

Short Form Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAT WRITERS' ASSOCIATION, INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10500 SILKWOOD CT City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63114	D Employer identification number 75-2536031 E Telephone number (314) 427-8558 F Group Exemption Number ▶
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ WWW.CATWRITERS.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **31,455**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	6,777
	2 Program service revenue including government fees and contracts.	2	
	3 Membership dues and assessments	3	8,140
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	16,538	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	31,455	
Expenses	10 Grants and similar amounts paid (list in Schedule O).	10	2,010
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,169
	16 Other expenses (describe in Schedule O).	16	21,220
	17 Total expenses. Add lines 10 through 16 ▶	17	25,399
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	6,056
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	59,724
	20 Other changes in net assets or fund balances (explain in Schedule O).	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	65,780

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	59,724	65,780
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	59,724	65,780
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,724	65,780

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? **IMPROVE INFORMATION REGARDING CATS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 TO EDUCATE WRITERS TO IMPROVE INFORMATION ABOUT COMMUNICATION REGARDING CATS (SEMINARS).		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PAULA GREGG PRESIDENT	40.00	0	0	0
ALANA GREYLAK VICE PRESIDENT	10.00	0	0	0
SUZANNE DOUTE SECRETARY	7.00	0	0	0
KATHERINE KERN TREASURER	8.00	0	0	0
MAGGIE MARTON DIRECTOR	0.00	0	0	0
DAWN WHITE DIRECTOR	0.00	0	0	0
MOLLIE HUNT DIRECTOR	0.00	0	0	0
DEBBIE DE LOUISE DIRECTOR	0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

▶ **KATHERINE KERN**
Signature of officer

▶ **KATHERINE KERN, TREASURER**
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name: **David C Walker** Preparer's signature: _____ Date: **11-04-2021** Check if self-employed PTIN: **P00123619**

Firm's name ▶ **Swisher & Walker Financial Group** Firm's EIN ▶ _____

Firm's address ▶ **459 Dunham Road Suite 200**
Saint Charles IL 60174 Phone no. **630-945-3235**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

CAT WRITERS' ASSOCIATION, INC

75-2536031

01. Description of other revenue (Part I, line 8)

DESCRIPTION	AMOUNT
AWARDS PROVIDED BY ORGANIZATIONS	8,500
CONTEST FEES	6,100
DEPOSIT REFUNDS	1,000
PROGRAM ADS	700
MISC	238

02. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	FUNDRAISER
GRANTEE	TABBY'S PLACE
STREET	1100 US 202
CITY, STATE, ZIP	RINGOES, NJ 08551
AMOUNT	2,010

03. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
AWARD EXPENSE	263
CONTEST AWARDS	13,500
SUPPLIES	356
MISC	532
MUSES AND PLAQUES	3,553
VIDEO, CLOUD, EMAIL, WEBSITE	1,055
REFUNDS	368

Name of the organization

Employer identification number

CAT WRITERS' ASSOCIATION, INC

75-2536031

SYMPOSIUM EXPENSE 411

CONTEST EXPENSE 572

BANKING EXPENSE 610