Brigid Collins Family Support Center

2021 Form 990 Public Disclosure Copy

Larson Gross

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

<u>A</u>	ror t	ne 2021 calendar year, or tax year beginning and	a enaing		
В	Check applica	if able: C Name of organization		D Employer identifie	cation number
		dress BRIGID COLLINS HOUSE		_	
		inge Doing business as BRIGID COLLINS FAMILY SUPP	ORT CE	94-31219	51
	Initi retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	☐Fina	in/ IZJI N GARDEN DI.	200	360-734-	
	tern ated			G Gross receipts \$	3,848,916.
	retu			H(a) Is this a group re	
	tion			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)) or 527	If "No," attach a	list. See instructions
_		site: WWW.BRIGIDCOLLINS.ORG		H(c) Group exemptio	
		of organization: X Corporation	L Year	of formation: 1991 N	State of legal domicile: WA
Pa	art I	•			
Φ	1	Briefly describe the organization's mission or most significant activities:			S PROVIDED
Activities & Governance		TO CHILDREN, FAMILIES AND OTHERS AFFECTED	D BY CI	HILD ABUSE.	
rns	2	Check this box if the organization discontinued its operations or disposition	osed of more	1 1	
ŏ	3			3	13
<u>დ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			59
ĭ <u>∓</u>	6	Total number of volunteers (estimate if necessary)			26
ζ Cti	7			7a	0.
_	<u> </u>	b Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
			_	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		3,427,298.	3,676,027.
en	9	Program service revenue (Part VIII, line 2g)		34,787.	26,179.
Revenue	10	, , , , , , , , , , , , , , , , , , , ,		4,927.	2,875.
_	11	, , , , , , , , , , , , , , , , , , , ,		90,343.	117,718.
_	12	J 1 1 / // //		3,557,355.	3,822,799.
	13	, , , , , , , , , , , , , , , , , , , ,		113,395.	66,589.
	14	, , , , , , , , , , , , , , , , , , , ,		0.	0.
es	15	, , , , , , , , , , , , , , , , , , , ,		2,571,868.	2,600,941.
Expenses	16	a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă X		b Total fundraising expenses (Part IX, column (D), line 25)		CCC	664 700
ш	17	, , , , , , , , , , , , , , , , , , , ,		666,542.	664,700.
	18	, , , , , , , , , , , , , , , , , , , ,		3,351,805.	3,332,230.
	19	Revenue less expenses. Subtract line 18 from line 12		205,550.	490,569.
10 8			Ве	eginning of Current Year	End of Year
Net Assets or	할 20	, , , , , , , , , , , , , , , , , , , ,		4,944,176.	4,990,529.
et A	21			1,689,373.	1,262,425.
	22 art I			3,254,803.	3,728,104.
		enalties of perjury, I declare that I have examined this return, including accompanying schedule	oo and atatam	anta and to the heat of mu	knowledge and helief it is
		rect, and complete. Declare that i have examined this return, including accompanying scrieduli rect, and complete. Declaration of preparer (other than officer) is based on all information of v			Kilowieuge allu bellei, it is
tiuc	, 6011	ect, and complete. Decidation of preparer (other than officer) is based on an information of v	villoli pi eparei	ilas ally kilowieuge.	
Sig	n	Signature of officer		L Date	
Hei		BYRON MANERING, EXECUTIVE DIRECTOR			
He	E	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d		unan	11/14/22 if self-employ	
	u parer				91-1663574
	Only			Tilli 3 Lilv	
	y	BELLINGHAM, WA 98226		Phone no (3	60) 734-4280
Ma	y the	IRS discuss this return with the preparer shown above? See instructions		1	X Yes No

Pa	t III	l .		•		-	olishments							
1		ly describe	the organiz	zation's mis	ssion:		SE IN							
2		-	ation under	-	-	-	ervices during						Yes	X No
	•		be these ne											
3			ation cease be these ch				nt changes in	how it cond	ducts, any pi	rogram ser	vices?		Yes	X No
4	Desci	ribe the or	rganization's	s program s	service acc	complishn	nents for each		•		•	•	•	d
	reven	nue, if any,	, for each pr											
4 a	WHA FAM	MPREHE ATCOM, MILY I	, SKAG: DEVELO	SERVI IT, IS PMENT	CES W LAND, AND R	ERE F AND ESPON	PROVIDE SAN JU IDS TO	D FOR AN COU NEEDS	CHILDR NTIES, OF CHI	EN AN THAT LDREN	SUPPO	LIES RT HE TED B	IN ALTHY Y CHIL	.79.) .D
	_													
	_													
4b	(Code:	:	_) (Expenses	\$			including grant	s of \$) (Revenue \$)
4c	(Code:	:	_) (Expenses	\$			including grant	s of \$) (Revenue \$)
4d	Other (Expen		services (D	escribe on		O.) g grants of \$) (Reve	nue \$)	
4e	Total	program	service expe	enses >		2,79	5,006.						- 00	<u> </u>
													Form 99	0 (2021)

09191114 758095 11896

Form 990 (2021) BRIGID COLLINS HOUSE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	۰.		 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2021) BRIGID COLLINS HOUSE
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		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			₩.
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 4		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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	<u></u>		
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
12200	4 12 00 21	Eorm	990	(2021)

Form 990 (2021) BRIGID COLLINS HOUSE

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

	i (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		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
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?	17		
	If "Ves " complete Form 6069			

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "}	es," d	escribe			
	on Schedule O how this was done			120	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶WA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990	-T (section 501(c)(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, a	nd fina	ncial	
	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 boo	oks and	d records 🕨			
	BYRON MANERING - 360-734-4616					
	1231 N GARDEN ST. #200, BELLINGHAM, WA 98225					

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.

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensatior from the organization and related organizations
(1) BYRON MANERING	40.00	1						122 126	•	E 061
EXECUTIVE DIRECTOR	0.50			Х				133,186.	0.	7,261
(2) ERIN TANNER	2.50	٠,,		,,					0	
VICE PRESIDENT (3) DAVE RYBERG	2.50	Х		Х				0.	0.	0
(3) DAVE RYBERG TREASURER	2.50	х		х				0.	0.	0
(4) MICHAEL COOK	1.00	^		^				0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0
(5) MO WEST	1.00	25						•	•	
BOARD MEMBER	1100	х						0.	0.	0
(6) AUBREE LOZANO	1.00	1								
BOARD MEMBER		Х						0.	0.	0
(7) RACHEL WALLACE	2.50									
PRESIDENT		Х		Х				0.	0.	0
(8) KATI JOHNSON	2.50									
SECRETARY		Х		Х				0.	0.	0
(9) KERRY SYRE	1.00									
BOARD MEMBER		Х						0.	0.	0
(10) ANDREA MOORE	1.00	1							_	_
BOARD MEMBER		Х						0.	0.	0
(11) CARL BRUNER	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0
(12) YULIYA RYBALKA	1.00	٠,,							0	
BOARD MEMBER	1 00	Х						0.	0.	0
(13) RICH HART BOARD MEMBER	1.00	х						0.	0.	0
(14) MARIN SIEMANOWSKI	1.00	^	\vdash			\vdash		0.	0.	
BOARD MEMBER	1.00	х						0.	0.	0
DOING MADEN								· ·	•	
	1		<u> </u>	-	_	├	-			

	990 (2021) BRIGID CC									94-33	121	951	Pa	age 8
Pai	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than of s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on ar		(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizat d relate anization	e ion ed
1b	Subtotal								133,186.		0.		7,2	
с d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)							▶	133,186.		0.	1	7,2	0. 61.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			1
3	Did the organization list any former officer,	•		•	•	•		_		•			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest conthe organization. Report compensation for t	=	-						the organization's tax y		ensar ——			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices		(Compe		n
	Tabel as such as after decreased at the control of	alicalis st.	-1 "		4.4.	Lle ·		1		41				
<u> </u>	Total number of independent contractors (ir \$100,000 of compensation from the organization)	•	JT IIN	ilited	101	thos (ted	above) who received mo	ore than		Form	990 e	2021)

Form 990 (2021) BRIGID COLLINS HOUSE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
() ()	1	Federated campaigns 1a	118,828.				
nts au			110,020.	-			
رج <u>ج</u>			71,367.	-			
fts,			71,507.	-			
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d	902,698.	-			
ns, Sim			302,030.	-			
utio er (1	All other contributions, gifts, grants, and	E02 12/				
ĕ			583,134.	-			
ont od (Noncash contributions included in lines 1a-1f		2 676 027			
<u>0 g</u>		Total. Add lines 1a-1f		3,676,027.			
			Business Code	06 150	06 170		
9	2	PROGRAM SERVICE FEES	561990	26,179.	26,179.		
e <u>v</u> i	١						
Sen	(:					
am eve		l					
Program Service Revenue	,						
P.	1	All other program service revenue					
		Total. Add lines 2a-2f		26,179.			
	3	Investment income (including dividends, intere					
		other similar amounts)		2,875.			2,875.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a		1			
		Less: rental expenses 6b		1			
		Rental income or (loss) 6c					
		I Not rental income or (less)					
		Gross amount from sales of (i) Securities	(ii) Other				
	,	assets other than inventory 7a	(.,, 5	1			
		Less: cost or other basis		-			
a	,						
her Revenue		and sales expenses 7b		-			
eve	,	Gain or (loss)					
Æ		Net gain or (loss)	·····				
	8	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See	1 4 2 0 2 5				
			143,835.				
			26,117.				117 710
		Net income or (loss) from fundraising events	D	117,718.			117,718.
	9 :	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	_				
	10	Gross sales of inventory, less returns					
		and allowances10a		_			
	ı	Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
ဖ			Business Code				
on e	11 :						
Miscellaneous Revenue	-						
Sell	•						
Ais. B		All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	>	3,822,799.	26,179.	0.	120,593.

132009 12-09-21

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 66,589. 66,589. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 117,554. 140,447. 19,382. 3,511. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,069,592. 1,732,249. 285,604. 51,739. Other salaries and wages 7 Pension plan accruals and contributions (include 18,130. 2,989. 21,661. 542. section 401(k) and 403(b) employer contributions) 22,751. 137,988. 4,121. 164,860. Other employee benefits 9 204,381. 171,067. 28,205. 5,109. 10 Payroll taxes Fees for services (nonemployees): Management Legal 39,235. 39,235. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 43,055. 43,055. column (A), amount, list line 11g expenses on Sch O.) 10,272.8,372. 1,181. 719. Advertising and promotion 12 111,974. 91,259. 12,877. 7,838. Office expenses 13 76,653. 62,411. 8,848. 5,394. Information technology 14 15 Royalties 193,799. 179,952. 3,786. 10,061. 16 Occupancy 29,075. 28,613. 462. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18,329. 479. 17,558. 292. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 119,456. 97,357. 13,737. 8,362. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 22,432. 22,432. PROGRAM SUPPLIES SUBCONTRACTORS 420. 420. С d All other expenses 3,332,230. 2,795,006. 445,811. 91,413. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2021)

Check here

09191114 758095 11896

if following SOP 98-2 (ASC 958-720)

Par	τx	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	625,700.	1	970,149
	2	Savings and temporary cash investments	720,020.	2	720,356
	3	Pledges and grants receivable, net	649,014.	3	464,282
	4	Accounts receivable, net		4	
	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		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)		6	
ς,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	38,437.	9	40,094
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,807,901.			
	b	Less: accumulated depreciation 10b 1,064,202.	2,863,155.	10c	2,743,699
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	47,850.	15	51,949
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,944,176.	16	4,990,529
	17	Accounts payable and accrued expenses	171,882.	17	207,241
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ရွ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	1,071,724.		1,055,184
	24	Unsecured notes and loans payable to unrelated third parties	445,767.	24	
	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	1 600 000	25	1 060 105
	26	Total liabilities. Add lines 17 through 25	1,689,373.	26	1,262,425
,		Organizations that follow FASB ASC 958, check here 🕨 🗓			
če		and complete lines 27, 28, 32, and 33.	0 500 505		2 054 506
lan	27	Net assets without donor restrictions	2,599,797.		3,054,786
B	28	Net assets with donor restrictions	655,006.	28	673,318
ŭ		Organizations that do not follow FASB ASC 958, check here			
Ϋ́		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	2 054 002	31	2 700 104
Š	32	Total net assets or fund balances	3,254,803.	32	3,728,104
	33	Total liabilities and net assets/fund balances	4,944,176.	33	4,990,529

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,33	2,23	<u> 30.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		0,56	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,25	4,80	J3.
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	-1'	7,26	58.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	3,72	8,10	<u>)4.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 (2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization BRIGID COLLINS HOUSE 94-3121951 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2020 1 Gifts, grants, contributions, and	21 (f) Total
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants.") 2062452. 3167846. 2934735. 3410030. 36760	<u>27.15251090.</u>
2 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 2062452. 3167846. 2934735. 3410030. 36760	27.15251090.
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.	15251090.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 202	21 (f) Total
7 Amounts from line 4 2062452. 3167846. 2934735. 3410030. 36760	27.15251090.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
	75. 57,315.
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	15308405.
12 Gross receipts from related activities, etc. (see instructions)	191,671.
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	
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	99.63 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	99.59 %
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 the	his box and
stop here. The organization qualifies as a publicly supported organization	▶ X
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, ch	
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	
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	e 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 hor	
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 instru	uctions ►

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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

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

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

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b	_		
5b	4c		
5b			
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
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7 8 9a 9b	50		
7 8 9a 9b			
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7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
100	9с		
100			
1 400			
iua	10a		
10b 10b 2001			

132024 01-04-21 Schedule A (Form 990) 2021

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? 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.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion 6. Type it dupporting organizations		V	NI.
4	Ware a majority of the exampleation's directors or trustees during the tay year also a majority of the directors		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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L.	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or ito supported organizations: II Tes. Describe iii Fait VI trie role played by the organization in this regard.	UU		ı

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
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)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on 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	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
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.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

BRIGID COLLINS HOUSE

Employer identification number

94-3121951

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	-	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	X 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					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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				

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

BRIGID COLLINS HOUSE

94-3121951

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		\$ 247,834.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 97,492.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 89,815.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 689,461.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 928,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)	Page 2
Name of organization	Employer identification number
BRIGID COLLINS HOUSE	94-3121951
Part I Contributors (ass instructions) Lies duplicate conics of Part Life additional appear is product	

Parti	Contributors (see instructions). Use duplicate copies of Part I if add	monar space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

BRIGID COLLINS HOUSE

94-3121951

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 	
		*	Schedule B (Form 990) (20

Page 4

Name of o	rganization		Employer identification number
BRIGII	D COLLINS HOUSE		94-3121951
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, charitable Use duplicate copies of Part III if additional s	through (e) and the following line entry naritable, etc., contributions of \$1,000 or le	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations ss for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferse's name address an	(e) Transfer of gift	Deletionakin of transferor to transferor
-	Transferee's name, address, and	U ZIF + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Tuesday of with	
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			•
(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	.,	Relationship of transferor to transferee
(a) No			
(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		Relationship of transferor to transferee
		1	

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

BRIGID COLLINS HOUSE

OMB No. 1545-0047 Inspection

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

Employer identification number 94-3121951

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ac	counts. Complete if the
	organization answered Tes OrtForm 990, Fartiv, line	(a) Donor advised fur	nds (i	b) Funds and other accounts
1	Total number at end of year	(,)		,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in	donor advised fund	<u> </u>
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ac			
•	for charitable purposes and not for the benefit of the donor or			
	• •		• •	
Pai	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	ion or education) Pro	eservation of a histo	rically important land area
	Protection of natural habitat			ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution	in the form of a con	servation easement on the last
	day of the tax year.		[Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a his	storic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection,	handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforci	ng conservation eas	ements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of	section 170(h)(4)(B)(i	i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue a	and expense stateme	ent and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fina	ncial statements tha	t describes the
Da	organization's accounting for conservation easements.	Aut Historical Tusses	Other O:	
Pal	rt III Organizations Maintaining Collections of		res, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub	, , ,		ce of public
	service, provide in Part XIII the text of the footnote to its finan-			
b	, ,	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or rese	earch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical trea			rovide
	the following amounts required to be reported under FASB AS	· ·		
a	Revenue included on Form 990, Part VIII, line 1			k 4
_				,
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

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Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o						_		_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	on Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		•				7	_	٦
	on Form 990, Part X?					L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:				A		
					<u> </u>		Amoun		
С.	Beginning balance								
	3 ,								—
e	Distributions during the year								
f O-	Ending balance						Yes	$\overline{}$	No
	3				•			H	_ NO _
	rt V Endowment Funds. Complete i								
	Complete	(a) Current year	(b) Prior year	(c) Two years back		vears back	(e) Four	vears	back
1a	Beginning of year balance	47,921.	46,073.	43,815		45,196.	(-,		823.
b	- Commission of the commission								
c	Net investment earnings, gains, and losses	3,251.	2,484.	2,849		-21.		1.	901.
d	Grants or scholarships	473.	446.	416	+	1,193.			371.
	Other expenditures for facilities					,			
	and programs								
f	Administrative expenses	240.	190.	175		167.			157.
g	End of year balance	50,459.	47,921.	46,073		43,815.		45,	196.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	15.5400	_%						
b	Permanent endowment ► 33.5500	%							
С	Term endowment ▶50.9100	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the organiza	ation			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	<u> </u>
	(ii) Related organizations						3a(ii)	\longrightarrow	X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	rt VI Land, Buildings, and Equipm		D-+ IV P 44 - 0	F 000 D1	v 15 40				
	Complete if the organization answered					.			
	Description of property	(a) Cost or of		' '	Accumulate	I	(d) Boo	k value	е
	Land	basis (investr		0,040.	depreciation		1,05	<u> </u>	<u> </u>
	Land			7,426.	986,5		$\frac{1,050}{1,620}$		
	Buildings		2,00	7,440.	300,5	00.	<u> </u>	J , 04	± U •
	Leasehold improvements		15	0,435.	77,6	22	7	2,83	1 2
	1 1	I	13	·, = J J •	11,0			<u>., o.</u>	<u> </u>
	Other Add lines 1a through 1e. (Column (d) must a		V column (D) lin = 11	<u> </u>			2.74	3 . 6'	99.
roldi	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Schedule D (Form 990) 2021								
						Julieuule	וווטיון ע	1 2201	4 04 I

Schedule D	(Form 990) 2021	BRIGID COL	LINS	HOUSE		94-3121951	Page 3
Part VII	Investments - C						
	Complete if the orga	nization answered "Ye			11b. See Form 990, Part X, line 12.		
(a) Descrip	tion of security or catego	Ory (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market va	alue
(1) Financia	al derivatives						
(2) Closely	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (I	o) must equal Form 990,	Part X, col. (B) line 12.)	•				
Part VIII	Investments - F	Program Related.					
	Complete if the orga	nization answered "Ye	s" on Fo	orm 990, Part IV, line	11c. See Form 990, Part X, line 13.		
	(a) Description of i	nvestment		(b) Book value	(c) Method of valuation: Cost of	or end-of-year market va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	o) must equal Form 990,	Part X, col. (B) line 13.)	•				
Part IX	Other Assets.						
	Complete if the orga	nization answered "Ye	s" on Fo	orm 990, Part IV, line	11d. See Form 990, Part X, line 15.		
		(a) Desci	ription		(b) Book va	lue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	mn (b) must equal For	m 990 Part X col (B) I	ine 15)			. •	
Part X	Other Liabilities	3.	110 10.7			<u>: F 1</u>	-
	Complete if the orga	nization answered "Ye	s" on Fo	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	ne 25.	
1.	(a) De:	scription of liability				(b) Book val	lue
	eral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)						-	
	(b) 1.5	000 P: 13/ 1 /21	· 05 \				
•	., .		,		the organization's financial stateme	ente that reports the	
Liability	ioi uncertain tax posi	uons. In Part XIII, provi	ue ine te	ext of the loothote to	ine organization s financial stateme	nts that reports the	

Schedule D (Form 990) 2021

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

Pa	t XI Reconciliation of Revenue per Audited Financial	Statements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	:s		1	3,822,799.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,822,799.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 12.)		5	3,822,799.
Pa	rt XII Reconciliation of Expenses per Audited Financia	ıl Statements With I	Expenses per F	Return).
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total expenses and losses per audited financial statements			1	3,349,498.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	_			
d	Other (Describe in Part XIII.)	2d	17,268.		
е	Add lines 2a through 2d			2e	17,268. 3,332,230.
3	Subtract line 2e from line 1			3	3,332,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	3,332,230.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a $$	and 4; Part IV, lines 1b ar	nd 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 prov	ride any additional informa	ation.		
PAI	RT V, LINE 4:				
mui	ODCANTZAMION HMILITZEC INCOME EADNER	ON THE ENDO	MENTER TO	ז חמת	T D E
1111	E ORGANIZATION UTILIZES INCOME EARNED	ON IIS ENDO	MWENIS IO	PROV	TDE
SIII	PPORT TO FAMILIES IN NEED.				
<u>501</u>	TORT TO THEFTED IN NUMBER				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	•				
BAI	D DEBT EXPENSE				17,268.
-					

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

do to www.mo.gov/1 or most doctorio and the latest milorination

Employer identification number

	COLLINS HOUSE				94-3121	951		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by fundraiser listed in col. (i) (vi) Amount paid to (or retained by organization								
		Yes	No					
-atal								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								

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Schedule G (Form 990) 2021

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
				FALL	NONE	(add col. (a) through				
			AUCTION	FUNDRAISER	0	` ` ,				
_			(event type)	(event type)	(total number)	col. (c))				
Revenue										
eve	1	Gross receipts	169,953.	45,249.		215,202.				
Œ										
	2	Less: Contributions	26,118.	45,249.		71,367.				
	3	Gross income (line 1 minus line 2)	143,835.			143,835.				
			F00			500				
	4	Cash prizes	500.			500.				
	_	Managah mina	2 011			2 011				
S	5	Noncash prizes	3,011.			3,011.				
Direct Expenses	6	Rent/facility costs								
xpe	0	Therm racinty costs								
ij	7	Food and beverages	4,248.	1,124.		5,372.				
) jre	-	Toda and bovorages				7,7.2.				
٦	8	Entertainment	12,485.			12,485.				
	9	Other direct expenses				4,749.				
	10				>	26,117.				
		Net income summary. Subtract line 10 from li				117,718.				
Pa	rt I		answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	T	T		<u></u>				
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue				billigo/progressive billigo		coi. (a) trirough coi. (c))				
Re∕										
_	1	Gross revenue								
	2	Cash prizes								
ses	_	Oddin ph/200								
Direct Expenses	3	Noncash prizes								
Ë										
rec	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	No	No	No					
	_				_					
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		>					
	8	Not gaming income summary Subtract line 7	from line 1 column (d)							
	0	Net gaming income summary. Subtract line 7	nom line 1, column (u)							
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:							
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes N										
		No," explain:								
		ere any of the organization's gaming licenses re			/ear?	Yes No				
b	lf "	Yes," explain:								
	_									
	_									

Schedule G (Form 990) 2021

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Schedule G	(Form 990) BRIGID COLLINS HOUSE	94-3121951	Page 4
Part IV	(Form 990) BRIGID COLLINS HOUSE Supplemental Information (continued)		
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public

Inspection

Schedule I (Form 990) 2021

Name of the organization BRIGID COI	LLINS HOU	SE					Employer identification number $94-3121951$
Part I General Information on Grants an	ıd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's prod 	tance?						on X Yes No
Part II Grants and Other Assistance to Descripient that received more than \$					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	•	•	lne line 1 table				\

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	220		66 500		ITEMS PURCHASED FOR PARTICIPANTS TO ASSIST WITH BASIC NEEDS (E.G. CHILDREN'S
ASIC NECESSITIES	320	0.	66,589.	RETAIL VALUE	CLOTHES, ENERGY BILL).
Part IV Supplemental Information. Provide the information	required in Part I. lin	e 2: Part III. column	(b): and any other ac	ditional information.	
PART I, LINE 2:	,	, ,	<i>()</i>		
THE ORGANIZATION PURCHASES ITEMS	FOR PARTIC	IPANTS BAS	ED ON THEI	R IDENTIFIED	
NEEDS. ALL PURCHASES ARE SUPPORTE	ED BY RECEI	PTS.			

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

DRICTO COLLING HOUGE

Employer identification number 94-3121951

BRIGID COLLINS HOUSE FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO SUBMITTING FORM 990 TO THE IRS, THE ORGANIZATION HAS BOTH THE EXECUTIVE DIRECTOR AND THE ACCOUNTING SPECIALIST REVIEW THE FORM 990 FOR THE EXECUTIVE DIRECTOR THEN PRESENTS THE FORM ACCURACY AND COMPLETENESS. 990 TO THE BOARD TREASURER FOR REVIEW BEFORE THE BOARD PRESIDENT APPROVES THE FORM. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS THE CONFLICT OF INTEREST STATEMENT ANNUALLY. ORGANIZATION PERFORMS ONGOING MONITORING AND IF THERE ARE ANY CONFLICTS THEN THE BOARD MEMBER WILL STEP DOWN. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD CONDUCTS ANNUAL PERFORMANCE EVALUATIONS. WAGE REVIEW CONSISTS OF EXISTING MARKET SURVEY FOR SALARY COMPARISONS. SALARY AND BENEFITS ADJUSTMENTS ARE VOTED ON BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REOUEST FROM THE OFFICE. SUPPORTERS OF THE ORGANIZATION RECEIVE FINANCIAL STATEMENTS IN THE ANNUAL REPORT. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -17,268. UNCOLLECTIBLE PLEDGES

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization BRIGID COLLINS HOUSE	Employer identification number 94-3121951
FORM 990, PART XII, LINE 2C:	·
NO CHANGE FROM PRIOR YEAR.	