

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning , and ending																																											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ST MICHAELS COMMUNITY CENTER INC</td> <td>D Employer identification number</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>52-1698879</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2">PO BOX 354</td> <td>(410) 310-8463</td> </tr> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td>Saint Michaels</td> <td>MD</td> <td>21663</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td>G Gross receipts \$ 1,189,425</td> </tr> <tr> <td colspan="2">PARKER SPURRY 1013 S TALBOT ST, ST MICHAELS, MD 21663</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.STMICHAELSCC.ORG</td> <td>L Year of formation: 1990</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>M State of legal domicile: MD</td> </tr> </table>	C Name of organization ST MICHAELS COMMUNITY CENTER INC		D Employer identification number	Doing business as		52-1698879	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	PO BOX 354		(410) 310-8463	City or town	State	ZIP code	Saint Michaels	MD	21663	Foreign country name	Foreign province/state/county	Foreign postal code	F Name and address of principal officer:		G Gross receipts \$ 1,189,425	PARKER SPURRY 1013 S TALBOT ST, ST MICHAELS, MD 21663		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.STMICHAELSCC.ORG		L Year of formation: 1990	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: MD
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Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ST MICHAELS COMMUNITY CENTER'S MISSION IS TO SERVE, EMPOWER AND CONNECT OUR COMMUNITY. OUR MAIN SERVICE IS TO PROVIDE FOOD FOR THE FOOD INSECURE HOMES IN OUR COMMUNITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	337,060	1,035,668
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,566	13,498
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,635	140,259
	12		580,261	1,189,425
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	260	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	174,266	192,019
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,383		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	138,885	206,488
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	313,411	398,507	
19	Revenue less expenses. Subtract line 18 from line 12	266,850	790,918	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	876,248	1,701,672
	22	Net assets or fund balances. Subtract line 21 from line 20	36,347	70,853
22		839,901	1,630,819	

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer PARKER SPURRY	Date 5/11/2022		
	Type or print name and title TREASURER			
Paid Preparer Use Only	Print/Type preparer's name Andrew J Tawney CPA	Preparer's signature	Date 7/6/2022	Check <input checked="" type="checkbox"/> if self-employed PTIN P02237189
	Firm's name ▶ Tawney Accounting Group	Firm's EIN ▶ 81-4740291		
	Firm's address ▶ 8603 Commerce Drive, Unit 9, Easton, MD 21601	Phone no. (410) 822-8292		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE ST MICHAELS COMMUNITY CENTER'S MISSION IS TO SERVE, EMPOWER AND CONNECT OUR COMMUNITY.

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

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

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

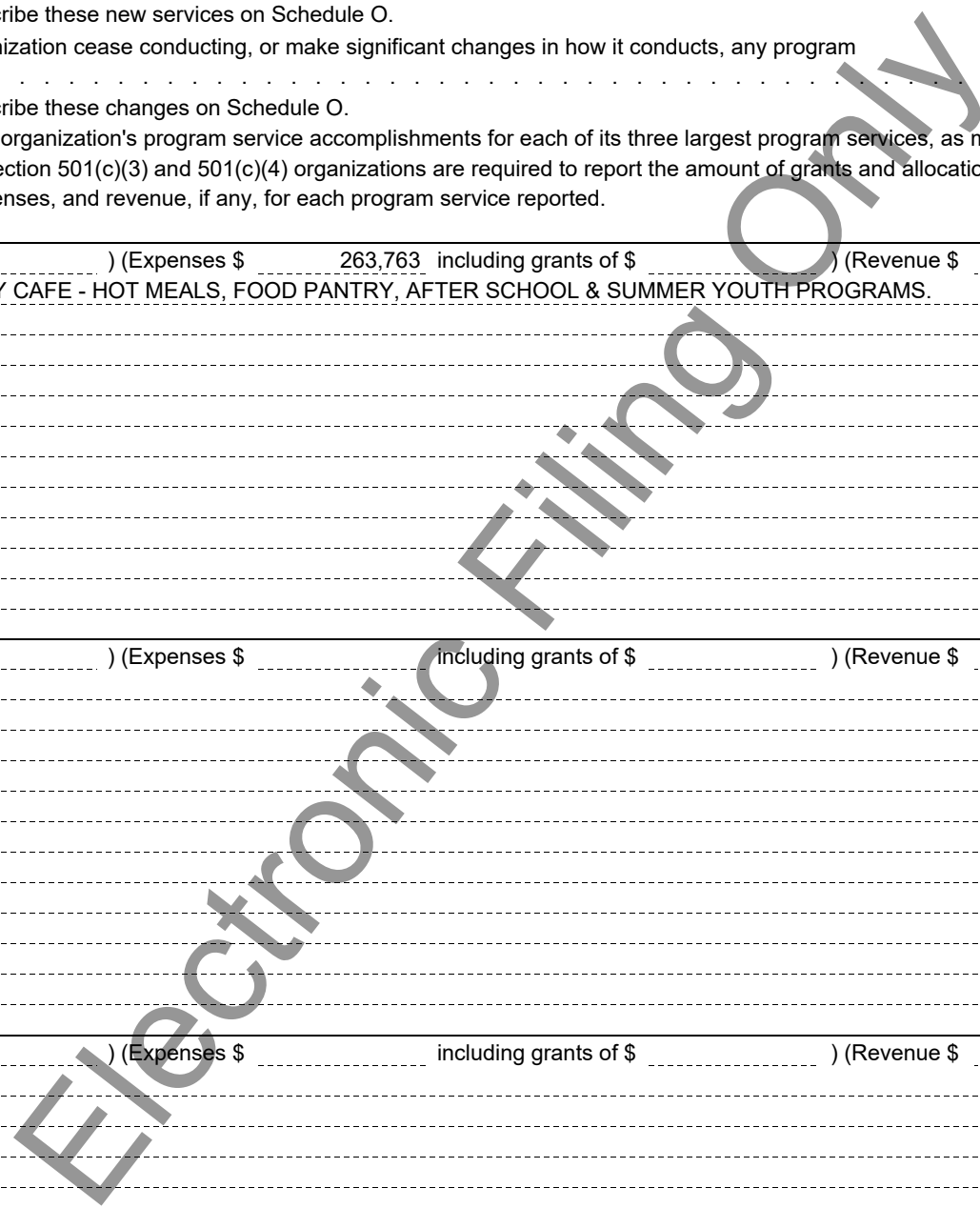
4a (Code:) (Expenses \$ 263,763 including grants of \$) (Revenue \$)
COMMUNITY CAFE - HOT MEALS, FOOD PANTRY, AFTER SCHOOL & SUMMER YOUTH PROGRAMS.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 263,763



Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
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.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V		Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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	2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			X
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			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			X
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			X
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 If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
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			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ MD
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ PATRICK ROFE EXECUTIVE DIRECTOR (410) 745-6073 103 RAILROAD AVE, ST MICHAELS, MD 21663

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LANGLEY SHOOK PRESIDENT	15.00 0.00	X		X						
(2) CAROLINA BARKSDALE VICE PRESIDENT	1.00 0.00	X		X						
(3) CHERI BRUCE-PHILLIPS ADVISORY BOARD	1.00 0.00	X								
(4) ROBERT TIERNAN SECRETARY	4.00 0.00	X		X						
(5) CHRIS AGHARABI ADVISORY BOARD	1.00 0.00	X								
(6) LAURA CHANCE ADVISORY BOARD	1.00 0.00	X								
(7) KAREN FOOTNER ADVISORY BOARD	5.00 0.00	X								
(8) TRAVIS JOHNSON ADVISORY BOARD	1.00 0.00	X								
(9) EDWARD KASEMEYER ADVISORY BOARD	1.00 0.00	X								
(10) LORI MORRIS ADVISORY BOARD	3.00 0.00	X								
(11) DELORIS PINDER ADVISORY BOARD	1.00 0.00	X								
(12) JEFFREY QUARTNER ADVISORY BOARD	1.00 0.00	X								
(13) ANTHONY SMITH ADVISORY BOARD	1.00 0.00	X								
(14) PARKER SPURRY TREASURER	3.00 0.00	X		X						

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 for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WILLIAM THOMAS ADVISORY BOARD	3.00 0.00	X								
(16) PATRICK ROFE EXECUTIVE DIRECTOR	40.00 0.00	X								
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	22,580				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	150				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	120,847				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	892,091				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0				
	h	Total. Add lines 1a-1f			1,035,668			
	Program Service Revenue	2a	Community Events and Programs	Business Code		13,498		
		b	Food support program			0		
c					0			
d					0			
e					0			
f		All other program service revenue			0			
g		Total. Add lines 2a-2f			13,498			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			0		
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Less: rental expenses	6c	0	0			
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		0	0		
			7b		0	0		
			7c		0	0		
	d	Net gain or (loss)			0			
	8a	Gross income from fundraising events (not including \$ 150 of contributions reported on line 1c). See Part IV, line 18						
			8a		0			
			8b		0			
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities. See Part IV, line 19						
9a				0				
9b				0				
c	Net income or (loss) from gaming activities			0				
10a	Gross sales of inventory, less returns and allowances							
		10a		140,259				
		10b		0				
c	Net income or (loss) from sales of inventory			140,259				
Miscellaneous Revenue	11a		Business Code		0			
	b				0			
	c				0			
	d	All other revenue			0			
	e	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions			1,189,425	0	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	43,462	14,487	28,975	
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	132,892	97,806	35,086	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	15,665	10,221	5,444	
11	Fees for services (nonemployees):				
a	Management	2,488			
b	Legal	0			
c	Accounting	3,700		3,700	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	9,383			9,383
13	Office expenses	10,407	10,407		
14	Information technology	6,412	10,407		
15	Royalties	0			
16	Occupancy	59,063	32,132	26,931	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	30			
20	Interest	2			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	32,275	32,275	0	0
23	Insurance	8,578		8,578	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Other Operating expenses	36,243	18,121	18,122	
b	Other Program Expenses	21,543	21,543		
c	Pantry Expenses	16,364	16,364		
d					
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	398,507	263,763	126,836	9,383
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	286,569	1	942,857
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 880,414		
	b Less: accumulated depreciation	10b 121,599	589,679	10c 758,815
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)		876,248	16	1,701,672
Liabilities	17 Accounts payable and accrued expenses	218	17	39,488
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	36,129	25	31,365
	26 Total liabilities. Add lines 17 through 25		36,347	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	839,901	27	1,630,819
	28 Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	839,901	32	1,630,819	
33 Total liabilities and net assets/fund balances	876,248	33	1,701,672	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,189,425
2	Total expenses (must equal Part IX, column (A), line 25)	2	398,507
3	Revenue less expenses. Subtract line 2 from line 1	3	790,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	839,901
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,630,819

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

Attachment
Sequence No. **179**

Name(s) shown on return ST MICHAELS COMMUNITY CENTER INC	Business or activity to which this form relates 990	Identifying number 52-1698879
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,050,000
2 Total cost of section 179 property placed in service (see instructions)	2	10,600
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		0
9 Tentative deduction. Enter the smaller of line 5 or line 8		0
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562.		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		0
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12		0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	241

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	25,823
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		10,600	7	HY	200DB	1,515
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	1/1/2021	190,811	39 yrs.	MM	S/L	4,696
				MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year			30 yrs.	MM	S/L
d 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	32,275
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization ST MICHAELS COMMUNITY CENTER INC	Employer identification number 52-1698879
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	238,376	262,127	233,634	337,060	1,035,668	2,106,865
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	43,967	38,324	44,086	177,566	13,498	317,441
3 Gross receipts from activities that are not an unrelated trade or business under section 513	84,097	100,891	104,738	64,905	123,895	478,526
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	366,440	401,342	382,458	579,531	1,173,061	2,902,832
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						2,902,832

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	366,440	401,342	382,458	579,531	1,173,061	2,902,832
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	5	3	0		10
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2	5	3	0	0	10
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	49,107					49,107
13 Total support. (Add lines 9, 10c, 11, and 12.)	415,549	401,347	382,461	579,531	1,173,061	2,951,949
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	98.34%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	96.68%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
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? <i>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.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		0
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 0		
b	From 2017 0		
c	From 2018 0		
d	From 2019 0		
e	From 2020 0		
f	Total of lines 3a through 3e	0	
g	Applied to underdistributions of prior years	0	
h	Applied to 2021 distributable amount		0
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0	
4	Distributions for 2021 from Section D, line 7: \$ 0		
a	Applied to underdistributions of prior years	0	
b	Applied to 2021 distributable amount		0
c	Remainder. Subtract lines 4a and 4b from line 4.	0	
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		0
7	Excess distributions carryover to 2022. Add lines 3j and 4c.	0	
8	Breakdown of line 7:		
a	Excess from 2017 0		
b	Excess from 2018 0		
c	Excess from 2019 0		
d	Excess from 2020 0		
e	Excess from 2021 0		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Table with 2 columns: Name of the organization (ST MICHAELS COMMUNITY CENTER INC) and Employer identification number (52-1698879)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ST MICHAELS COMMUNITY CENTER INC	Employer identification number 52-1698879
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NONEMAKER, KEITH & GLORIA ----- 6 REBECCA LANE ----- HANOVER PA 17331-9782 Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SCHWAB, KENT & NICKI ----- 26631 NORTH POINT RD ----- EASTON MD 21601 Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GATES, HARLEY ----- 9521 QUAIL HOLLOW DR 606 ----- ST MICHAELS MD 21663 Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SHOOK, LANGLEY & KAREN ----- 8226 TRICEFIELD RD PO BOX 66 ----- ST MICHAELS MD 21663 Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WAGNER, SCOTT & TRACEY ----- 928 RIVERVIEW TERRACE ----- ST MICHAELS MD 21663 Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HIGGINS, TERRY & BOBBY ----- 5415 MORGANS POINT DR ----- OXFORD MD 21654 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST MICHAELS COMMUNITY CENTER INC	Employer identification number 52-1698879
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MILLER, THOMAS & CAROLE ----- 1510 OAK HARBOR BLVD, APT 204 ----- VERO BEACH FL 32967 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST MICHAELS COMMUNITY CENTER INC	Employer identification number 52-1698879
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ST MICHAELS COMMUNITY CENTER INC	Employer identification number 52-1698879
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization: ST MICHAELS COMMUNITY CENTER INC; Employer identification number: 52-1698879

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions, Aggregate value of grants, Aggregate value at end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | |
| (ii) Related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	430,763		430,763
b Buildings	0	119,578	31,351	88,227
c Leasehold improvements	0	199,059	11,571	187,488
d Equipment	0	126,103	74,261	51,842
e Other	0	4,911	4,416	495

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 758,815

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0	

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.) ▶	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) PAYROLL LIABILITIES	
(3) SALES TAX PAYABLE	665
(4) PPP CARES LOAN	30,700
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,365

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	0

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	0

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

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**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ST MICHAELS COMMUNITY CENTER INC

52-1698879

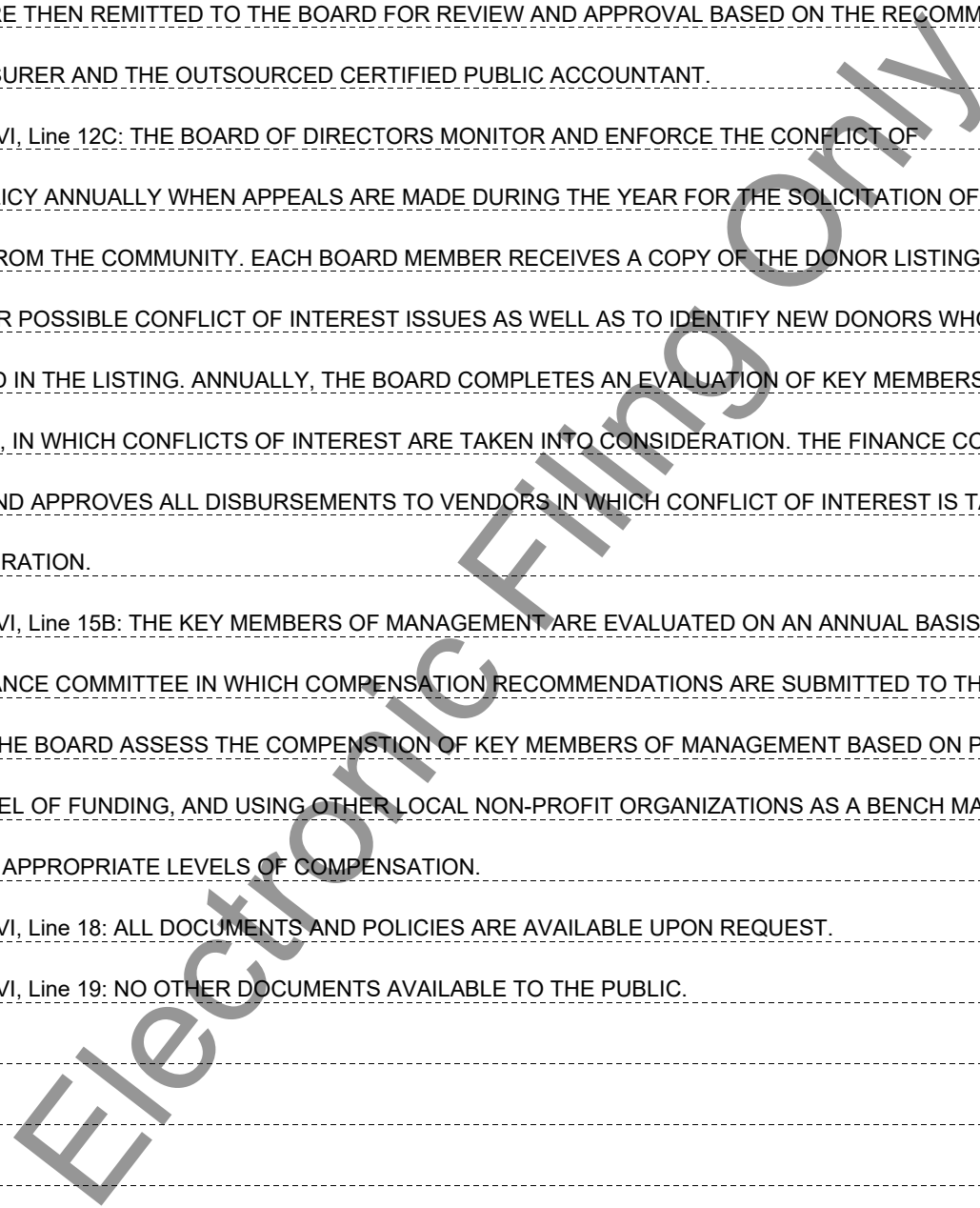
Form 990, Part VI, Line 11B: THE 990 IS SUBJECT TO A DETAILED REVIEW BY THE TREASURER. COPIES OF THE 990 ARE THEN REMITTED TO THE BOARD FOR REVIEW AND APPROVAL BASED ON THE RECOMMENDATIONS OF THE TREASURER AND THE OUTSOURCED CERTIFIED PUBLIC ACCOUNTANT.

Form 990, Part VI, Line 12C: THE BOARD OF DIRECTORS MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY ANNUALLY WHEN APPEALS ARE MADE DURING THE YEAR FOR THE SOLICITATION OF DONATIONS FROM THE COMMUNITY. EACH BOARD MEMBER RECEIVES A COPY OF THE DONOR LISTING WHICH IS REVIEWED FOR POSSIBLE CONFLICT OF INTEREST ISSUES AS WELL AS TO IDENTIFY NEW DONORS WHO ARE NOT INCLUDED IN THE LISTING. ANNUALLY, THE BOARD COMPLETES AN EVALUATION OF KEY MEMBERS OF MANAGEMENT, IN WHICH CONFLICTS OF INTEREST ARE TAKEN INTO CONSIDERATION. THE FINANCE COMMITTEE EVALUATES AND APPROVES ALL DISBURSEMENTS TO VENDORS IN WHICH CONFLICT OF INTEREST IS TAKEN INTO CONSIDERATION.

Form 990, Part VI, Line 15B: THE KEY MEMBERS OF MANAGEMENT ARE EVALUATED ON AN ANNUAL BASIS BY THE GOVERNANCE COMMITTEE IN WHICH COMPENSATION RECOMMENDATIONS ARE SUBMITTED TO THE BOARD OF DIRECTORS. THE BOARD ASSESS THE COMPENSTION OF KEY MEMBERS OF MANAGEMENT BASED ON PERFORMANCE, CURRENT LEVEL OF FUNDING, AND USING OTHER LOCAL NON-PROFIT ORGANIZATIONS AS A BENCH MARK FOR DETERMINING APPROPRIATE LEVELS OF COMPENSATION.

Form 990, Part VI, Line 18: ALL DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.

Form 990, Part VI, Line 19: NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.



Name of the organization

Employer identification number

ST MICHAELS COMMUNITY CENTER INC

52-1698879

Electronic Filing Only

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2021

Summary of Qualified Property by Activity

Activity	Unadjusted Cost or Basis
1 990	426,541

Detail of Qualified Property

Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2 990	LEASEHOLD IMPROVEMENS	7/1/2003	39.0	19	13,833	100.00%	13,833
3 990	PLUMBING	3/24/2007	39.0	15	2,400	100.00%	2,400
4 990	BUILDING	12/14/2015	39.0	7	94,558	100.00%	94,558
5 990	OUTSIDE LIGHTS 103RR	1/12/2018	39.0	4	306	100.00%	306
6 990	STRWY, RAIL, CLOSET 103R	1/22/2018	39.0	4	1,420	100.00%	1,420
7 990	FIRE SUPPRESSION SYSTE	6/3/2019	39.0	3	3,580	100.00%	3,580
8 990	10 WALNUT LAMINATE TABL	2/24/2014	7.0	8	1,083	100.00%	1,083
9 990	100 STACKABLE CHAIRS	3/4/2015	7.0	7	2,399	100.00%	2,399
10 990	2 LETTER BOARDS	7/14/2016	7.0	6	150	100.00%	150
11 990	L SHAPE DESK MJ	1/24/2018	7.0	4	107	100.00%	107
12 990	2 COMP DESK CHAIRS RP/M	1/24/2018	7.0	4	75	100.00%	75
13 990	CARPETING 200RR	3/21/2016	15.0	6	3,153	100.00%	3,153
14 990	FENCE & SHED 200RR	5/9/2016	15.0	6	3,675	100.00%	3,675
15 990	SIGNS 200RR	3/31/2016	15.0	6	1,420	100.00%	1,420
16 990	REFRIGERATOR SEARS	7/25/2013	7.0	9	522	100.00%	522
17 990	FREEZER SEARS	8/2/2013	7.0	9	522	100.00%	522
18 990	BASKETBALL SCOREBOARD	11/27/2013	7.0	9	1,439	100.00%	1,439
19 990	VACUUM	1/28/2014	7.0	8	253	100.00%	253
20 990	COMMERCIAL FRYER & WA	2/11/2014	7.0	8	645	100.00%	645
21 990	DELL INSPIRON 17.3 LAPTO	3/20/2014	7.0	8	1,029	100.00%	1,029
22 990	DELL INSPIRON 17R PAMS	4/16/2014	7.0	8	1,248	100.00%	1,248
23 990	CANON CAMERA	4/25/2014	7.0	8	604	100.00%	604
24 990	CANON CAMERA ACCESSO	4/27/2014	7.0	8	50	100.00%	50
25 990	2 VICTOR 1260-3 CALCULAT	1/9/2015	7.0	7	170	100.00%	170
26 990	WIRELESS MIC SYSTEM	2/12/2015	7.0	7	404	100.00%	404
27 990	FRYCOVER	9/25/2015	7.0	7	65	100.00%	65
28 990	HP 8620 OFFICE JET PRINTE	9/4/2015	7.0	7	234	100.00%	234
29 990	ASK HP 8620 PRINTER	10/26/2015	7.0	7	335	100.00%	335
30 990	LAWN MOWER	4/11/2016	7.0	6	298	100.00%	298
31 990	SPECTRE COMPUTER	1/28/2016	7.0	6	790	100.00%	790
32 990	OFFICE 2016 ROSE'S	12/30/2016	7.0	6	150	100.00%	150
33 990	SHARP VACUUM	8/2/2017	7.0	5	297	100.00%	297
34 990	ORECK COMMERCIAL U200	8/30/2017	7.0	5	77	100.00%	77
35 990	WEB SITE SOFTWARE	10/28/2017	7.0	5	77	100.00%	77
36 990	FRIGIDAIRE PORT AIR CONI	8/28/2018	7.0	4	500	100.00%	500
37 990	FRIG/FREEZER/ICE MACH/C	11/8/2018	7.0	4	8,094	100.00%	8,094
38 990	STAGE REPLACEMENT PAR	3/1/2018	7.0	4	2,270	100.00%	2,270
39 990	TAOTRONICS PROJECTOR/S	5/23/2018	7.0	4	278	100.00%	278
40 990	COMMERCIAL MEAT SLICER	1/7/2019	7.0	3	298	100.00%	298
41 990	DYSON VACUUM	8/22/2019	7.0	3	285	100.00%	285
42 990	HP9025 PRINTER	10/2/2019	7.0	3	265	100.00%	265
43 990	WALK-IN FREEZER	3/30/2020	7.0	2	12,875	100.00%	12,875
44 990	OVEN	8/17/2020	7.0	2	19,267	100.00%	19,267
45 990	EMERGENCY SHED	6/1/2020	7.0	2	380	100.00%	380
46 990	VEHICLE	4/2/2020	5.0	2	33,483	100.00%	33,483
47 990	AIR COMPRESSOR FIRE PR	2/10/2020	39.0	2	3,481	100.00%	3,481
48 990	WALK IN FREEZER	7/14/2020	7.0	2	5,564	100.00%	5,564
49 990	COMPUTER SOFTWARE	5/5/2020	3.0	2	722	100.00%	722
50 990	LEASEHOLD IMPROVEMENT	1/1/2021	39.0	1	190,811	100.00%	190,811
51 990	FOOD PREPARATION EQUIP	9/30/2021	7.0	1	10,600	100.00%	10,600

Elections

Election to NOT claim first-year special depreciation - 3 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 3-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 5 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 5-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 7 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 7-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 10 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 10-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 15 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 15-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 20 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 20-Year depreciable property placed in service during the current tax year.

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Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns	22,580	
2	Membership dues		
3	Fundraising events	150	
4	Related organizations		
5	Government grants (contributions)	120,847	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	Non government grants	139,866	
	Direct public support	106,490	
	Capital Campaign Donations	645,735	
	Other contributions total	892,091	0
7	Total	1,035,668	0

Part VIII, Line 10 (990) - Gross Sales of Inventory

		Total:	140,259	0	140,259
Category		Gross Sales	Cost of Goods Sold	Net	
1	CLOTHING AND HOUSEHOLD ITEMS	140,259		140,259	

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation	32,275	32,275		
2	Depletion	0			
3	Amortization	0			
4	Total	32,275	32,275	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

		Before Disposition:	880,414	89,324	589,679				
		Less Disposed:	0						
		After Disposition:	880,414			32,275	121,599	758,815	
Check (X) if Investment Asset	Asset Description and Classification		Beginning of Year			End of Year			
	Category or Item	Asset Classification	Cost/Other Basis	Beginning Accumulated Depreciation	Beginning Balance	Current Year Depreciation	Ending Accumulated Depreciation	Ending Balance	
1		LEASEHOLD IMPROVEMENST	Buildings	13,833	11,886	1,947	355	12,241	1,592
2		PLUMBING	Buildings	2,400	849	1,551	62	911	1,489
3		BUILDING	Buildings	94,558	15,200	79,358	2,424	17,624	76,934
4		OUTSIDE LIGHTS 103RR	Buildings	306	23	283	8	31	275
5		STRWY, RAIL, CLOSET 103RR	Buildings	1,420	107	1,313	36	143	1,277
6		FIRE SUPPRESSION SYSTEM	Buildings	3,580	142	3,438	92	234	3,346
7		TABLES, SHELVES	Other	375	375	0	0	375	0
8		10 WALNUT LAMINATE TABLES	Other	1,083	1,035	48	48	1,083	0
9		100 STACKABLE CHAIRS	Other	2,399	2,078	321	214	2,292	107
10		2 LETTER BOARDS	Other	150	134	16	7	141	9
11		L SHAPE DESK MJ	Other	107	60	47	13	73	34
12		2 COMP DESK CHAIRS RP/MJ	Other	75	42	33	9	51	24
13		CARPETING 200RR	Improvements	3,153	2,350	803	210	2,560	593
14		FENCE & SHED 200RR	Improvements	3,675	2,650	1,025	245	2,895	780
15		SIGNS 200RR	Improvements	1,420	1,420	0	0	1,420	0
16		LAND	Land	430,763	0	430,763	0	0	430,763
17		FULLY DEPRECIATED OFFICE EQUIPMEN	Equipment	22,735	22,735	0	0	22,735	0
18		REFRIGERATOR SEARS	Equipment	522	522	0	0	522	0
19		FREEZER SEARS	Equipment	522	522	0	0	522	0
20		BASKETBALL SCOREBOARD	Equipment	1,439	1,439	0	0	1,439	0
21		VACUUM	Equipment	253	242	11	11	253	0
22		COMMERCIAL FRYER & WARMER	Equipment	645	617	28	28	645	0
23		DELL INSPIRON 17.3 LAPTOP	Equipment	1,029	983	46	46	1,029	0
24		DELL INSPIRON 17R PAMS	Equipment	1,248	1,192	56	56	1,248	0
25		CANON CAMERA	Equipment	604	577	27	27	604	0
26		CANON CAMERA ACCESSORIES	Equipment	50	47	3	2	49	1
27		2 VICTOR 1260-3 CALCULATORS	Equipment	170	147	23	15	162	8
28		WIRELESS MIC SYSTEM	Equipment	404	350	54	36	386	18
29		FRYCOVER	Equipment	65	56	9	6	62	3
30		HP 8620 OFFICE JET PRINTER	Equipment	234	203	31	21	224	10
31		ASK HP 8620 PRINTER	Equipment	335	290	45	30	320	15
32		LAWNMOWER	Equipment	298	232	66	27	259	39
33		SPECTRE COMPUTER	Equipment	790	614	176	70	684	106
34		OFFICE 2016 ROSE'S	Equipment	150	116	34	13	129	21
35		SHARP VACUUM	Equipment	297	204	93	27	231	66
36		ORECK COMMERCIAL U2000RB1	Equipment	77	53	24	7	60	17
37		WEB SITE SOFTWARE	Equipment	77	53	24	7	60	17
38		FRIGIDAIRE PORT AIR CONDITIONER	Equipment	500	281	219	62	343	157
39		FRIG/FREEZER/ICE MACH/CAN	Equipment	8,094	5,357	2,737	1,011	6,368	1,726
40		STAGE REPLACEMENT PART	Equipment	2,270	1,277	993	284	1,561	709
41		TAOTRONICS PROJECTOR/SCREEN	Equipment	278	157	121	35	192	86
42		COMMERCIAL MEAT SLICER	Equipment	298	116	182	52	168	130
43		DYSON VACUUM	Equipment	285	111	174	50	161	124

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

		Before Disposition:		880,414	89,324	589,679			
		Less Disposed:		0					
		* Asset disposed during tax year		880,414			32,275	121,599	758,815
Check (X) if Investment Asset	Asset Description and Classification		Beginning of Year			End of Year			
	Category or Item	Asset Classification	Cost/Other Basis	Beginning Accumulated Depreciation	Beginning Balance	Current Year Depreciation	Ending Accumulated Depreciation	Ending Balance	
44		HP9025 PRINTER	Equipment	265	103	162	46	149	116
45		WALK-IN FREEZER	Equipment	12,875	1,840	11,035	3,153	4,993	7,882
46		OVEN	Equipment	19,267	2,753	16,514	4,718	7,471	11,796
47		EMERGENCY SHED	Equipment	380	54	326	93	147	233
48		VEHICLE	Equipment	33,483	6,697	26,786	10,715	17,412	16,071
49		AIR COMPRESSOR FIRE PROTECTION	Buildings	3,481	78	3,403	89	167	3,314
50		WALK IN FREEZER	Equipment	5,564	795	4,769	1,363	2,158	3,406
51		COMPUTER SOFTWARE	Other	722	160	562	241	401	321
52		LEASEHOLD IMPROVEMENTS	Improvements	190,811	0	0	4,696	4,696	186,115
53		FOOD PREPARATION EQUIPMENT	Equipment	10,600	0	0	1,515	1,515	9,085

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Part X, Line 25 (990) - Other Liabilities

		Total:	36,129	31,365
			Beginning	End
1	Federal income taxes		0	0
2	PAYROLL LIABILITIES		4,748	
3	SALES TAX PAYABLE		681	665
4	PPP CARES LOAN		30,700	30,700

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Assets by Classification - 990

12/31/2021

ST MICHAELS COMMUNITY CENTER INC 52-1698879

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
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3-yr Computer software (qualified 179 property)

COMPUTER SOFTWARE	5/5/2020	F-1	100.00%	722	0	0	0	0	722	3.0	SL	FM		160	241	401
Total: 3-yr Software (qual 179 property)				722	0	0	0	0	722					160	241	401

7-yr General purpose tools, machinery, and equipment

FULLY DEPRECIATED OFFIC	12/31/2006	F-10	100.00%	22,735	0	0	0	0	22,735	7.0	200DB	HY		22,735	0	22,735
REFRIGERATOR SEARS	7/25/2013	F-10	100.00%	522	0	0	0	0	522	7.0	200DB	HY		522	0	522
FREEZER SEARS	8/2/2013	F-10	100.00%	522	0	0	0	0	522	7.0	200DB	HY		522	0	522
BASKETBALL SCOREBOARD	11/27/2013	F-10	100.00%	1,439	0	0	0	0	1,439	7.0	200DB	HY		1,439	0	1,439
VACUUM	1/28/2014	F-10	100.00%	253	0	0	0	0	253	7.0	200DB	HY		242	11	253
COMMERCIAL FRYER & WAF	2/11/2014	F-10	100.00%	645	0	0	0	0	645	7.0	200DB	HY		617	28	645
DELL INSPIRON 17.3 LAPTOP	3/20/2014	F-10	100.00%	1,029	0	0	0	0	1,029	7.0	200DB	HY		983	46	1,029
DELL INSPIRON 17R PAMS	4/16/2014	F-10	100.00%	1,248	0	0	0	0	1,248	7.0	200DB	HY		1,192	56	1,248
CANON CAMERA	4/25/2014	F-10	100.00%	604	0	0	0	0	604	7.0	200DB	HY		577	27	604
CANON CAMERA ACCESSOF	4/27/2014	F-10	100.00%	50	0	0	0	0	50	7.0	200DB	HY		47	2	49
2 VICTOR 1260-3 CALCULAT	1/9/2015	F-10	100.00%	170	0	0	0	0	170	7.0	200DB	HY		147	15	162
WIRELESS MIC SYSTEM	2/12/2015	F-10	100.00%	404	0	0	0	0	404	7.0	200DB	HY		350	36	386
HP 8620 OFFICE JET PRINTE	9/4/2015	F-10	100.00%	234	0	0	0	0	234	7.0	200DB	HY		203	21	224
FRYCOVER	9/25/2015	F-10	100.00%	65	0	0	0	0	65	7.0	200DB	HY		56	6	62
ASK HP 8620 PRINTER	10/26/2015	F-10	100.00%	335	0	0	0	0	335	7.0	200DB	HY		290	30	320
SPECTRE COMPUTER	1/28/2016	F-10	100.00%	790	0	0	0	0	790	7.0	200DB	HY		614	70	684
LAWNMOWER	4/11/2016	F-10	100.00%	298	0	0	0	0	298	7.0	200DB	HY		232	27	259
OFFICE 2016 ROSE'S	12/30/2016	F-10	100.00%	150	0	0	0	0	150	7.0	200DB	HY		116	13	129
SHARP VACUUM	8/2/2017	F-10	100.00%	297	0	0	0	0	297	7.0	200DB	HY		204	27	231
ORECK COMMERCIAL U200C	8/30/2017	F-10	100.00%	77	0	0	0	0	77	7.0	200DB	HY		53	7	60
WEB SITE SOFTWARE	10/28/2017	F-10	100.00%	77	0	0	0	0	77	7.0	200DB	HY		53	7	60
STAGE REPLACEMENT PAR	3/1/2018	F-10	100.00%	2,270	0	0	0	0	2,270	7.0	200DB	HY		1,277	284	1,561
TAOTRONICS PROJECTOR/S	5/23/2018	F-10	100.00%	278	0	0	0	0	278	7.0	200DB	HY		157	35	192
FRIGIDAIRE PORT AIR CON	8/28/2018	F-10	100.00%	500	0	0	0	0	500	7.0	200DB	HY		281	62	343
FRIG/FREEZER/ICE MACH/C.	11/8/2018	F-10	100.00%	8,094	0	0	0	0	8,094	7.0	200DB	HY		5,357	1,011	6,368
COMMERCIAL MEAT SLICER	1/7/2019	F-10	100.00%	298	0	0	0	0	298	7.0	200DB	HY		116	52	168
DYSON VACUUM	8/22/2019	F-10	100.00%	285	0	0	0	0	285	7.0	200DB	HY		111	50	161
HP9025 PRINTER	10/2/2019	F-10	100.00%	265	0	0	0	0	265	7.0	200DB	HY		103	46	149
WALK-IN FREEZER	3/30/2020	F-10	100.00%	12,875	0	0	0	0	12,875	7.0	200DB	HY		1,840	3,153	4,993
EMERGENCY SHED	6/1/2020	F-10	100.00%	380	0	0	0	0	380	7.0	200DB	HY		54	93	147
WALK IN FREEZER	7/14/2020	F-10	100.00%	5,564	0	0	0	0	5,564	7.0	200DB	HY		795	1,363	2,158
OVEN	8/17/2020	F-10	100.00%	19,267	0	0	0	0	19,267	7.0	200DB	HY		2,753	4,718	7,471
FOOD PREPARATION EQUIP	9/30/2021	F-10	100.00%	10,600	0	0	0	0	10,600	7.0	200DB	HY		0	1,515	1,515
Total: 7-yr Genl purp tools, mach, equip				92,620	0	0	0	0	92,620					44,038	12,811	56,849

7-yr Office furniture, fixtures and equipment

TABLES, SHELVES	4/6/2007	F-11	100.00%	375	0	0	0	0	375	7.0	200DB	HY		375	0	375
10 WALNUT LAMINATE TABL	2/24/2014	F-11	100.00%	1,083	0	0	0	0	1,083	7.0	200DB	HY		1,035	48	1,083
100 STACKABLE CHAIRS	3/4/2015	F-11	100.00%	2,399	0	0	0	0	2,399	7.0	200DB	HY		2,078	214	2,292
2 LETTER BOARDS	7/14/2016	F-11	100.00%	150	75	0	0	0	75	7.0	200DB	HY		134	7	141
L SHAPE DESK MJ	1/24/2018	F-11	100.00%	107	0	0	0	0	107	7.0	200DB	HY		60	13	73
2 COMP DESK CHAIRS RP/M	1/24/2018	F-11	100.00%	75	0	0	0	0	75	7.0	200DB	HY		42	9	51
Total: 7-yr Office furn, fixtures, equip				4,189	75	0	0	0	4,114					3,724	291	4,015

Assets by Classification - 990

12/31/2021

ST MICHAELS COMMUNITY CENTER INC 52-1698879

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
Land																
	LAND	12/14/2015	N-1	100.00%	430,763	0	0	0	0	430,763	0			0	0	0
	Total: Land				430,763	0	0	0	0	430,763				0	0	0
Qualified leasehold improvement property																
	CARPETING 200RR	3/21/2016	R-7	100.00%	3,153	0	0	0	0	3,153	15.0	SL/GDS	HY	2,350	210	2,560
	SIGNS 200RR	3/31/2016	R-7	100.00%	1,420	0	0	0	0	1,420	15.0	SL/GDS	HY	1,420	0	1,420
	FENCE & SHED 200RR	5/9/2016	R-7	100.00%	3,675	0	0	0	0	3,675	15.0	SL/GDS	HY	2,650	245	2,895
	Total: Qual LH improve prop				8,248	0	0	0	0	8,248				6,420	455	6,875
39-yr Qualified improvement property																
	LEASEHOLD IMPROVEMENT	1/1/2021	R-12	100.00%	190,811	0	0	0	0	190,811	39.0	SL/GDS	MM	0	4,696	4,696
	Total: 39-yr Qual improvement prop				190,811	0	0	0	0	190,811				0	4,696	4,696
39-yr Nonresidential and commercial real estate																
	LEASEHOLD IMPROVEMENS	7/1/2003	R-5	100.00%	13,833	0	0	0	0	13,833	39.0	SL/GDS	MM	11,886	355	12,241
	PLUMBING	3/24/2007	R-5	100.00%	2,400	0	0	0	0	2,400	39.0	SL/GDS	MM	849	62	911
	BUILDING	12/14/2015	R-5	100.00%	94,558	0	0	0	0	94,558	39.0	SL/GDS	MM	15,200	2,424	17,624
	OUTSIDE LIGHTS 103RR	1/12/2018	R-5	100.00%	306	0	0	0	0	306	39.0	SL/GDS	MM	23	8	31
	STRWY, RAIL, CLOSET 103R	1/22/2018	R-5	100.00%	1,420	0	0	0	0	1,420	39.0	SL/GDS	MM	107	36	143
	FIRE SUPPRESSION SYSTEM	6/3/2019	R-5	100.00%	3,580	0	0	0	0	3,580	39.0	SL/GDS	MM	142	92	234
	AIR COMPRESSOR FIRE PR	2/10/2020	R-5	100.00%	3,481	0	0	0	0	3,481	39.0	SL/GDS	MM	78	89	167
	Total: 39-yr Nonresidential real estate				119,578	0	0	0	0	119,578				28,285	3,066	31,351
5-yr General purpose heavy-duty trucks and over-the-road trailers																
	VEHICLE	4/2/2020	V-4	100.00%	33,483	0	0	0	0	33,483	5.0	200DB	HY	6,697	10,715	17,412
	Total: 5-yr Heavy duty truck or OTR trailer				33,483	0	0	0	0	33,483				6,697	10,715	17,412
	SubTotals				880,414	75	0	0	0	880,339				89,324	32,275	121,599
	Less: Disposed Assets				(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals				880,414	75	0	0	0	880,339				89,324	32,275	121,599

Detail Report - 990

12/31/2021

ST MICHAELS COMMUNITY CENTER INC 52-1698879

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2021 Current Deprec.	2021 Accum. Deprec.
	LEASEHOLD IMPROVEMENS	7/1/2003	100.00%	13,833	0	0	13,833	39.0	SL/GDS	MM	11,886	355	12,241
	PLUMBING	3/24/2007	100.00%	2,400	0	0	2,400	39.0	SL/GDS	MM	849	62	911
	BUILDING	12/14/2015	100.00%	94,558	0	0	94,558	39.0	SL/GDS	MM	15,200	2,424	17,624
	OUTSIDE LIGHTS 103RR	1/12/2018	100.00%	306	0	0	306	39.0	SL/GDS	MM	23	8	31
	STRWY, RAIL, CLOSET 103R	1/22/2018	100.00%	1,420	0	0	1,420	39.0	SL/GDS	MM	107	36	143
	FIRE SUPPRESSION SYSTEI	6/3/2019	100.00%	3,580	0	0	3,580	39.0	SL/GDS	MM	142	92	234
	TABLES, SHELVES	4/6/2007	100.00%	375	0	0	375	7.0	200DB	HY	375	0	375
	10 WALNUT LAMINATE TABL	2/24/2014	100.00%	1,083	0	0	1,083	7.0	200DB	HY	1,035	48	1,083
	100 STACKABLE CHAIRS	3/4/2015	100.00%	2,399	0	0	2,399	7.0	200DB	HY	2,078	214	2,292
	2 LETTER BOARDS	7/14/2016	100.00%	150	75	0	75	7.0	200DB	HY	134	7	141
	L SHAPE DESK MJ	1/24/2018	100.00%	107	0	0	107	7.0	200DB	HY	60	13	73
	2 COMP DESK CHAIRS RP/M	1/24/2018	100.00%	75	0	0	75	7.0	200DB	HY	42	9	51
	CARPETING 200RR	3/21/2016	100.00%	3,153	0	0	3,153	15.0	SL/GDS	HY	2,350	210	2,560
	FENCE & SHED 200RR	5/9/2016	100.00%	3,675	0	0	3,675	15.0	SL/GDS	HY	2,650	245	2,895
	SIGNS 200RR	3/31/2016	100.00%	1,420	0	0	1,420	15.0	SL/GDS	HY	1,420	0	1,420
	LAND	12/14/2015	100.00%	430,763	0	0	430,763	0			0	0	0
	FULLY DEPRECIATED OFFIC	12/31/2006	100.00%	22,735	0	0	22,735	7.0	200DB	HY	22,735	0	22,735
	REFRIGERATOR SEARS	7/25/2013	100.00%	522	0	0	522	7.0	200DB	HY	522	0	522
	FREEZER SEARS	8/2/2013	100.00%	522	0	0	522	7.0	200DB	HY	522	0	522
	BASKETBALL SCOREBOARC	11/27/2013	100.00%	1,439	0	0	1,439	7.0	200DB	HY	1,439	0	1,439
	VACUUM	1/28/2014	100.00%	253	0	0	253	7.0	200DB	HY	242	11	253
	COMMERCIAL FRYER & WAF	2/11/2014	100.00%	645	0	0	645	7.0	200DB	HY	617	28	645
	DELL INSPIRON 17.3 LAPTOI	3/20/2014	100.00%	1,029	0	0	1,029	7.0	200DB	HY	983	46	1,029
	DELL INSPIRON 17R PAMS	4/16/2014	100.00%	1,248	0	0	1,248	7.0	200DB	HY	1,192	56	1,248
	CANON CAMERA	4/25/2014	100.00%	604	0	0	604	7.0	200DB	HY	577	27	604
	CANON CAMERA ACCESSOF	4/27/2014	100.00%	50	0	0	50	7.0	200DB	HY	47	2	49
	2 VICTOR 1260-3 CALCULAT	1/9/2015	100.00%	170	0	0	170	7.0	200DB	HY	147	15	162
	WIRELESS MIC SYSTEM	2/12/2015	100.00%	404	0	0	404	7.0	200DB	HY	350	36	386
	FRYCOVER	9/25/2015	100.00%	65	0	0	65	7.0	200DB	HY	56	6	62
	HP 8620 OFFICE JET PRINTE	9/4/2015	100.00%	234	0	0	234	7.0	200DB	HY	203	21	224
	ASK HP 8620 PRINTER	10/26/2015	100.00%	335	0	0	335	7.0	200DB	HY	290	30	320
	LAWN MOWER	4/11/2016	100.00%	298	0	0	298	7.0	200DB	HY	232	27	259
	SPECTRE COMPUTER	1/28/2016	100.00%	790	0	0	790	7.0	200DB	HY	614	70	684
	OFFICE 2016 ROSE'S	12/30/2016	100.00%	150	0	0	150	7.0	200DB	HY	116	13	129
	SHARP VACUUM	8/2/2017	100.00%	297	0	0	297	7.0	200DB	HY	204	27	231
	ORECK COMMERCIAL U200C	8/30/2017	100.00%	77	0	0	77	7.0	200DB	HY	53	7	60
	WEB SITE SOFTWARE	10/28/2017	100.00%	77	0	0	77	7.0	200DB	HY	53	7	60
	FRIGIDAIRE PORT AIR CONI	8/28/2018	100.00%	500	0	0	500	7.0	200DB	HY	281	62	343
	FRIG/FREEZER/ICE MACH/C.	11/8/2018	100.00%	8,094	0	0	8,094	7.0	200DB	HY	5,357	1,011	6,368
	STAGE REPLACEMENT PAR	3/1/2018	100.00%	2,270	0	0	2,270	7.0	200DB	HY	1,277	284	1,561
	TAOTRONICS PROJECTOR/3	5/23/2018	100.00%	278	0	0	278	7.0	200DB	HY	157	35	192
	COMMERCIAL MEAT SLICER	1/7/2019	100.00%	298	0	0	298	7.0	200DB	HY	116	52	168
	DYSON VACUUM	8/22/2019	100.00%	285	0	0	285	7.0	200DB	HY	111	50	161
	HP9025 PRINTER	10/2/2019	100.00%	265	0	0	265	7.0	200DB	HY	103	46	149
	WALK-IN FREEZER	3/30/2020	100.00%	12,875	0	0	12,875	7.0	200DB	HY	1,840	3,153	4,993
	OVEN	8/17/2020	100.00%	19,267	0	0	19,267	7.0	200DB	HY	2,753	4,718	7,471
	EMERGENCY SHED	6/1/2020	100.00%	380	0	0	380	7.0	200DB	HY	54	93	147
	VEHICLE	4/2/2020	100.00%	33,483	0	0	33,483	5.0	200DB	HY	6,697	10,715	17,412
	AIR COMPRESSOR FIRE PR	2/10/2020	100.00%	3,481	0	0	3,481	39.0	SL/GDS	MM	78	89	167
	WALK IN FREEZER	7/14/2020	100.00%	5,564	0	0	5,564	7.0	200DB	HY	795	1,363	2,158
	COMPUTER SOFTWARE	5/5/2020	100.00%	722	0	0	722	3.0	SL	FM	160	241	401

Detail Report - 990

12/31/2021

ST MICHAELS COMMUNITY CENTER INC 52-1698879

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2021 Current Deprec.	2021 Accum. Deprec.
	LEASEHOLD IMPROVEMENT	1/1/2021	100.00%	190,811	0	0	190,811	39.0	SL/GDS	MM	0	4,696	4,696
	FOOD PREPARATION EQUIP	9/30/2021	100.00%	10,600	0	0	10,600	7.0	200DB	HY	0	1,515	1,515
	SubTotals			880,414	75	0	880,339				89,324	32,275	121,599
	Less: Disposed Assets			(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals			<u>880,414</u>	<u>75</u>	<u>0</u>	<u>880,339</u>				<u>89,324</u>	<u>32,275</u>	<u>121,599</u>

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