Form **990-EZ**

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)

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inder 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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A I	For the	2022 calendar year, or tax year beginning , 2022, and ending		, 20		
В				D Employer identification number		
	Address	change CAT WRITERS' ASSOCIATION, INC	75-2536031			
	Name ch	1 TOOM/Juile	E Telephone number			
$\overline{}$	nitial retu	urn/terminated	(314)427-8558			
	Amended	F Group Exe	emption			
	Application	on pending SAINT ANN, MO 63074	Number			
G	Account	ing Method: X Cash Accrual Other (specify)	Check x if th	ne organization is not		
1 1	Website	: WWW.CATWRITERS.COM	equired to atta	ach Schedule B		
JΤ	ax-exei	mpt status (check only one)	Form 990).			
K	Form of	organization: X Corporation Trust Association Other				
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets			
(Pa	rt II, col	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	38,697		
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstructions fo	or Part I)		
		Check if the organization used Schedule O to respond to any question in this Part I		X		
	1	Contributions, gifts, grants, and similar amounts received	1	8,976		
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	3	9,040		
	4	Investment income	4			
	5a	Gross amount from sale of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c			
	6	Gaming and fundraising events:				
	а	Gross income from gaming (attach Schedule G if greater than				
ā		\$15,000)				
enr	b	Gross income from fundraising events (not including \$ of contributions				
Revenue		from fundraising events reported on line 1) (attach Schedule G if the				
_		sum of such gross income and contributions exceeds \$15,000) 6b				
	С	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				
	b	Less: cost of goods sold				
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c			
	8	Other revenue (describe in Schedule O)		20,681		
	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &		38,697		
	10	Grants and similar amounts paid (list in Schedule O)		1,815		
	11	Benefits paid to or for members		1,013		
	12	Salaries, other compensation, and employee benefits				
S	13	Professional fees and other payments to independent contractors		400		
)SUK	14	Occupancy, rent, utilities, and maintenance		400		
Expenses	15	Printing, publications, postage, and shipping		370		
	16	Other expenses (describe in Schedule O)				
	17	Total expenses. Add lines 10 through 16		30,630		
	18	Excess or (deficit) for the year (subtract line 17 from line 9)		33,215		
S			18	5,482		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	40	E2 442		
	20	end-of-year figure reported on prior year's return)		73,143		
Net	20	Other changes in net assets or fund balances (explain in Schedule O)				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. 21	78,625		

Form 990	-EZ (2022) CAT WRITERS' ASSOCI	ATION, INC		75-2	2536	5031 Page 2
Part I	Balance Sheets (see the instructions for Page 1997)	art II)				
	Check if the organization used Schedule O	to respond to any qu	estion in this Part	<u> </u>		<u> </u>
				(A) Beginning of year		(B) End of year
22 Ca	ash, savings, and investments			73,143	22	78,625
23 La	nd and buildings			0	23	0
24 Ot	her assets (describe in Schedule O)			0	24	0
25 To	tal assets			73,143	25	78,625
26 To	stal liabilities (describe in Schedule O)			0	26	0
27 Ne	et assets or fund balances (line 27 of column (B) mu	ust agree with line 21).		73,143	27	78,625
Part I	Statement of Program Service Accompl	lishments (see the in	structions for Part	III)		Evnences
	Check if the organization used Schedule C	to respond to any qu	uestion in this Part	III	/D-	Expenses
What is t	he organization's primary exempt purpose? IMPROV	E INFORMATION R	EGARDING CATS		,	equired for section
Describe	the organization's program service accomplishments	for each of its three large	et program services			(c)(3) and 501(c)(4)
	ured by expenses. In a clear and concise manner, desc				"	anizations; optional for
	benefited, and other relevant information for each progr		,		otne	ers.)
28 TO	EDUCATE WRITERS TO IMPROVE INFORMA	TION ABOUT				
COM	MUNICATION REGARDING CATS (SEMINAR	S).				
(G	rants \$) If this amou	unt includes foreign grant	s, check here .		288	a
29						
(G	rants \$) If this amou	ınt includes foreign grant	s, check here .		298	a
30						
(G	rants \$) If this amou	unt includes foreign grant	s, check here .	П	30a	a
31 Ot	her program services (describe in Schedule O)					
(G	rants \$) If this amou	unt includes foreign grant	s, check here .	П	31a	a
32 Tota	Il program service expenses (add lines 28a through				32	2
Part I					truction	ons for Part IV)
	Check if the organization used Schedule O to re					[′] П
			(c) Reportable	(d) Health benefits,		<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe	ee	(e) Estimated amount of
	(4)	devoted to position	(Forms W-2/1099-MISC 1099-NEC)	 benefit plans, and deferred compensation 		other compensation
			(if not paid, enter -0-)	deletted compensation	'	
T.VNN N	1 THOMPSON		,		+	_
PRESII		40.00	l o		0	0
ANDRE		10.00		1		
	PRESIDENT	10.00	l o		0	0
	JE DOUTE	10.00		<u> </u>	_	
		7 00			0	^
SECRE	LAR.	7.00	0	<u> </u>	υ	0

Ith benefits, ons to employee plans, and compensation	(e) Estimated amount of other compensation
0	0
0	0
0	0_
0	0_
0	0_
0	0_
0	0
0	0
0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

75-2536031

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	·		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	05-		
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	26		
27.0		36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions	37b		37
20 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	3/10		х
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		v
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved	Joa		Х
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
70 u	section 4911: ; section 4912 : ; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed:			
42 a	The organization's books are in care of: KATHERINE KERN Telephone no. 314-4	27-8	558	
	Located at: 10500 SILKWOOD CT, SAINT LOUIS, MO ZIP+4 63114			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	40-		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
42	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here	• • •		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	NO
 a	completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770		Λ
	completed instead of Form 990-EZ	44b		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		x
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		х

Form 990-EZ (2022) CAT WRITERS' ASSOCIATION, INC 75-2536031 Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 46 Х 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 Yes No Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E...... 48 48 49a 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." (b) Average (e) Estimated amount of contributions to employee (a) Name and title of each employee hours per week (Forms W-2/1099-MISC/ benefit plans, and deferred other compensation devoted to position 1099-NEC) compensation Total number of other employees paid over \$100,000 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 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a 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. KATHERINE KERN Sign Signature of officer Date Here KATHERINE KERN, TREASURER Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check Paid self-employed David C Walker 05-11-2023 P00123619 **Preparer** Firm's name Swisher & Walker Financial Group Firm's EIN **Use Only** Firm's address 459 Dunham Road Suite 200

Saint Charles IL 60174

May the IRS discuss this return with the preparer shown above? See instructions

630-945-3235

X Yes

Phone no

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

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 10,250 CONTEST FEES 8,005 CONFERENCE TICKETS 1,795 131 MISC 500 UNCASHED EXPENSE CHECKS 02. List of grants and similar amounts paid (Part I, line 10) ACTIVITY FUNDRAISER GRANTEE VARIOUS AMOUNT 1,565 ACTIVITY DONATION GRANTEE MIDLAND KITTENS AMOUNT 250 03. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT REFUNDS 400 15,381 CONTEST AWARDS EXPENSE VIRTUAL CONFERENCE PLATFORM 750 PRESIDENT & SECRETARY & TREASURER 1,726 MUSES AND PLAQUES 3,521

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

^{,20} 202

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN CAT WRITERS' ASSOCIATION, INC 75-2536031 Name and title of officer or person subject to tax KATHERINE KERN, TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12)..... Form 990-EZ check here . . . x Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 8868 check here 6a Form 990-T check here 7a Form 4720 check here Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Swisher & Walker Financial 85478 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 05-11-2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 159685 12967 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 05-11-2023 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1
Name(s) as shown on return		FEIN
CAT WRITERS'	ASSOCIATION, INC	75-2536031

PART 1, LINE 15 - PRINTING, PUBLICATIONS AND POSTAGE

Description		Amount
OUTREACH CARDS	\$	370
	Total: \$	370