# **PUBLIC DISCLOSURE COPY**

PLEASE FILE IN A SAFE PLACE

# **ARMANINO**<sup>LLP</sup>

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Form	qqn
Form	330

# \*\* 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)

▶ Do not enter social security numbers on this form as it may be made public.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

partment of the Treasury ernal Revenue Service	Go to www.irs.	gov/Form	990 for	instructions and the late	est inforn	nation.
For the 2021 calend	ar year, or tax year beginning	JUL 1	2021	and ending	JUN 30	202

A	For the 2	2021 calendar year, or tax year beginning JUL 1, 2021 and e	ending J	JN 30, 2022	
Β	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address change	CATHOLIC CHARITIES OF DALLAS, INC.			
	Name change	Doing business as	75-2745221		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1421 W. MOCKINGBIRD LANE	E Telephone number 866-223-7500		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	61,247,652.
	Amendeo			H(a) Is this a group r	eturn
	Applica-	F Name and address of principal officer: DAVE WOODYARD		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates i	
1	Tax-exen	npt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) o	or 527	1	list. See instructions
J	Website	WWW.CCDALLAS.ORG		H(c) Group exemption	on number 🕨 0928
Κ	orm of o	rganization: X Corporation _ Trust _ Association _ Other ►	L Year		<b>W</b> State of legal domicile: <b>TX</b>
		Summary			
	<b>1</b> B	riefly describe the organization's mission or most significant activities: <u>CATHOLI</u>	C CHARIT	IES DALLAS HELPS	
uce D	10	UR COMMUNITY'S MOST VULNERABLE BY TAKING ON THE EFFECTS OF H			
& Governance	<b>2</b> C	heck this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
ove	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	23
Ğ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			23
8 8	<b>5</b> To	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			301
/itie	6 To	otal number of volunteers (estimate if necessary)			2378
Activities	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12			0.
<u>م</u>	b N	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
¢	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		39,612,877.	57,310,765.
nue	9 P	rogram service revenue (Part VIII, line 2g)		1,545,450.	1,923,011.
Revenue	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		12,005.	-13,684.
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		202,078.	1,337,175.
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		41,372,410.	60,557,267.
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		21,348,891.	38,491,056.
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $ .		11,203,412.	15,072,565.
nse	<b>16</b> a P	rofessional fundraising fees (Part IX, column (A), line 11e)		80,727.	54,225.
Expenses	. вто	otal fundraising expenses (Part IX, column (D), line 25) 958, 2	248.		
Ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,449,633.	5,064,327.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		37,082,663.	58,682,173.
	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12		4,289,747.	1,875,094.
S OF			Ве	ginning of Current Year	End of Year
Assets	<b>д 20</b> То	otal assets (Part X, line 16)		41,320,704.	38,189,744.
tAs	21 To	otal liabilities (Part X, line 26)		5,792,295.	3,158,629.
ING		et assets or fund balances. Subtract line 21 from line 20		35,528,409.	35,031,115.
I Pa	art II 🛛	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Da	te
Here	DAVE WOODYARD, PRESIDENT & CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	11/14/22	self-employed P00853132
Preparer	Firm's name 🕒 ARMANINO, LLP		Fir	m's EIN 🕨 94-6214841
Use Only	Firm's address ▶ 15950 N. DALLAS PKWY, #6	0 0		
	DALLAS, TX 75248	Ph	one no.972-661-1843	
May the I	RS discuss this return with the preparer shown abov	e? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e. see the separate instructions.		Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
-	CATHOLIC CHARITIES CALLS THE COMMUNITY TO ACTION TO JOIN US IN		
	ADDRESSING THE ROOT CAUSES OF POVERTY, HUNGER, AND HOMELESSNESS BY		
	SERVING, EDUCATING, AND EMPOWERING ALL THOSE IN NEED. ANNUALLY CCD		
	SERVES OVER 128,000 PEOPLE IN NEED OVER A NINE COUNTY SERVICE AREA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		s 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	• •	
	revenue, if any, for each program service reported.	the total expenses,	ana
4.0	(Code:) (Expenses \$37, 372, 230. including grants of \$33, 949, 625. ) (Revenue \$	•	14,795.
4a	DISASTER SERVICES - CATHOLIC CHARITIES DALLAS DISASTER RESPONSE TEAM	Þ	11,755.
	MOBILIZES QUICKLY AND ARE OFTEN SOME OF THE FIRST RESPONDERS IN THE		
	AREA. ONE OF THE BENEFITS ABOUT CCD DISASTER RELIEF SERVICES IS THAT WE		
	HAVE THE ADVANTAGE OF KNOWING OUR COMMUNITIES VERY WELL. THEREFORE WE		
	CAN ESPECIALLY MINISTER TO INDIVIDUALS AND COMMUNITIES SPECIFIC NEEDS.		
	CCD IS COMMITTED TO PROVIDING IMMEDIATE AND LONG TERM RELIEF. WE WORK		
	HARD TO HELP INDIVIDUALS, FAMILIES, AND COMMUNITIES REBUILD AND RESTORE		
	THEIR HOMES AND LIVES. OUR GOAL IS TO PROVIDE IMMEDIATE AND STABILIZING		
	SUPPORT (SHORT-TERM HOUSING VOUCHERS, EMERGENCY FINANCIAL ASSISTANCE,		
	ACCESS TO OUR FOOD PANTRIES AND GIFT CARDS) TO FAMILIES IN NEED. WE		
	THEN WORK OVER THE LONG-TERM TO HELP THEM GET BACK ON THEIR FEET. OUR		
	WORK IN THIS AREA HAS EXPANDED EXPONENTIALLY DUE TO COVID-19; WE		
4b	(Code:         ) (Expenses \$	\$	9,121.
	REFUGEE RESETTLEMENT - CATHOLIC CHARITIES DALLAS BEGAN RESETTLING		
	REFUGEES IN THE LATE 1970S AND CONTINUES TO HELP THOSE FLEEING THEIR		
	HOMES AND COMMUNITIES IN ORDER TO ESCAPE WAR, PERSECUTION OR DEATH. WE		
	ARE FIRST RESPONDERS FOR THESE REFUGEES, WELCOMING AND ORIENTING THEM		
	TO THEIR NEW COMMUNITY, FINDING SUITABLE HOUSING, PROVIDING FOOD,		
	CLOTHING, HOUSEHOLD GOODS AND OTHER NECESSITIES, AND PROVIDING		
	ASSISTANCE IN LOCATING EMPLOYMENT. WE ALSO PROVIDE ENGLISH LANGUAGE AND		
	OTHER SKILLS TRAINING, ALONG WITH ONGOING CASE MANAGEMENT SERVICES, TO		
	PROMOTE SELF-SUFFICIENCY AND CULTURAL ADJUSTMENT AND ASSIMILATION.		
4c	(Code:) (Expenses \$3,643,396. including grants of \$619,263. ) (Revenue \$	\$	14,727.
	CHILDREN SERVICES - AT CATHOLIC CHARITIES DALLAS, WE PROVIDE AN ARRAY		
	OF SERVICES TO SUPPORT UNACCOMPANIED REFUGEE MINORS (MINORS WHO HAVE		
	BEEN DESIGNATED STATUS AS A REFUGEE, AN ASYLEE, A VICTIM OF HUMAN		
	TRAFFICKING, OR A SPECIAL IMMIGRANT JUVENILE, AND ARE REFERRED TO US		
	THROUGH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS AND OFFICE OF		
	REFUGEE RESETTLEMENT) AS WELL AS UNACCOMPANIED CHILDREN (MINORS WHO		
	HAVE ENTERED THE USA WITHOUT PROPER DOCUMENTATION AND WHO WERE		
	SUBSEQUENTLY APPREHENDED BY THE DEPARTMENT OF HOMELAND SECURITY BUT ARE		
	ELIGIBLE FOR CARE). OF TOP PRIORITY IS CREATING SAFE, WELCOMING		
	ENVIRONMENTS WHERE WE CAN ENSURE THEIR WELL-BEING, WHILE WE HELP RETURN		
	THEM TO THEIR FAMILIES.		
	Other program services (Describe on Schedule O.)		
4d		1,884,368.)	
4d	(Expenses \$ 9,755,446. including grants of \$ 1,520,266.) (Revenue \$	1,001,000.)	
	(Expenses \$ 9,753,440. including grants of \$ 1,520,200.) (Revenue \$         Total program service expenses ► 55,265,985.		
			<b>990</b> (202 <sup>-</sup>

Form 990 (2021)

Part IV Checklist of Required Schedules

CATHOLIC CHARITIES OF DALLAS, INC.

			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	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	А	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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
20a	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		
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	
132003	12-09-21	Form	990	(2021)

132003 12-09-21

4 2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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		
	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	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	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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			
•.	Part V, line 1	34	х	
35 a	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			
~	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?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1279			
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
132004	12-09-21		990	(2021)
	5			()

2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

	990 (2	2021) CATHOLIC CHARITIES OF DALLAS, INC.	75-274522	1	P	age <b>5</b>						
Par	τν	Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			· •		Yes	No						
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed f	or the calendar year ending with or within the year covered by this return	<b>2a</b> 301									
b	If at le	east one is reported on line 2a, did the organization file all required federal employment tax returr	าร?	2b	Х							
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions										
3a				3a		x						
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (		3b								
		y time during the calendar year, did the organization have an interest in, or a signature or other a										
	-	sial account in a foreign country (such as a bank account, securities account, or other financial ac	•	4a		x						
h	<ul> <li>b If "Yes," enter the name of the foreign country</li> </ul>											
D.												
Fo		nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		Ea		x						
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x						
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b								
		s" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>								
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the	-									
	-	ontributions that were not tax deductible as charitable contributions?		<u>6a</u>		X						
b		s," did the organization include with every solicitation an express statement that such contribution	U			1						
	were	not tax deductible?		6b								
7	Orga	nizations that may receive deductible contributions under section 170(c).										
а	Did the	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a	Х							
b	If "Ye	s," did the organization notify the donor of the value of the goods or services provided?		7b	Х							
с	Did th	e organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required									
	to file	Form 8282?		7c		x						
d		s," indicate the number of Forms 8282 filed during the year	7d									
е		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		x						
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x						
g		organization received a contribution of qualified intellectual property, did the organization file For		7g								
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h								
8		soring organizations maintaining donor advised funds. Did a donor advised fund maintained										
0				8								
•	-			<b>o</b>								
9	-	soring organizations maintaining donor advised funds.		0								
a				9a								
b				9b								
10		on 501(c)(7) organizations. Enter:										
а		ion fees and capital contributions included on Part VIII, line 12	10a	-								
b	Gross	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-								
11		on 501(c)(12) organizations. Enter:										
а	Gross	income from members or shareholders	11a	-								
b		income from other sources. (Do not net amounts due or paid to other sources against										
	amou	nts due or received from them.)	11b									
12a	Secti	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a								
b	If "Ye	s," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the	organization licensed to issue qualified health plans in more than one state?		13a								
		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										
		ization is licensed to issue qualified health plans	13b									
с		the amount of reserves on hand	13c									
14a				14a		x						
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b								
15 15		organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
		is parachute payment(s) during the year?		15		x						
				15								
16		s," see the instructions and file Form 4720, Schedule N.	incomo?	16		x						
16		organization an educational institution subject to the section 4968 excise tax on net investment		16								
47		s," complete Form 4720, Schedule O.										
17		on 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	•	4-		1						
		ties that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
		s," complete Form 6069.			000	(000 )						
132005	12-09-2	21 0		Form	990	(2021)						

<sup>2021.05000</sup> CATHOLIC CHARITIES OF DAL 126870.1

	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	check in Schedule C contains a response of hole to any line in this Part Vi			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	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		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b			Х	
с				
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	1		
17	List the states with which a copy of this Form 990 is required to be filed  NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	3)s onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,, <b>,</b> ,		
	X       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finand	cial	
19	statements available to the public during the tax year.			
19				
19 20				
	State the name, address, and telephone number of the person who possesses the organization's books and records MOLLY JESTER - 469-801-8111			
	State the name, address, and telephone number of the person who possesses the organization's books and records			

Form 990 (2021)	CATHOLIC CHARITIES OF DALLAS, INC.	75-2745221	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employee	es, and Independent Contractors							
Check if Sch	nedule O contains a response or note to any line in this Part VII							
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employed	es						
1a Complete this table t	for all persons required to be listed. Report compensation for the calendar ye	ar ending with or within the organization's	tax year.					
<ul> <li>List all of the organ</li> </ul>	nization's current officers, directors, trustees (whether individuals or organiza	ations), regardless of amount of compensa	tion.					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				200	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	nd a d	lirecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yold r	t con	_	1099-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID WOODYARD	50.00	_	<u> </u>							
PRESIDENT & CEO				х				244,520.	0.	21,192.
(2) MICHAEL MURRAY	50.00									
CHIEF DEV. OFFICER (THRU 03/22)				х				164,972.	0.	27,830.
(3) BRENDA HUFFMAN	50.00									
CHIEF OPERATING OFFICER				х				160,065.	0.	11,139.
(4) BUJAR MEMA	50.00									
CHIEF SERVICES OFFICER				х				151,472.	0.	13,072.
(5) MOLLY JESTER	50.00									
CHIEF FINANCIAL OFFICER (FROM 7/21)				X				132,475.	0.	6,238.
(6) LACY DE LA GARZA	50.00									
DIR OF PARISH & COMMUNITY RELATIONS						X		103,818.	0.	10,152.
(7) MARY VARES	50.00									
CHIEF FINANCIAL OFFICER (THRU 7/21)				x				85,367.	0.	7,046.
(8) KELLY NOONAN	40.00								_	_
CHIEF DEV. OFFICER (AS OF 06/22)				х				0.	0.	0.
(9) STEVEN SUELLENTROP	5.00									
CHAIR		х		х				0.	0.	0.
(10) THOMAS CODD	2.00									<u> </u>
VICE CHAIR		х		х				0.	0.	0.
(11) JEFFREY SCHNEIDER	2.00									<u> </u>
TREASURER		х		х				0.	0.	0.
(12) PHYLLIS CONCES	2.00									<u> </u>
SECRETARY		х		X				0.	0.	0.
(13) ALFREDO DUERTE	2.00									0
DIRECTOR (AS OF 07/21)		х						0.	0.	0.
(14) BILL DANDRIDGE	2.00								0	0
DIRECTOR	2.00	X						0.	0.	0.
(15) BRIAN O'BOYLE	2.00							0	0	0
DIRECTOR (16) GERRY HEELEY	2.00	X						0.	0.	0.
(16) GERRY HEELEY DIRECTOR	2.00	x						0.	0.	0.
(17) GREG DEITER	2.00	^	-			-		<sup>0</sup> .	0.	υ.
DIRECTOR (AS OF 07/21)	2.00	х						0.	0.	0.
132007 12-09-21	I		I		I	I	I		۰.	Form <b>990</b> (2021)

132007 12-09-21

Form 990 (2021)

8

Form 990 (2021) CATHOLIC CHAR	ITIES OF D	ALL	AS,	IN	c.				75-27452	221		Pag	ge <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)		(	F)	
Name and title	Average			Posi	itior			Reportable	Reportable		Estin		
	hours per			heck r ss per				compensation	compensation		amou		
	week	offi	cer an	id a di	irecto	r/trus	tee)	from	from related		otl	her	
	(list any	ctor						the	organizations	C	ompe	nsati	on
	hours for	r dire				eq		organization	(W-2/1099-MISC/		from	n the	
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organi	izatio	'n
	organizations	ll trus	nal tr		oyee	duo		1099-NEC)			and re	elated	Ł
	below	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			0	organiz	zatior	าร
	line)	Ind	lnst	Offi	Key	emig	For			$\perp$			
(18) JAMES BRADLEY	2.00												
DIRECTOR		Х						0.	0				٥.
(19) JEAN FUCHS	2.00												
DIRECTOR (AS OF 07/21)		Х						0.	0				0.
(20) KATHY MULDOON	2.00												
DIRECTOR (AS OF 07/21)		х						0.	0				Ο.
(21) KEVIN BARTHOLOMEW	2.00												
DIRECTOR		х						0.	0				Ο.
(22) MARGUERITE MARZ	2.00									-			
DIRECTOR	•	x						0.	C				Ο.
(23) MARY MANNING	2.00									+			••
DIRECTOR	2.00	x						0.	C				Ο.
(24) MICHELE STEPHENS	2.00	^						0.	0	·			<u> </u>
· · · · · · · · · · · · · · · · · · ·	2.00												•
DIRECTOR		х						0.	0	•			0.
(25) PAUL KOCH	2.00												_
DIRECTOR		Х						0.	0	•			0.
(26) RAUL ESTRADA	2.00												
DIRECTOR		Х						0.	0				٥.
1b Subtotal								1,042,689.	0			96,6	
c Total from continuation sheets to Part VII	, Section A							0.	0				٥.
d Total (add lines 1b and 1c)								1,042,689.	0		5	96,6	69.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													6
											Y	es	No
3 Did the organization list any former officer,	director. trust	ee. k	kev e	Iame	ove	e. or	hia	hest compensated empl	ovee on				
line 1a? If "Yes," complete Schedule J for su	-		-	•	•		•	• • •		3	2		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										4	1 X	c I	
5 Did any person listed on line 1a receive or a												-	
									iual for services	5	-		х
rendered to the organization? <i>If</i> "Yes," <i>com</i>	plete Schedule	e J f	or sl	ich r	oers	on .					)		
· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·	100.000 - (				
1 Complete this table for your five highest cor									, 1	sation	from		
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A)	addraaa							<b>(B)</b> Description of s	onviooo	Com	(C) Ipensa	otion	
Name and business								Description of s		0011	pense	allon	
IWERK-TEXAS, LLC, 306 SOUTH WASHINGTO	οN,												
STE 500, ROYAL OAK, MI 48067								IT SERVICES			20	05,3	35.
2 Total number of independent contractors (in	cluding but p	ot lir	niter	t ot b	thos	e lie	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz		J. 111				1 1							
SEE PART VII, SECTION A CONTINU		TS								For	rm <b>99</b>	0 (20	1211
										FUI		- (20	1)
132008 12-09-21													

Form 990 CATHOLIC CHARITIES OF DALLAS, INC.							75-2745221				
	Compensated Employees (continued)										
(A)	(B)							(D)	(E)	(F)	
Name and title	Average	Position (check all that apply)					6.0	Reportable	Reportable	Estimated	
	hours per		T	(aii) T	Inal	app I	iy)	compensation from	compensation from related	amount of other	
	week					ee		the	organizations	compensation	
	(list any	ctor				Highest compensated employee		organization	(W-2/1099-MISC)	from the	
	hours for	r dire				ed en		(W-2/1099-MISC)	,	organization	
	related	tee o	ustee			ensat				and related	
	organizations	Individual trustee or director	Institutional trustee		Key employee	dwo				organizations	
	below	ividua	litutio	Officer	emp	hest o	Former				
	line)	Indi	Inst	Offi	Key	Hig	Fon				
(27) RAY CHAVEZ	2.00										
DIRECTOR		Х						0.	0.	0.	
(28) REBECCA ALMANZA	2.00										
DIRECTOR		Х						0.	0.	0.	
(29) SCOTT DEKE	2.00										
DIRECTOR		х						٥.	0.	0	
(30) SHAUNA KING	2.00										
DIRECTOR		х						٥.	0.	0	
(31) THOMICA EVANS	2.00										
DIRECTOR (AS OF 07/21)		Х						٥.	0.	0	
		1									
		1									
		1									
		1									
		1									
		1									
		1									
		1									
		1									
					1						
		1									
	L	l	1	I	1	1	L				
Total to Part VII, Section A, line 1c											
TOTAL TO FAIL VII, SECTION A, IIIE TO								I	I		

132201 04-01-21

		Check if Schedule O					(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue exclud
								function revenue	business revenue	
1										sections 512 - 5
		Federated campaigns								
5						006 152				
		Fundraising events				206,153.				
5		Related organizations				1,139,508.				
		Government grants (cont				51,275,475.				
5	f	All other contributions, gifts,								
		similar amounts not included	d abov			4,689,629.				
	g	Noncash contributions included in	lines 1	la-1f <b>1g</b>	6	804,019.				
5	h	Total. Add lines 1a-1f				····· •	57,310,765.			
						Business Code				
	2 a	FAMILY SERVICES				624100	1,884,368.	1,884,368.		
,	b	DISASTER SERVICES				624100	14,795.	14,795.		
5	С	CHILDREN SERVICES				624100	14,727.	14,727.		
	d	REFUGEE SERVICES				624100	9,121.	9,121.		
	е									
1	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				►	1,923,011.			
	3	Investment income (inclu	ding	dividends, i	ntere	est, and				
		other similar amounts)				►	2,794.			2,7
	4	Income from investment	of tax	exempt bo	nd p	roceeds 🕨 🕨				
	5	Royalties	<u></u>			►				
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	169,3	889.					
	b	Less: rental expenses	6b		0.					
		Rental income or (loss)	6c	169,3	889.					
		Net rental income or (loss	s)				169,389.			169,3
7		Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a			37,913.				
	b	Less: cost or other basis								
		and sales expenses	7b			54,391.				
	c	Gain or (loss)				-16,478.				
		Net gain or (loss)		•		· · · · · · · · · · · · · · · · · · ·	-16,478.			-16,4
		Gross income from fundrais								
	0 4	including \$	-							
		contributions reported or								
		Part IV, line 18		-	8a	1,783,327.				
	h	Less: direct expenses			8b					
						000,004.	1,147,333.			1,147,3
		Net income or (loss) from		-		····· •	1,117,333.			1,117,3
	9 a	Gross income from gamir				7,595.				
		Part IV, line 19			<u>9a</u>					
1		Less: direct expenses			9b	· · ·	7 505			7 5
.		Net income or (loss) from			s <u></u>	┍ ▶	7,595.			7,5
1	υa	Gross sales of inventory,			1.0					
1	-	and allowances			10a					
1		Less: cost of goods sold			10b	2				
_	С	Net income or (loss) from	sales	s of invento	ry	····· •				
		WT 6 6 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Business Code	40 == 5			
1	1 a	MISCELLANEOUS				900099	12,570.			12,5
	b	REFUNDS				900099	288.			2
	с					ļ ļ				
	d	All other revenue								
		Total. Add lines 11a-11d				►	12,858.			
	2	Total revenue. See instructi					60,557,267.	1,923,011.	0.	1,323,49

CATHOLIC CHARITIES OF DALLAS, INC.

Form 990 (2021)

Part VIII Statement of Revenue

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75-2745221

CATHOLIC CHARITIES OF DALLAS, INC.

#### 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 (B) (C) (D) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 222,835 222,835 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 38,268,221, 38,268,221 individuals. See Part IV, line 22 3 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 4 Compensation of current officers, directors, 5 trustees, and key employees 959,533 220,152. 379,140 360,241. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 11,841,668. 11,122,273. 545,236. 174,159. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 85,606 85,606. 1,221,326 1,158,505 58,914 3,907. 9 Other employee benefits 964,432. 862,404 62,578 39,450. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 21,151 16,759. 4,392. b Legal 67,625, 53,582, 14,043, С Accounting Lobbying d 54,225. 54,225. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 865,791 625,142. 177,498 63,151. column (A), amount, list line 11g expenses on Sch 0.) 92,677 57,610, 11,567 23,500. Advertising and promotion 12 1,132,439 977,030. 136,650 18,759. 13 Office expenses 418,452, 273,991 59,997 84,464. Information technology 14 Royalties 15 1,206,334 499,274 694,416 12,644. 16 Occupancy 243,912 220,484 22,059 1,369. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 26,720. 9,424. 233,358. 197,214. Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 370,474 150,588, 216,240 3,646. 22 Depreciation, depletion, and amortization ..... 196,025 181,029 10,363. 4,633. 23 Insurance 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 0.) MISCELLANEOUS 187,943, 59,301, 26,042 102,600. а DUES & SUPPORT PAYMENTS 13,985. 28,146 12,085 2,076. b С d All other expenses е 2,457,940 958,248. Total functional expenses. Add lines 1 through 24e 58,682,173, 55,265,985 25 26 Joint costs. Complete this line only if the organization

12

132010 12-09-21

Check here

Form 990 (2021)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

08281114 701245 126870.2

	1	Cash - non-interest-bearing			0,202,001.		4,001,303.
	2	Savings and temporary cash investments			4,033,435.	2	4,038,254.
	3	Pledges and grants receivable, net		512,167.	3	273,667.	
	4	Accounts receivable, net		3,060,560.	4	3,865,361.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	ntributor, or 35%				
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			162,195.	9	249,021.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,059,348.			
	b	Less: accumulated depreciation		2,376,238.	8,369,309.	10c	2,683,110.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		18,920,237.	15	22,279,026.	
	16	Total assets. Add lines 1 through 15 (must equa			41,320,704.	16	38,189,744.
	17	Accounts payable and accrued expenses		903,016.	17	812,703.	
	18	Grants payable			18		
	19	Deferred revenue		4,712,129.	19	2,345,926.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F			21		
ç	22	Loans and other payables to any current or form	r, director,				
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
abi		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	I parties	177,150.	23	0.
	24	Unsecured notes and loans payable to unrelated	I third p	arties		24	
	25	Other liabilities (including federal income tax, page	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			5,792,295.	26	3,158,629.
		Organizations that follow FASB ASC 958, che	ck here	► X			
ances		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			14,503,941.	27	16,534,246.
Ba	28	Net assets with donor restrictions			21,024,468.	28	18,496,869.
pur		Organizations that do not follow FASB ASC 9	k here 🕨 🗌				
ų,		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmen	fund		30	
Net Assets or Fund Ba	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			35,528,409.	32	35,031,115.
	33	Total liabilities and net assets/fund balances			41,320,704.	33	38,189,744.

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

Cash - non-interest-bearing

75-2745221

**(B)** End of year

**(A)** Beginning of year

6,262,801.

1

4,801,305.

Form 990 (2021) Part X Balance Sheet

1

Form	990 (2021) CATHOLIC CHARITIES OF DALLAS, INC.	75-274522	1	Pa	<sub>ge</sub> 12
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	60	,557,	267.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58	,682,	173.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,875,	094.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35	,528,	409.
5	Net unrealized gains (losses) on investments	5		-14,	900.
6	Donated services and use of facilities	6		74,	988.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2	,432,	476.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	35	,031,	115.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X 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:				
	Separate basis X 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	-			
	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 Sch				
3a	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			1
	Act and OMB Circular A-133?		3a	Х	<b> </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
ovor	identification number

Nar									identification number			
D	+ I								75-2745221			
	art I	Reason for Public (					ee instructions	3.				
	organ	ization is not a private found										
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in sect										
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general j	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a l	and-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	he college	or			
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	ifter June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 5	09(a)(3).	Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
a	a 🗌	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	ipporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
k	<b>b</b>	<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	ı(s), by hav	ving			
		control or management o										
		organization(s). You mus	t complete Part IV,	Sections A and C.			-					
c	:	Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,			
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.					
c	1 L	] Type III non-functionally		-				ed organiz	zation(s)			
		that is not functionally int						-				
		requirement (see instructi	<b>v</b>	• •			-					
e	•	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I. Type I	I. Type III				
		functionally integrated, or					51 7 51	, ,,				
1	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0							
c		vide the following informatior	•									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)			
Tot	al											

75-2745221 Page **2** 

	(Form 990) 2021 CATHOLIC CHARITIES OF	DALLAS, INC.	75-2745221 Pa						
Part II	Support Schedule for Organizations Descri	bed in Sections 170(b)(1)(A)(iv) and 170(I	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 o								
	fails to qualify under the tests listed below, please compl	ete Part III.)							

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,079,159.	13,455,389.	22,250,699.	39,612,877.	57,310,765.	144,708,889.
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	12,079,159.	13,455,389.	22,250,699.	39,612,877.	57,310,765.	144,708,889.
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.						144,708,889.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	12,079,159.	13,455,389.	22,250,699.	39,612,877.	57,310,765.	144,708,889.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	21,044.	12,872.	134,544.	14,257.	2,794.	185,511.
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.)		237,260.	89,529.	111,790.	12,858.	451,437.
11	Total support. Add lines 7 through 10						145,345,837.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	6,114,525.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.56 %
	Public support percentage from 2020					15	99.27 %
<b>16</b> a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	; <b>&gt;</b>
						Schedule A	(Form 990) 2021

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				1	1	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
check this box and <b>stop here</b>	0					·
Section C. Computation of Publi						
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and	line 17 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	tion	
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	'3%, and
line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly suppo	orted organiza	ation
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	<b>&gt;</b>
132023 01-04-22					Sche	dule A (Form 990) 2021
		17	,			

<sup>2021.05000</sup> CATHOLIC CHARITIES OF DAL 126870.1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

### 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.)

18

132024 01-04-21

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021
----------------------------

#### CATHOLIC CHARITIES OF DALLAS, INC.

Yes

1

2

No

		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c 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		

# 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.* Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supported organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervis	ed. or contr	olled the sup	porting orgar	nization.
Section C.	Type II S	upporting	Organiza	tions

 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
 Image: Control organization was vested in the same persons that controlled or managed

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed

Section D. All Type III Supporting Organizations	
--	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a 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.*

<b>c</b> [		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see in	struction <u>s).</u>
------------	--	---	--	----------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**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.* 

Yes No

132025 01-04-22

08281114 701245 126870.2

19

2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

Sche	edule A (Form 990) 2021 CATHOLIC CHARITIES OF DALLAS, INC.			75-2745221	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 ( <i>explain ii</i>	n Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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	ion C - Distributable Amount			Current Y	'ear
_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	ly integra	ted Type III supporting org	ganization (see	

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
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	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	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	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) 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				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	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				
C	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:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
	Excess from 2021				
_					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	CATHOLIC CHARITIES (	OF DALLAS,	INC.		75-2745221	Page <b>8</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	<b>mation.</b> Provide the expla , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, lines 2 and 3; Part IV, Sectio 8; and Part V, Section E, line	9b, 9c, 11a, <sup>-</sup> n E, lines 1c,	11b, and 11c; Part IV, S 2a, 2b, 3a, and 3b; Par	Section B, lines 1 a t V, line 1; Part V,	nd 2; Part IV, Section Section B, line 1e; Pa	n C,
	(See instructions.)						
132028 01-04-2	2					Schedule A (Form	990) 2021

# Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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# 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

Employer identification number

	CATHOLIC CHARITIES OF DA	ALLAS, INC.	75-2745221
Organization typ	e (check one):		
Filers of:	Section:		

Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

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

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

Schedule B (Form 990) (2021)

		\$5,407,536.	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
2		\$4,266,726.	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
3		\$3,093,485.	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
4		\$35,357,464.	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
		\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2021)

Part I

(a)

No.

75-2745221

(c)

**Total contributions** 

Employer identification number

(d)

Type of contribution

CATHOLIC CHARITIES OF DALLAS, INC.

Page 2

123452 11-11-21

24 2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

08281114 701245 126870.2

Noncash Property (see instructions). Use duplicate copies of Part		
	t II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	(b) Description of noncash property given	(b)     FWV (or estimate) (See instructions.)

Schedule B (Form 990) (2021)

## 08281114 701245 126870.2

25 2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

Schedule B (Form 990) (2021)

Name of organization

Schedule	В	(Form	990)	(2021)
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Page **4** 

Ime of org	ganization		Employer identification numbe
THOLIC	CHARITIES OF DALLAS, INC.		75-2745221
Part III	Exclusively religious, charitable, etc., contribu		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
	from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ry. For organizations less for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additiona	l space is needed.	
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
L			
		(e) Transfer of gift	t
	Transferee's name, address, a	and <b>ZID</b> + 4	Relationship of transferor to transferee
F			
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 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
F		(e) Transfer of gift	L
		( )	
L	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) r u pose or gitt		
		(e) Transfer of gift	t
F			
F			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

08281114 701245 126870.2

2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

					L OMD N- 1545 0047	
	HEDULE D		al Financial Statements		OMB No. 1545-0047	
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZI	
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.	Open to Public Inspection		
-	e of the organizat			Emp	oloyer identification number	
D.		CATHOLIC CHARITIES OF DALLA			75-2745221	
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	cour	Its. Complete if the	
	organizatio			<b>b)</b> Fun	ds and other accounts	
1	Total number at e	end of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-		writing that the assets held in donor advised fund			
6			exclusive legal control? dvisors in writing that grant funds can be used or		Yes No	
0	•		r donor advisor, or for any other purpose conferri	-		
	impermissible priv	•		0	Yes No	
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.		
1		servation easements held by the organization				
		n of land for public use (for example, recrea	, <u> </u>		•	
		of natural habitat	Preservation of a certi	fied his	storic structure	
2		n of open space a through 2d if the organization held a qualit	ied conservation contribution in the form of a cor	nserva	tion easement on the last	
2	day of the tax yea				Held at the End of the Tax Year	
а	Total number of c	conservation easements		2a		
b	Total acreage res			2b		
С	Number of conse	rvation easements on a certified historic stru	ucture included in (a)	2c		
d			after 7/25/06, and not on a historic structure			
•		nal Register		2d	al units an Alban Alban	
3	vear	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation	during the tax	
4		where property subject to conservation eas	sement is located			
5		ation have a written policy regarding the per				
	violations, and en	forcement of the conservation easements it	holds?		Yes No	
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ements during the year	
	▶					
7		ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	semen	ts during the year	
8	► \$ Does each conse	rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(	(i)		
5					Yes No	
9			on easements in its revenue and expense statem			
	balance sheet, an	nd include, if applicable, the text of the footr	note to the organization's financial statements that	at desc	ribes the	
De		counting for conservation easements.			~	
Pa		_	Art, Historical Treasures, or Other S	imia	r Assels.	
10		if the organization answered "Yes" on Form	8, not to report in its revenue statement and bala		a a two rks	
ia	e e		blic exhibition, education, or research in furtheran			
		n Part XIII the text of the footnote to its finar				
b			8, to report in its revenue statement and balance	sheet	works of	
	art, historical trea	sures, or other similar assets held for public	exhibition, education, or research in furtherance	of pul	olic service,	
	•	ving amounts relating to these items:				
					\$	
0	.,		asures, or other similar assets for financial gain, p		\$	
2		punts required to be reported under FASB A		JUVIUE	5	
а	-				\$	
					·	

0	Assets included in Form 990.	, Pari A				
LHA	For Paperwork Reduction A	Act Notice,	see the	Instructio	ns for Fori	m 990.

Schedule D (Form 990) 2021

132051 10-28-21

27 2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization's accussion, and other records, check any of the following that make significant use of its collection items (check all that apply):	<u>Sche</u>		ARITIES OF DALL				75-274		Pag	<sub>je</sub> 2
collecton lems (check all that apply):       a       Debic exhibition       d       Loan or exchange program         b       Scholarly research       a       Debic exhibition       d       Loan or exchange program         c       Provide a complete on thurs generations       a       Debic exhibition       e       Difference         c       Provide a complete than to be maintained as part of the organization setting assets       to be soft or there similar assets       to be soft or there setting assets       to be soft	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Of	ther Similar	<sup>·</sup> Assets	(contir	nued)	
a       Public exhibition       d       □ can or exchange program         b       Scholarly research       e       Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mal	ke significant ι	ise of its			
a       Public exhibition       d       □ can or exchange program         b       Schaarly reaserch       e       Other				•	C C	C				
b       Scholarly research       e       Other         c       Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solic or them to be maintande as part of the organization's collection?       Yee       No         Part W       Escrow and Cutstocial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9, or resported an amount on form 990, Part X, line 21.       Is the organization and perturbation answered 'Yes' on Form 990, Part X, line 9, or resported an amount on form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Amount         c       Beginning balance       Iso       Amount       Iso	а	Public exhibition	d	Loan or exc	hange program					
c       Prevention for future generations         4       Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         1       be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 91.         1       Is the organization and the treasment on the intermediary for contributions or other assets not included on form 990, Part X, line 21.         1       Is the organization and explain the arrangement in Part XIII and complete the following table:       Amount         1       Edignining balance       1         2       Did the arganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liabity?       Ves       No         2       Did the arganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liabity?       Ves       No         2       Did the arganization include an amount on Form 990, Part X, line 21, for escrow are custodial account liabity?       Ves       No         9       If "Yes", explain the armagnement in Part XIII       0 (Carrent year       (c) (Invoyent balance       12, 671, 103, 10, 153, 071       10, 172, 536, 9, 939, 9484, 9, 709, 731, 103, 10, 158, 0471       0, 172, 536, 9, 939, 9484, 9, 709, 731, 103, 10, 158, 0471, 10, 172, 536, 9, 939, 9484, 9, 709, 731	b	Scholarly research	е							
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of att, historical treasures, or other similar assets to be sold to raise funds inter than to be maintained as part of the organization's collection? </li> <li>Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or reported an amount on Form 980, PAR X, line 21. </li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? </li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table: </li> <li>         Begrinning balance           Amount</li></ul>										
5       During the year, did the organization solicit or receive donations of art, historical resaures, or other similar assets       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       16       Amount       16         d       Additions during the year       16       14       14       14         e       Distributions during the year       16       14       16       14       16       14       16       17       16       10       17       10       17       10       10       15       17       17	_		lections and explain	how they further th	e organization's	exempt purpos	se in Part )	XIII.		
tops sold to raise funds: rather than to be maintained as part of the organization's collection?         Yes         No.           Part M         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         The second custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.           Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Amount           C         Beginning balance         Intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           Distributions during the year         Intermediary for escrow or custodial account liability?         Yes         No           Part V         Endowment Funds. Complete if the organization nanswered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           Part V         Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.         No         No           Contributions         In the organization is been growided on Part XIII.         In the organization is been growided on Part XIII.         No           Contributions         In 12, for 1, 103.         In 15, 50, 47.         In 172, 536.         9, 593, 844.         9	5									
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia       Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X (line 4).       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>to</li> <li>did</li> <li>did</li> </ul> C       Beginning balance.       Image: Comparization an agent, trustee, custodial account liability?       Ves       No         Distributions during the year       Image: Comparization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Distributions during the year       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.                     No              If '' (Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.                No              Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.              Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.              Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.              Image: Complete if the organization answered 'Yes' on Form 990, Part X	-				-			Yes		No
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       10         c       daditions during the year       10       10       10       10         d       Additions during the year       10	Par						Part IV li			
1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete in the complete intermediary for contributions or other assets not included       No         c       Beginning balance       Image: Complete intermediary for contributions of uning the year       Image: Complete intermediary for escrew or custodial account tability?       Ves       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account tability?       Ves       No         b       If Yes' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) (10 Thery pars back (d) (a) They pars back (d) (a) They pars back (d) (a) They pars back (d) They pars back (d) They pars back (d) (a) They pars back (d) (a) They pars back (d) for years back (d) (a) For years back (d) (a) They pars back (d) (b) They pars back (d) (b) They pars back (d) (d) They				to il tilo organizatio			, • arc•••, n			
on Form 990, Part X?	19			any for contribution	s or other assets	not included				
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year f Ending balance b If "Yes," explain the arrangement in Part XIII check here if the explanation as been provided on Part XIII f Ending balance b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII end b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII end b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII end b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII end b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII end b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII end b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII end b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII end b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII end b If "Yes," explain the arrangement in Part XIII. Check here if the explanation form 990, Part X, IIII the intervent the explanation answered "Yes" on Form 990, Part X, IIII the intervent year end balance (IIII 1, 2, 2, 3, 4, 2, 2, 2, 4, 4, 4, 1, 4, 6, 4, 2, 4, 6, 2, 4, 6, 2, 4, 6, 2, 4, 6, 2, 4, 6, 2, 6, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14							Ves		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         e       Distributions during the year       Id         d       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation nawsered "Yes" on Form 990, Part X, line 10.       Image: State	h						∟	163		NO
c       Beginning balance       ic       id         d       Additions during the year       id       id         e       Distributions during the year       id       id         f       Ending balance       id       id       id         2a       Distributions during the year       id       id       id         f       Ending balance       id       id       id       id         2a       Distributions during the year       id       id       id       id       id         b       if       'se' ron Form 990, Part X, line 21, for score or custodial account liability?       Ves       No         b       try se' replant the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       id       id         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       id       id       id         is a trivestment explant the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       id       id       id         is a trivestment exmings, gains, and losses       -1, 628, 033.       2, 920, 446.       334, 481.       655.881.       677.218.         f       Administrative expenditures for facilities       and programs       id       i	U.		and complete the long	owing table.				Amoun	•	
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Ohnck here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10.         1a Beginning of year balance       ia, Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Grants or scholarships       ia, Carl, 103, 10, 159, 047, 10, 172, 536, 9, 393, 848, 9, 709, 7331.       Grants or scholarships       Grants or scholarships <td>~</td> <td>Paginning balance</td> <td></td> <td></td> <td></td> <td>10</td> <td></td> <td>, ano an</td> <td>-</td> <td></td>	~	Paginning balance				10		, ano an	-	
e       Distributions during the year       1e         f       Ending balance       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         f       Beginning of year balance       12,671,103, 10,159,047, 10,172,536, 9,939,848, (e) Four years back       (e) Four years back         f       Administrative expenditures for facilities       -1,628,033, 2,920,446, 394,481, 665,981, 671,218, 380,512, 382,047, 376,639, 077,1146, 62,462, 462, 910,072,536, 9,939,848, 20,77,458, 71,146, 62,462, 462, 462, 464, 401,013,10,159,047, 10,172,536, 9,939,848, 20,77,458, 71,146, 62,462, 462, 462, 464, 401,401,401,401,40,401,40,40,401,40,40,401,40,40,40,40,40,40,40,40,40,40,40,40,40,										
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       f Yes*, explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       Image: State St										
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, 671, 103.       10, 159, 047.       10, 172, 536.       9, 939, 848.       (e) Four years back (e) Fouryears back (e) Fouryears back (e) Fouryears back (e) Four years										
b       If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years       (b) Prior years       (c) Two years back       (d) Four years back       (e) Four year								] <b>X</b> = =		
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       12, 671, 103, 10, 159, 047, 10, 172, 536, 9, 939, 848, 9, 709, 731, 0, 159, 047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 378, 639, 0.047, 10, 172, 536, 9, 939, 848, 0.047, 378, 639, 0.047, 10, 159, 047, 10, 172, 536, 9, 939, 848, 0.047, 378, 639, 0.047, 10, 159, 047, 10, 172, 536, 9, 939, 848, 0.047, 378, 639, 0.047, 10, 159, 047, 10, 172, 536, 9, 939, 848, 0.040, 0.05, 0.05, 0.047, 10, 172, 536, 9, 939, 848, 0.000, %         c       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶00009%         b       Permanent endowment ▶00009%         c       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations       3a(i)         iii       Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Describe in Part XIII the intended uses of the organization's endowment funds.         Pachypies in Part XIII the intended uses of the organizat		-				• • • • • • • • • • • • • • • • • • • •	L	Jres		NO
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       12, 671, 103, 10, 159, 047, 10, 172, 536, 9, 939, 848, 9, 709, 731, 10, 172, 536, 10, 172, 536, 10, 172, 536, 10, 172, 536, 10, 172, 536, 10, 172, 536, 10, 172, 536, 10, 172, 180, 100, 152, 047, 10, 172, 536, 100, 172, 103, 100, 152, 047, 100, 172, 536, 100, 100, 100, 100, 100, 100, 100, 10		t V Endowment Funds Complete i	Check here if the exp	Dianation has been	rm 000 Dort IV	<u>XIII</u>				
1a       Beginning of year balance       12,671,103.       10,159,047.       10,172,536.       9,939,848.       9,709,731.         b       Contributions							ears hack	(a) Four	veare ha	ack
b       Contributions	4		., ,						-	
c       Net investment earnings, gains, and losses       -1,628,033.       2,920,446.       394,481.       685,881.       671,218.         d       Grants or scholarships       380,512.       382,047.       378,639.         e       Other expenditures for facilities       and programs       459,176.       408,390.       27,458.       71,146.       62,462.         g       End of year balance       10,583,894.       12,671,103.       10,159,047.       10,172,536.       9,939,846.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       .0000       %         b       Permanent endowment ▶       .0000       %			12,071,103.	10,139,047.	10,172,55	50. 5,5	59,040.	, <sup>2</sup>	109,1	<u>, , , , , , , , , , , , , , , , , , , </u>
d Grants or scholarships       380,512       382,047.       378,639.         e Other expenditures for facilities       and programs       1       380,512.       382,047.       378,639.         f Administrative expenses       459,176.       408,390.       27,458.       71,146.       62,462.         g End of year balance       10,583,894.       12,671,103.       10,159,047.       10,172,536.       9,939,848.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       aBoard designated or quasi-endowment ▶       .0000       %         b Permanent endowment ▶       .0000       %       %       Yes       No         (i) Unrelated organizations			1 620 022	2 920 446	201 10	21 61	05 001		671 27	1 0
e Other expenditures for facilities and programs       459,176.       408,390.       27,458.       71,146.       62,462.         g End of year balance       10,583,894.       12,671,103.       10,159,047.       10,172,536.       9,939,848.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       Board designated or quasi-endowment ▶       .0000 %         b Permanent endowment ▶       .0000 %       .0000 %       .0000 %       .0000 %         c Term endowment ▶       .0000 %       .0000 %       .0000 %       .0000 %         3a Are there endowment ▶       .0000 %       .0000 %       .0000 %       .0000 %         1b If "Yes" on line 3a, 2b, and 2c should equal 100%.       .0000 %       .0000 %       .0000 %         i) Unrelated organizations       .000 %       .0000 %       .0000 %       .0000 %         i) B eater organizations       .000 %       .000 %       .0000 %       .0000 %       .0000 %         4 Describe in ParX XIII the intended uses of the organization's endowment funds.       .0000 %       .0000 %       .0000 %         2 Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       .0000 %       .0000 %         1a Land       .0000       .0000 % <td< td=""><td></td><td></td><td>-1,020,033.</td><td>2,920,440.</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>			-1,020,033.	2,920,440.						
and programs       459,176.408,390.27,458.71,146.62,462.         g End of year balance       10,583,894.12,671,103.10,159,047.10,172,536.9,339,848.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶0000 %         b Permanent endowment ▶0000 %					380,51	12. 30	62,047.		370,03	
f       Administrative expenses       459,176.       408,390.       27,458.       71,146.       62,462.         g       End of year balance       10,583,894.       12,671,103.       10,159,047.       10,172,536.       9,939,848.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       Board designated or quasi-endowment ▶       .0000       %         b       Permanent endowment ▶       .0000       %       %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment ▶       .0000       %       %       Yes       No         b):       (i) Unrelated organizations	е									
g End of year balance       10,583,894, 12,671,103, 10,159,047, 10,172,536, 9,939,848.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶			450 186	400.200	05.45		71 146		60.44	
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶	f						-			
a Board designated or quasi-endowment ▶       .0000 %         b Permanent endowment ▶       .0000 %         c Term endowment ▶       .100 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations         (ii) Related organizations       3a(i) x         (ii) Related organizations       3a(ii) x         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii) x         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         b Buildings	g					10,1	/2,536.	9,	939,84	18.
b       Permanent endowment ▶       100       %         c       Term endowment ▶       100       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       Unrelated organizations       Yes       No         (ii)       Related organizations       3a(ii)       X       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       X       3b       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       X       3b       X         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         b       Buildings       10       2, 599, 343, 994, 822, 1, 604, 521.       1, 604, 521.         c       Leasehold improvements       2, 2, 599, 343, 994, 822, 1, 604, 521.       1, 078, 589.       2, 683, 110.         e       Other       2, 663, 110.       2, 683, 110.       2, 683, 110.       10.			•	(line 1g, column (a)	) held as:					
c       Term endowment       100 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(iii) Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(e) Cupment (f) must equal Form 990, Part X, column (B), line 10c.)</li> <li>(f) Cost (G) must equal Form 990, Part X, column (B), line 10c.)</li> <li>(f) Cost (G) must equal Form 990, Part X, column (B), line 10c.)</li> </ul>		5		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations is sted as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <li>Description of property         <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> </ul> </li> <li>Buildings         <ul> <li>(c) Leasehold improvements</li> <li>(c) Accumulated 1,004,521.</li> <li>(c) Equipment</li> <li>(c) Acound (c) must equal Form 990, Part X, column (B), line 10c.)</li> <li>(c) Acound (c) must equal Form 990, Part X, column (B), line 10c.)</li> </ul> </li>										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)       X         (ii) Related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b       basis (investment)       basis (other)       (c) Accumulated depreciation         b Buildings       2, 599, 343.       994, 822.       1, 604, 521.         c Leasehold improvements       2, 460, 005.       1, 381, 416.       1, 078, 589.         e Other         2, 683, 110.	С									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold impro										
(i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Image: Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation       (d) Book value         Image: Description of property       (a) Cost or other basis (other)       0.       1.       1.         Image: Description of property       (a) Cost or other basis (other)       0.       1.       1.         Image: Description of property       (a) Cost or other basis (other)       0.       1.       1.         Image: Description of property       (a) Cost or other basis (other)       0.       1.       1.       1.         Image: Description of property       (a) Cost or other basis (other)       0.       1.       1.       1.         Image: Description of property       (a) Cost or other basis (other)       0.       1.       1.       1.       1.	3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered for	or the organiza	ition	r		
(ii) Related organizations       3a(ii) x         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b x         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         a Land		-								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 2,599,343. 994,822. 1,604,521. d Equipment 2,460,005. 1,381,416. 1,078,589. e Other 2,683,110.		(i) Unrelated organizations								X
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land		(ii) Related organizations						3a(ii)	x	
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	х	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land				vment funds.						
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	Par									
basis (investment)       basis (other)       depreciation         1a Land		Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, line 10.				
1a Land		Description of property	(a) Cost or ot	her (b) Cost	or other (	( <b>c)</b> Accumulate	d	( <b>d</b> ) Boo	k value	
b Buildings       2,599,343.       994,822.       1,604,521.         c Leasehold improvements       2,460,005.       1,381,416.       1,078,589.         e Other       2       2       1,604,521.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       2,683,110.			basis (investm	ent) basis	(other)	depreciation				
b Buildings       2,599,343.       994,822.       1,604,521.         c Leasehold improvements       2,460,005.       1,381,416.       1,078,589.         e Other       2       2       1,604,521.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       2,683,110.	1a	Land								
c Leasehold improvements       2,599,343.       994,822.       1,604,521.         d Equipment       2,460,005.       1,381,416.       1,078,589.         e Other        2       2,683,110.										
d Equipment       2,460,005.       1,381,416.       1,078,589.         e Other				2	,599,343.	994,	822.	1,	604,52	21.
e         Other           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         ≥ 2,683,110.				2	,460,005.	1,381,	416.	1,	078,58	39.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										
				( column (R) line 1				2,	683,13	10.
			, <u> </u>		-		Schedule	D (Forn	n 990) 2	021

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11h See Form 000 Part V line 12	<u> </u>
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of vear market value
			or year market value
<ul><li>(2) Closely held equity interests</li><li>(3) Other</li></ul>			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1) INTEREST IN NET ASSETS OF CATHOLIC CH	· ·		5,368,669.
(2) INTEREST IN NET ASSETS OF TRUSTS HELD			115,363.
(3) INTEREST IN NET ASSETS OF CATHOLIC CH		TRUST	10,583,894.
(4) INTEREST IN REAL ESTATE CORP			6,211,100.
(5)			•,===,=••
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		22,279,026
Part X Other Liabilities.	9 10.)		11,119,010,
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990. Part X. line 25.	
(a) Description of lightlity			(b) Book value
· · · · · · ·			
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9) 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>e 25.)</u>		

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

Schedule D (Form 990) 2021

X

132053 10-28-21

Sche	dule D (Form 990) 2021 CATHOLIC CHARITIES OF DALLAS, INC.			75-274	5221 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With I	Revenue 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 statements			1	59,858,351.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-14,900.		
b	Donated services and use of facilities	2b	1,112,466.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		-2,432,476.		
е	Add lines 2a through 2d			2e	-1,334,910.
3	Subtract line 2e from line 1			3	61,193,261.
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	-635,994.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-635,994.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	60,557,267.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	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	60,355,645.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,037,478.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	635,994.		
е	Add lines 2a through 2d			2e	1,673,472.
3	Subtract line 2e from line 1			3	58,682,173.
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 <b>4a</b> and <b>4b</b>			4c	٥.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	58,682,173.
Pa	t 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 a	and 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional inform	nation.		
_					

PART X, LINE 2:

U.S. GAAP REQUIRES THAT THE AGENCY RECOGNIZE IN ITS CONSOLIDATED FINANCIAL

STATEMENTS THE FINANCIAL EFFECTS OF A TAX POSITION IF THAT POSITION IS

MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION, INCLUDING

RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED UPON THE

TECHNICAL MERITS OF THE TAX POSITION. THE REQUIREMENTS ALSO PROVIDE

GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES AND

DISCLOSURE.

TAX POSITIONS TAKEN RELATED TO THE AGENCY'S TAX-EXEMPT STATUS, UNRELATED

BUSINESS ACTIVITIES TAXABLE INCOME AND DEDUCTIBILITY OF EXPENSES AND OTHER

30

MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021       CATHOLIC CHARITIES OF DALLAS, INC.         Part XIII       Supplemental Information (continued)		75-2745221	Page 5
OPINION THAT MATERIAL POSITIONS TAKEN WOULD MORE LIKELY THAN NOT			
SUSTAINED BY EXAMINATION. ACCORDINGLY, THE AGENCY HAS NOT RECORD			
INCOME TAX LIABILITY FOR UNCERTAIN TAX POSITIONS. FOR THE YEAR E			
30, 2022, THERE WERE NO INTEREST OR PENALTIES RELATED TO INCOME			
RECORDED OR INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
	440,036.		
CHANGE IN NET ASSETS OF TRUST			
TOTAL TO SCHEDULE D, PART XI, LINE 2D			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES	-635,994.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES	635,994.		
PART V, LINE 4			
DISTRIBUTIONS FROM THE ENDOWMENT ARE USED TO SUPPORT THE PROGRAM	S FOR THE		
CATHOLIC DIOCESE OF DALLAS.			

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		te 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.						
Department of the Treasury		Attach to Form 990	) or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.		Inspection
Name of the organization		HARITIES OF DALLAS, INC.					Employer i 75-2745	dentification number 221
	<b>sing Activities.</b> complete this par	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not
<ol> <li>Indicate whether the a X Mail solicitation</li> <li>Mail solicitation</li> <li>Internet and</li> <li>X Internet and</li> <li>X Phone solicitation</li> <li>A Did the organization</li> <li>key employees list</li> </ol>	e organization rais tions email solicitations tations dicitations on have a written o red in Form 990, P d highest paid indiv	ed funds through any of the followin e X Solicita f X Solicita g X Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	<b>Y</b>	<b>'es X No</b> be
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (e	Amount paic or retained by fundraiser ted in col. <b>(i)</b>	
CRATER LAKE CONSUL	TING - 6729		Yes	No				
BARCELONA, IRVING,	TX 75039	GRANT WRITING		X	1,269,523.		54,22	5. 1,215,298.
Total					1,269,523.		54,22	5. 1,215,298.
	ich the organizatio	n is registered or licensed to solicit	contrib	utions		it is	exempt from	registration

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

Schedule G (Form 990) 2021

132081 10-21-21

CATHOLIC CHARITIES OF DALLAS, INC.

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 gro	(a) Event #1	(b) Event #2	(c) Other events	
			(u) = 10111	ANGEL'S CHARITY		(d) Total events
			BISHOP'S GALA	LUNCHEON	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne				(overne type)		
Revenue	1	Gross receipts	1,875,755.	78,040.	35,685.	1,989,480.
		Less: Contributions	195,128.	11,025.		206,153.
	3	Gross income (line 1 minus line 2)	1,680,627.	67,015.	35,685.	1,783,327.
		· · · · · ·				
	4	Cash prizes				
	5	Noncash prizes	117,058.			117,058.
Direct Expenses	6	Rent/facility costs	95,841.	685.		96,526.
		Food and beverages	157,009.	16,675.	3,855.	177,539.
Dir	8	Entertainment	94,647.			94,647.
	9	Other direct expenses	· · · · · · · · · · · · · · · · · · ·		2,608.	150,224.
	-	Direct expense summary. Add lines 4 through		, , ,	· · · ·	635,994.
		Net income summary. Subtract line 10 from I			•	1,147,333.
Pa	art I					, , ,
nue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
es	2	Cash prizes				
ct Expenses	3	Noncash prizes				
Ш Н						

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ŝ	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	CATHOLIC CHARITIES OF DALLAS, INC.	75-2	745221	Page 3
	Is the organization a grantor, ber	aming activities with nonmembers?	ed	Yes Yes	
13	Indicate the percentage of gamir				
a	The organization's facility	· · · · · · · ·		13a	%
k	• An outside facility			13b	%
14	Enter the name and address of t	he person who prepares the organization's gaming/special events books and re	ecords:		
	Name 🕨				
	Address 🕨				
15a	Does the organization have a co	ntract with a third party from whom the organization receives gaming revenue?		Yes	No No
t		ning revenue received by the organization $\blacktriangleright$ \$ and the ne third party $\blacktriangleright$ \$	amount		
c	If "Yes," enter name and address				
	Name				
	Address 🕨				
16	Gaming manager information:				
	Name 🕨				
	Gaming manager compensation	▶ \$			
	Description of services provided	▶			
	Director/officer	Employee Independent contractor			
	Mandatory distributions:				
e	retain the state gaming license?	er state law to make charitable distributions from the gaming proceeds to		Yes	🗌 No
Ł		s required under state law to be distributed to other exempt organizations or sp			
_	organization's own exempt activ	ities during the tax year <b>&gt;</b> \$			
Pa		rmation. Provide the explanations required by Part I, line 2b, columns (iii) an s applicable. Also provide any additional information. See instructions.	d (v); and Par	t III, lines 9,	9b, 10b,
1000	92 10 21 21		Coho di	ule G (Form	9901 2021
1320	83 10-21-21	34	Schedu		330j 202 l

Part IV	Supplemental Information	(continued)
		Calcadula O (Farma 000)
		Schedule G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)		irants and Oth vernments, an					OMB No. 1545-0047
		ete if the organization					2021
Department of the Treasury       Attach to Form 990.         Internal Revenue Service       Go to www.irs.gov/Form990 for the latest information.							
Name of the organization	TIES OF DALLA	S, INC.					Employer identification number 75-2745221
Part I General Information on Grants ar	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part 1/4 the propriation's pro-</li> </ol>	tance?	-			-	stance, and the selecti	
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to D recipient that received more than \$	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. JUDE INC., DBA ST. JUDE CENTER 13223 GLAD ACRES DRIVE DALLAS, TX 75234	80-0850327	501(C)(3)	191,144.	0.			CAPITAL, OPERATING
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> <li>LHA For Paperwork Reduction Act Notice,</li> </ul>	listed in the line 1	table	e line 1 table				1. 0. Schedule I (Form 990) 2021

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

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

recipients	cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
128346	38,268,221.	0.		CLOTHING, FOOD, HOUSHOLD GOODS
	<u>2 128346</u>	E 128346 38,268,221.	E 128346 38,268,221. 0.	128346     38,268,221.     0.

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

A SYNOPSIS OF THE RELEVANT REQUIREMENTS FOR EACH CONTRACT IS PREPARED AND

DISTRIBUTED TO THE PROGRAM AND ACCOUNTING PERSONNEL. A SEPARATE PROJECT

CODE IS ESTABLISHED IN THE ACCOUNTING RECORDS TO TRACK GRANT RECEIPTS AND

DISBURSEMENTS. ON A MONTHLY BASIS, EXPENDITURES ARE TRACKED COMPARED TO

BUDGET TO ENSURE THAT THEY ARE ALLOWABLE. PROGRAM PERSONNEL MONITOR GRANT

PERFORMANCE TO ENSURE THE FUNDS ARE USED FOR ALLOWABLE PROGRAM ACTIVITY.

SC	HEDULE J	Compens	ation Information	I	OMB No. 1	1545-004	47
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2021		
	-	Comp	ensated Employees		<b>ZU</b>		
Dopo	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to	Publ	ic
	al Revenue Service		0 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		Employer id	entificatio	on nui	mber
		CATHOLIC CHARITIES OF DALLA	AS, INC.	75-27	45221		
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele	vant information regarding these items.				
	First-class or c		Housing allowance or residence for perso				
	Travel for com	-	Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary	spending account	Personal services (such as maid, chauffer	ır, chef)			
-							
b	,	, G	follow a written policy regarding payment or				
-			ove? If "No," complete Part III to explain		<u>1b</u>		
2	•		or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, reg	garding the items checked on line 1a?		2		
•							
3			establish the compensation of the organization's				
		, , , , , , , , , , , , , , , , , , , ,	boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but exp					
	Compensation		Written employment contract				
	·	ompensation consultant	Compensation survey or study				
		ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Se	ction A line 1a with respect to the filing				
	organization or a re						
а	•	e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonguali					x
с		eive payment from an equity-based compen					x
	-	es 4a-c, list the persons and provide the app					
	,						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organization:	s must complete lines 5-9.				
5	•		the organization pay or accrue any compensatio	n			
	contingent on the r		· · · ·				
а	The organization?				. 5a		х
	Any related organiz						X
	If "Yes" on line 5a c	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
b							x
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III $\ldots$			. 7	х	
8			ued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.49	958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	presumption procedure described in				
	Regulations section	53.4958-6(c)?			. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	for Form 990.	Schedu	ile J (Forn	n 990	) 2021

132111 11-02-21

Schedule J (Form 990) 2021

75-2745221

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID WOODYARD	(i)	244,520.	0.	0.	4,895.	16,297.	265,712.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL MURRAY	(i)	152,972.	12,000.	0.	4,125.	23,705.	192,802.	0.
CHIEF DEV. OFFICER (THRU 03/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRENDA HUFFMAN	(i)	160,065.	0.	0.	3,731.	7,408.	171,204.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BUJAR MEMA	(i)	148,972.	2,500.	0.	2,250.	10,822.	164,544.	0.
CHIEF SERVICES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Page 3

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

MICHAEL MURRAY AND BUJAR MEMA RECEIVED BONUSES OF \$12,000 AND \$2,500 DURING

THE 2021 TAX YEAR. BONUSES ARE NON-FIXED PAYMENTS, DETERMINED BASED OFF OF

PERFORMANCE OF INDIVIDUALS.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

2021 **Open to Public** Inspection

Name	of the	organization

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

Employer identification number
75-2745221

(d)

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CATHOLIC CHARITIES OF DALLAS, INC. Part I **Types of Property (b)** Number of (c) Noncash contribution (a) Check if

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of de noncash contribu		0	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		351,875.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	141	282,557.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	Х	205	91,528.	FMV			
26	Other ( OFFICE FURNIT )	Х	210	74,988.	FMV			
27	Other ( TRANSPORTATIO )	Х	116	3,071.	FMV			
28	Other  ( )							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period?	?				30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				tions?	31	х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				_
	contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule N	l (Forn	n 990)	2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REFLECTS THE NUMBER OF ITEMS CONTRIBUTED, NOT THE NUMBER OF

CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

CARS/IDONATE HANDLES THE ORGANIZATIONS INDIVIDUAL CAR DONATONS.

RECYCLE2SUPPORT (R2S) HANDLES EXCESS CLOTHES, ETC DONATIONS.

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.		Open to Public Inspection
Name of the organization	► Go to www.irs.gov/Form990 for the latest information.		r identification number 745221
FORM 990, PART I, I	INE 1, DESCRIPTION OF ORGANIZATION MISSION:		
AND HELPING ALL THO	SE IN CRISIS MOVE TOWARDS A BETTER LIFE. ANNUALLY,		
WE SERVE OVER 128,0	00 PEOPLE IN NEED IN A 9 COUNTY REGION IN NORTH		
TEXAS.			
FORM 990, PART III	LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
CONTINUE TO ADMINIS	TER EMERGENCY RENTAL, MORTGAGE, AND UTILITY		
ASSISTANCE PROGRAMS	TO NUMEROUS CITIES, DISTRIBUTING TENS OF MILLIONS		
OF DOLLARS TO QUAL	FYING HOUSEHOLDS. THIS PAST YEAR, WE PROVIDED		
SUPPORT TO MORE THA	N 12,800 STRUGGLING FAMILIES.		
FORM 990, PART III	LINE 4D, OTHER PROGRAM SERVICES:		
IMMIGRATION SERVICE	S - CATHOLIC CHARITIES DALLAS PROVIDES LEGAL AND		
SUPPORT SERVICES FO	OR THE IMMIGRANT COMMUNITY, HELPING WITH		
NATURALIZATION/CIT	ZENSHIP APPLICATIONS, FAMILY VISA PETITIONS,		
APPLICATIONS FOR D	FERRED ACTION FOR CHILDHOOD APPROVALS (DACA),		
DOCUMENT RENEWALS A	ND REPLACEMENTS, AND PERMANENT RESIDENT APPLICATIONS		
FOR REFUGEES AND AS	YLEES. WE PROACTIVELY REACH OUT TO THE IMMIGRANT		
COMMUNITY OFFERING	REGULAR KNOW YOUR RIGHTS WORKSHOPS AND WORK DIRECTLY		
WITH IMMIGRANT VIC	IMS OF CRIMES IN SECURING VISAS. WE PROVIDE PATHWAYS		
TO CITIZENSHIP AND	STRIVE TO SERVE AS A ONE-STOP RESOURCE FOR THOSE		
WORKING TO STAY IN	THE COUNTRY LEGALLY.		
FINANCIAL STABILITY	AND CAREER SERVICES - HELPING THOSE SEEKING TO		
ESCAPE THE CYCLE OF	POVERTY AND ACHIEVE SELF-SUFFICIENCY IS A PRIMARY		
MISSION AREA FOR CA	THOLIC CHARITIES DALLAS. WE UTILITIZE THE WORKING		
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 202

08281114 701245 126870.2

2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

Schedule O (Form 990) 20

08281114 701245 126870.2

2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
CATHOLIC CHARITIES OF DALLAS, INC.	75-2745221
AREAS OF READING AND MATH. TO COMBAT "SUMMER SLIDE," WE OFFER A DAILY	
SUMMER CAMP THAT FOCUSES ON ACADEMIC MILESTONES AND ALSO PROVIDES	
SWIMMING LESSONS. OUR BRADY SENIOR SERVICES PROGRAM OFFERS A WELCOMING,	
NURTURING CENTER FOR LOW-INCOME ELDERLY. DAILY PROGRAMMING IN THE AREAS	
OF MENTAL HEALTH, PHYSICAL FITNESS AND HEALTH, EDUCATION AND SOCIAL	
ACTIVITIES KEEP THEM ENGAGED AND MORE LIKELY TO REMAIN INDEPENDENT. WE	
ALSO PROVIDE DAILY MEALS TO ENSURE THEY ARE RECEIVING PROPER NUTRITION.	
ADDRESSING HOMELESSNESS AND HOUSING INSECURITY IS A MAJOR STRATEGIC	
PRIORITY AND ONE WE HAVE INVESTED IN WITH THE RECENT ADDITION AND	
MANAGEMENT OF TWO FACILITIES: ST. JUDE CENTER-FOREST, WHICH OPENED IN	
LATE 2018 AND PROVIDES LONG-TERM, PERMANENT SUPPORTIVE HOUSING FOR 104	
FORMERLY CHRONICALLY HOMELESS SENIORS, INCLUDING VETERANS; AND ST. JUDE	
CENTER-PARK CENTRAL: A 180-UNIT, SHORT-TERM HOUSING COMMUNITY THAT	
OPENED IN DECEMBER 2020 IN A FORMER HOTEL AND HAS SINCE PROVIDED	
SHORT-TERM HOUSING FOR HOMELESS IMPACTED BY COVID-19 AND BY INCLEMENT	
WEATHER.	
EXPENSES \$ 9,755,446. INCL GRANTS OF \$ 1,520,266. REVENUE \$ 1,884,368.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE GOVERNING BODY INCLUDED 23 VOTING DIRECTORS. THE BISHOP OF THE ROMAN	
CATHOLIC DIOCESE OF DALLAS IS THE SOLE MEMBER OF THE CORPORATION. THE SOLE	
MEMBER HAS THE AUTHORITY TO APPOINT AND REMOVE OFFICERS OF THE BOARD. IN	
ADDITION, THE SOLE MEMBER MUST APPROVE CERTAIN ACTIONS OF THE BOARD,	
INCLUDING BORROWING, PLEDGING ASSETS OR CONTRACTING IN EXCESS OF \$350,000,	
ADOPTION OF ANNUAL BUDGETS AND STRATEGIC PLANS, BUYING OR SELLING REAL	
ESTATE, AND AMENDING OR TERMINATING THE BYLAWS.	

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Schedule O (Form 990) 2021	Page 2
Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
FORM 990, PART VI, SECTION A, LINE 6:	
THE BISHOP OF THE DIOCESES OF DALLAS IS THE SOLE MEMBER OF THE CORPORATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE BISHOP OF THE DIOCESE OF DALLAS, AS SOLE MEMBER OF THE CORPORATION, HAD	
THE POWER TO APPOINT MEMBERS OF THE GOVERNING BODY PER THE BYLAWS OF THE	
CORPORATION.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE BISHOP OF THE DIOCESE OF DALLAS, AS SOLE MEMBER OF THE CORPORATION,	
MAKES THE GOVERNANCE DECISIONS OF THE ORGANIZATION PER THE BYLAWS OF THE	
CORPORATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE	
CFO AND OTHER STAFF. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE	
AND BOARD OF DIRECTORS PRIOR TO ITS SUBMISSION TO THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY: ALL BOARD	
MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST CERTIFICATION ON AN	
ANNUAL BASIS.	
IN DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS, AFTER DISCLOSURE OF	
THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION	
WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR	
COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS	
DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL	

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Schedule O (Form 990) 2021

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46 2021.05000 CATHOLIC CHARITIES OF DAL 126870.1

Name of the organization	Page : Employer identification number
CATHOLIC CHARITIES OF DALLAS, INC.	75-2745221
DECIDE IF A CONFLICT OF INTEREST EXISTS. TO ENSURE CATHOLIC CHARIT	IES
OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES 1	TOT
ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, 1	PERIODIC
REVIEWS SHALL BE CONDUCTED.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE OFFICERS, IN CONJUNCTION WITH THE CHIEF PEOPLE OFFICER, ANNUAL	LY REVIEW
THE SALARIES OF ALL EXECUTIVE STAFF INCLUDING THE CHIEF FINANCIAL (	DFFICER.
THE OFFICERS CONSIDER ANNUAL PERFORMANCE REVIEWS, COMPARABLE COMPER	NSATION
FROM SIMILAR LOCAL ORGANIZATIONS, AND A NUMBER OF OTHER FACTORS IN	
ESTABLISHING THE CFO'S ANNUAL SALARY AND OTHER COMPENSATION ALL AR	3
AVAILABLE AT CATHOLIC CHARITIES' ADMINISTRATIVE OFFICES TO ANYONE V	NHO
WISHES TO REVIEW THEM.	
FORM 990, PART VI, SECTION C, LINE 19:	
DISCLOSURE OF DOCUMENTS	
THE AGENCY'S BYLAWS, CONFLICT OF INTEREST STATEMENTS, MINUTES, AUD	ITED
FINANCIALS, AND FORM 990'S ARE ALL MADE AVAILABLE FOR PUBLIC INSPEC	
· · · · · · · · · · · · · · · · · · ·	CTION AT
THE ADMINISTRATIVE OFFICES OF OUR CENTRAL SERVICE CENTER.	CTION AT
THE ADMINISTRATIVE OFFICES OF OUR CENTRAL SERVICE CENTER.	CTION AT
	CTION AT
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	440,036.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN INTEREST IN NET ASSETS OF ENDOWMENT	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN INTEREST IN NET ASSETS OF ENDOWMENT CHANGE IN INTEREST IN NET ASSETS OF CCDT	440,036.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN INTEREST IN NET ASSETS OF ENDOWMENT CHANGE IN INTEREST IN NET ASSETS OF CCDT CHANGE IN NET ASSETS OF TRUST -3	440,036. 245,199.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN INTEREST IN NET ASSETS OF ENDOWMENT CHANGE IN INTEREST IN NET ASSETS OF CCDT CHANGE IN NET ASSETS OF TRUST -3	440,036. 245,199. ,117,711.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN INTEREST IN NET ASSETS OF ENDOWMENT CHANGE IN INTEREST IN NET ASSETS OF CCDT CHANGE IN NET ASSETS OF TRUST -3 TOTAL TO FORM 990, PART XI, LINE 9 -2	440,036. 245,199. ,117,711.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:         CHANGE IN INTEREST IN NET ASSETS OF ENDOWMENT         CHANGE IN INTEREST IN NET ASSETS OF CCDT         CHANGE IN NET ASSETS OF TRUST         -3         TOTAL TO FORM 990, PART XI, LINE 9         -2         FORM 990, PART XII, LINE 2C	440,036. 245,199. ,117,711.
CHANGE IN NET ASSETS OF TRUST -3	440,036. 245,199. ,117,711.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
CATHODIC CHARTILES OF DALLAS, INC.	1 2 - 2 1 4 3 2 2 1
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# SCHEDULE R

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

(Form 990)

CATHOLIC CHARITIES OF DALLAS, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
ROMAN CATHOLIC DIOCESE OF DALLAS -							
75-0800637, 3725 BLACKBURN ST, DALLAS, TX							
75219	сниксн	TEXAS	501(C)(3)	LINE 1			х
CATHOLIC CHARITIES ENDOWMENT TRUST -							
75-6569125, 1421 W MOCKINGBIRD LN, DALLAS,	INTEGRATED AUXILIARY				ROMAN CATHOLIC		
TX 75247	SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	DIOCESE OF DALLAS		х
CATHOLIC CHARITIES OF DALLAS TRUST -							
47-6605661, 3725 BLACKBURN ST, DALLAS, TX	INTEGRATED AUXILIARY				ROMAN CATHOLIC		
75219	SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	DIOCESE OF DALLAS		х
CATHOLIC CHARITIES OF DALLAS CHILDREN'S							
SERVICES - 83-4547013, 1421 W MOCKINGBIRD	INTEGRATED AUXILIARY				ROMAN CATHOLIC		
LN, DALLAS, TX 75247	SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	DIOCESE OF DALLAS		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

75-2745221

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CCD - PM CORPORATION - 82-3942435							
1421 W MOCKINGBIRD LN	INTEGRATED AUXILIARY				ROMAN CATHOLIC		
DALLAS, TX 75247	SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	DIOCESE OF DALLAS		Х
CCD-RD - 86-2052029							
1421 W MOCKINGBIRD LN	INTEGRATED AUXILIARY				ROMAN CATHOLIC		
DALLAS, TX 75247	SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	DIOCESE OF DALLAS		X
							<u> </u>
							<u> </u>
							<b> </b>

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	entity (related, unrelated, excluded from tax under	Share of total income			ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo	
										+		
	-											
	4											
	-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
	1								
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e	x	
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	x	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		х
р	Reimbursement paid to related organization(s) for expenses	1p	x	
q	Reimbursement paid by related organization(s) for expenses	1q	x	
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2021 CATHOLIC CHARITIES OF DALLAS, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2021

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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