

## FORM 0928A Section J Supporting Organizations

This information must be completed by any organization claiming status as a section 509(a)(3) supporting organization.

1.	Does the organization qualify as publicly supported under either §170(b)(1)(A)(vi) or §509(a)(2)?									
	Yes		No					section H to dete as publicly supp		
				•	•		r to be classified as either a Type I or Type II publicly supported charity by choosing either:			
		Type I SO Type II					ISO			
2.		es your organizing document specify your supported organization(s) by name or charitable class?								
	Name		Class							
	Indicate	Indicate the page, article, paragraph:								
3.	Identify	your su	pportec	dorgai	nization	(s):				
Nar	ne					EIN		Diocese	OCD Page	
4.	How ar	e your di	rectors	or tru	stees a	ppointed?	(select o	ne)		
	How are your directors or trustees appointed? (select one)  The directors, trustees, or membership of one or more supported organizations identified in (3) have the power to regularly appoint or elect at least a majority of your organization's directors or trustees. (Type I SO)									
	A majority of the directors or trustees of each of your supported organizations identified (3) also constitutes a majority of your organization's directors or trustees. (Type II SO)									
	Please describe how your organization satisfies the option selected above. If you are a Type I SO, explain whether you directly support the organization that controls you, or if you further its purposes by benefitting other publicly supported organization(s).									

5.	Is each supported organization listed (3) a public charity under §509(a)(1) or §509(a)(2)?						
	Yes		No				
	If no, ple	ease expl	ain.				
6.	Does your organizing document state that you are "organized and at all times operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of" one or more §509(a)(1) or §509(a)(2) organizations (either named specifically or identified by class)?						
	Yes		No				
				organizing document limits your purposes to be similar to, but no ess purposes of your supported organization(s).			
7.	Are any	of your	supp	orted organizations listed in (3) foreign?			
	Yes		No				
	If yes, p	lease exp	olain.				
8.	Are all o	of your s	uppo	rted organizations listed in (3) Catholic entities?			
	Yes		No				
	If no, ple	ease expl	ain.				
9.	Does or will your organization provide support (e.g., grants, services or facilities) to any person or organization other than (i) your supported organizations listed in (3), (ii) individuals who constitute the charitable class benefited by one or more of your supported organizations, or (iii) other section 509(a)(3) supporting organizations that also support or benefit one or more of your supported organizations?						
	Yes		No				
	If yes, p	lease exp	olain.				

10.	Is your organization controlled, either directly or indirectly, by disqualified persons (with the exception of your foundation managers and your supported organizations) with respect to you, or by persons in a family or business relationship with such disqualified persons?					
	Yes		No			
11.	Does or will your organization accept any gift or contribution from a person (other than a section 509(a)(1) or (2) organization) who directly or indirectly controls (alone or together with others) the governing body of one of your supported organizations, or from a relative or controlled entity with respect to such person?					
	Yes		No			
12.	Do you acknowledge that your organization will have to report and pay an excess benefit transaction tax if you make any grant, loan, compensation, or other similar payment to a substantial contributor, a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor?					
	Yes		No			