5, a nes 2d and 4b; and Part XII, lines 2d and 4b. Also com				t V, line 4; Pa	rt X, line 2; Part XI,
Return Reference	place and part to provide a	., aud			
	THE SCHOOL'S ENDOWME	NT CO	Explanation	IVI EIIVIDO (
•	"EDUCATIONAL ENDOWME	NT FU	ND") AND THE FLAHERTY	FUND ESTAE	BLISHED FOR A VARIE
	PURPOSES THROUGH DON DESIGNATED FUNDS WHIC	IOR RE	STRICTED ENDOWMENT	FUNDS, AS W	VELL AS THE BOARD
	AS ENDOWMENT. THE EDU	CATIC	NAL ENDOWMENT FUND	PROVIDES A	CONSISTENT LEVEL
	BUDGETARY SUPPORT TO GRAD SUPPORT. GIVEN TH				
	TO OFFSET THE IMPACT O				

REDUCING VOLATILITY AND LIQUIDITY RISKS ARE OF SECONDARY CONSIDERATION. THE BOARD DESIGNATED FUND IS AN UNRESTRICTED FUND WHICH THE SCHOOL'S BOARD OF TRUSTEES WILL HAVE BROAD DISCRETION OVER EXPENDITURES, PRIMARY USES OF THIS FUND WILL INCLUDE. BUT ARE NOT LIMITED TO, ASSET REPAIR OR REPLACEMENT SHORTFALLS IN DONATIONS RELATIVE TO THE OPERATING BUDGET, AND TEMPORARY FINANCIAL SUPPORT OF THE SCHOOL'S GRADUATES WHO ARE IN HIGH SCHOOL OR COLLEGE. THE BOARD OF TRUSTEES MUST APPROVE THE EXPENDITURES. GIVEN THE LIKELY UNPREDICTABLE AMOUNTS OF FUNDS WITHDRAWN FROM THIS FUND, CONSIDERATIONS OF RETURN, VOLATILITY RISK AND LIQUIDITY RELATED TO THE FUND ARE BALANCED CAREFULLY. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE SCHOOL CLASSIFIES AS DONOR RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED AS NON-EXPENDABLE NET ASSETS IS CLASSIFIED AS EXPENDABLE NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE SCHOOL IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY STATE LAW. IN ACCORDANCE WITH THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT, THE SCHOOL MAY CONSIDER THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS: THE DURATION AND PRESERVATION OF THE FUND; THE PURPOSES OF THE SCHOOL AND THE DONOR-RESTRICTED ENDOWMENT FUND; GENERAL ECONOMIC CONDITIONS; THE POSSIBLE EFFECT OF INFLATION AND DEFLATION; THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS; OTHER RESOURCES OF THE SCHOOL; AND THE INVESTMENT POLICIES OF THE SCHOOL. THE INVESTMENT OBJECTIVE OF THE SCHOOL IS TO INVEST ITS ASSETS IN A PRUDENT MANNER TO ACHIEVE A LONG-TERM RATE OF RETURN SUFFICIENT TO REDUCE THE RISK OF POTENTIAL ADVERSE CONSEQUENCES RESULTING FROM UNANTICIPATED DONATION SHORTFALLS OR MAJOR CAPITAL EXPENSES. IN SEEKING ADEQUATE RETURNS TO ACHIEVE THESE GOALS, THE INVESTMENT COMMITTEE OF THE BOARD OF TRUSTEES WILL TAKE INTO ACCOUNT AND MODERATE THE VARIOUS MEASURES OF RISK INCLUDING BUT NOT LIMITED TO LIQUIDITY AND VOLATILITY. RISK WILL BE MEASURED ON THE TOTAL PORTFOLIO AND NOT ON INDIVIDUAL COMPONENTS AND SHOULD BE IN LINE WITH THE OBJECTIVES OF THE ENDOWMENT AND ITS EXPECTED RATE OF RETURN. THE SCHOOL HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION, AS NEEDED, AMOUNTS FOR THE PURPOSE OF SCHOLARSHIPS AND FINANCIAL AID, SPECIAL PROGRAMS, CAPITAL IMPROVEMENTS, AND ACADEMIC AND ATHLETIC SUPPORT PROGRAMS. IN ESTABLISHING THIS POLICY, THE SCHOOL CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. THIS IS CONSISTENT WITH THE SCHOOL'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF ITS ENDOWMENT. FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR IMPOSED RESTRICTIONS REQUIRE THE SCHOOL TO RETAIN AS A FUND OF PERPETUAL DURATION. SUCH DEFICIENCIES AMOUNT TO \$23,701 AS OF JUNE 30, 2024, WITH AN ORIGINAL GIFT VALUE OF

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 11,550. LOSS ON UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE -35,617. SPECIAL EVENT EXPENSES 59,564.

PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES 59,564.

Schedule D (Form 990) 2022

Additional Data

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ObjectId: 202510599349300611 - Submission: 2025-02-28

TIN: 03-0385377 OMB No. 1545-0047

SCHEDULE E

(Form 990)

Schools

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990EZ for the latest information.

Employer identification number

03-0385377

tarrie er tire er garrization
NATIVITY SCHOOL OF WORCESTER INC

		YES	N
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	:	Yes	
Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
basis?		Yes	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	5a		
	5a 5b 5c		N
a Students' rights or privileges?	5b		N
a Students' rights or privileges?	5b 5c		N N
a Students' rights or privileges?	5b 5c 5d		N N
a Students' rights or privileges?	5b 5c 5d 5e		N N
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f 5g		N N
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? h Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h 6a 6b	Yes	N N N

— Page 3

Schedule E (Form 990) (2023) Page **2**

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE SCHOOL PUBLISHES ITS RACIALLY NONDISCRIMINATION POLICY IN ITS APPLICATION.

Schedule E (Form 990) (2023)

Additional Data Return to Form

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ObjectId: 202510599349300611 - Submission: 2025-02-28

TIN: 03-0385377

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

epartment of the Treasury ternal Revenue Service	Complete if the organization	ation answered "Yes" of tion entered more than Attach to Form Lirs.gov/Form990 for in	QUQ3 Open to Public Inspection		
ame of the organization ATIVITY SCHOOL OF WOI					entification number
ATTVITY SCHOOL OF WOI	RCESTER INC			03-0385377	
	g Activities. Complete if	_		orm 990, Part IV, line	17.
	Z filers are not required				
O M 11 11 11 11	organization raised funds tl	5 ,		,	
_		e	_	-government grants	
Internet and ema	nil solicitations	f	Solicitation of gov	_	
Phone solicitation	IS	g	Special fundraisin	g events	
I	tions				
	have a written or oral agree ted in Form 990, Part VII) o				es 🗆 No
	ighest paid individuals or en it least \$5,000 by the organ		oursuant to agreements	under which the fundrais	er is
Name and address of in or entity (fundraise		(iii) Did fundraiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
, ,		custody or control of	•	fundraiser listed in col. (i)	organization
		contributions?		35 (1)	
		Yes No			
		1 1			
		1 1			
		1 1			
		1			
tal					
List all states in which licensing.	the organization is registere	d or licensed to soli	cit contributions or has l	peen notified it is exempt	from registration or
		:=========			
r Paperwork Reduction Ad	ct Notice, see the Instructions	s for Form 990 or 990	P-EZ. Cat. No.	. 50083H S	chedule G (Form 990) 20
		Pag	ge 2 ————		
hedule G (Form 990) 20	23				Page
	ig Events. Complete if t	he organization a	nswered "Yes" on For	m 990. Part IV. line 18	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1 ANNIVERSARY GALA (event type)	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	550,000			550,000
	2 Less: Contributions	544,348			544,348
	3 Gross income (line 1 minus line 2)	5,652			5,652
Direct Expenses	4 Cash prizes				
ബ പ	8 Entertainment				
Dire	9 Other direct expenses	59,564			59,564
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			59,564
	11 Net income summary. Subtract line 10				-53,912
Pai	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
	1 Gross revenue				
Expenses	2 Cash prizes				
Ä	3 Noncash prizes				
Direct	4 Rent/facility costs				
ā	5 Other direct expenses				
		☐ Yes%_	☐ Yes%	☐ Yes%	
	6 Volunteer labor	□ No	□ No	☐ No	
	7 Direct expense summary. Add lines 2 t8 Net gaming income summary. Subtract				
9 a	Enter the state(s) in which the organizati	on conducts gaming activi	ties:		☐ Yes ☐ No
b	If "No," explain:				
10a b	If "Yes," explain:	enses revoked, suspended	d or terminated during the	e tax year?	☐ Yes ☐ No
					1

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Sche	dule G (Form 990) 2023						Page 3
11	Does the organization conduct g	aming activities with nonmember	s?		· 🗆 Yes	□No	
12	Is the organization a grantor, be formed to administer charitable	neficiary or trustee of a trust or a gaming?	member of a partnership or other entity		Yes		
13	Indicate the percentage of gamin	ng activity conducted in:		_ [Tes		
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of t	he person who prepares the orga	nization's gaming/special events books and	records:	•		
	Name •						
15a	Does the organization have a correvenue?	ntract with a third party from who	om the organization receives gaming				
b		ming revenue received by the org ned by the third party $ hinspace$ \$	anization ▶ \$ and 	the			
c	If "Yes," enter name and address	s of the third party:					
	Name >						
	Address						
	Name Gaming manager compensation						
	Description of services provided	·					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17 a	Mandatory distributions: Is the organization required underetain the state gaming license?		stributions from the gaming proceeds to		Yes	□No	
b		s required under state law distribut activities during the tax year	uted to other exempt organizations or sper \$	t	_ 103	_ 110	
Par			ions required by Part I, line 2b, colun licable. Also provide any additional in				5.
	Return Reference		Explanation				
			Sch	edule G (F	Form 990) 2	023	
Δc	Iditional Data				Deturn	to Earn	

TIN: 03-0385377

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service								
Name of the organization NATIVITY SCHOOL OF WORCESTE	R INC					Employer identification 03-0385377	ation number	
		ts and Assistance						
Does the organization maint the selection criteria used to	award the gran	nts or assistance?			for the grants or assistance	, and	✓ Yes □ N	
2 Describe in Part IV the orga Part II Grants and Other A					rganization answered "Yes" o	on Form 990, Part IV, line	21, for any recipient	
that received more th	nan \$5,000. Part	II can be duplicated if a	dditional space is needed	_	- -		<u> </u>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
(12)								
 Enter total number of section Enter total number of other For Paperwork Reduction Act Notice 	organizations lis	sted in the line 1 table .					edule I (Form 990) 2023	
		Pa	ge 2 —————					
Schedule I (Form 990) 2023							Page 2	
Part III Grants and Other A Part III can be duplic			omplete if the organizatio	n answered "Yes" on For	m 990, Part IV, line 22.		. age =	
(a) Type of grant or assista	nce	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (be FMV, appraisal, other)	ook, (f) Description	of noncash assistance	
(1) SCHOLARSHIPS TO ATTEND SCHOOL	HIGH	64	126,207					
1)								
2)								
3)								
4)								
5)								
6)							-	
7)								
			tion required in Part I,	line 2; Part III, colum	nn (b); and any other add	ditional information.		
Return Reference	Explanation	n				Schedu	le I (Form 990) 2023	
Addition to the control of the contr								
Additional Data							Return to Form	

11/10/25. 10:19 AM efile Public Visual Render ObjectId: 202510599349300611 - Submission: 2025-02-28 TIN: 03-0385377 Compensation Information OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization NATIVITY SCHOOL OF WORCESTER INC Employer identification number 03-0385377 **Questions Regarding Compensation** Part I Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . No 4b No Participate in, or receive payment from, an equity-based compensation arrangement?.. Nο 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . No Any related organization? . 5b No If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a No Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No

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If "Res" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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

Schedule J (Form 990) 2023 Page 2

No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(F) Compensation in (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of and/or 1099-NEC and other benefits (B)(i)-(D) deferred column (B) (i) Base (ii) (iii) Other reported as compensation compensation Bonus & reportable compensation incentive deferred on prior Form 990 compensation 1 THOMAS MCKENNEY PRESIDENT 132,300 15,000 3,874 9,239 (i) 0 160,413 0 --------(ii) ---------0 0 0 0 0 n 0

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							Schedule J (F	orm 990) 2023
			– Page 3 – – –					
Schedule J (Form 990) 2023								Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions re	equired for Part I lines 1	2 1h 2 42 4h	4c 52 5h 62 6h	7 and 9 and for [Part II. Also comple	to this part for an	v additional info	rmation
Return Reference	equired for Fart 1, lines 1	.a, 10, 3, 4a, 40,	4c, 3a, 3b, 0a, 0b,	Explanation	art II. Also comple	ete tilis part for all	iy addicional iiiic	imation.
Retain Reference				Explanation			C-b-d-l- 1 /F	000\ 2022
							schedule J (F	orm 990) 2023
Additional Data							Ret	urn to Form

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NATIVITY SCHOOL OF WORCESTER INC

ObjectId: 202510599349300611 - Submission: 2025-02-28

TIN: 03-0385377

OMB No. 1545-0047

2023

Open to Public

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

orm 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Inspection Employer identification number

	03-0385377
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS DESCRIBED IN THE BY-LAWS CERTAIN ACTIONS OF THE BOARD REQUIRE APPROVAL AND CONSENT OF THE PROVINCIAL OF THE USA EAST PROVINCE OF THE SOCIETY OF JESUS AS FOLLOWS: APPOINTMENT OR REMOVAL OF THE PRESIDENT OR PRINCIPAL; MAJOR CHANGES TO THE EDUCATIONAL POLICIES AND PROGRAMS; CONSTRUCTION OR MAJOR RENOVATIONS OF THE FACILITIES; SALES PURCHASE OR LEASE OF LAND OR BUILDING; INCURRING DEBT OR PLEDGING OF PROPERTY.
FORM 990, PART VI, SECTION B, LINE 11B	REVIEWED AND VOTED UPON AT QUARTERLY MEETING OF ORGANIZATION'S TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD ANNUALLY MONITORS AND REVIEWS ANY CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15	REVIEWED AND VOTED UPON AT QUARTERLY MEETING OF ORGANIZATION'S TRUSTEES.
FORM 990, PART VI, SECTION C, LINE 19	THE TAX RETURNS AND FORM 1023 AS WELL AS OTHER ORGANIZING DOCUMENTS ARE AVALIABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 11,550. LOSS ON UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE -35,617.

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Schedule O (Form 990) 2023

Additional Data

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