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ARMANINO ^{LLP}

15950 Dallas Parkway, Suite 600
Dallas, TX 75248
ph 972-661-1843
fx 972-490-4120

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC CHARITIES OF DALLAS, INC.		D Employer identification number 75-2745221
	Doing business as		E Telephone number 866-223-7500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1421 W. MOCKINGBIRD LANE		G Gross receipts \$ 61,247,652.
City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75247		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: DAVE WOODYARD SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.CCDALLAS.ORG		H(c) Group exemption number ▶ 0928	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1997	M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CATHOLIC CHARITIES DALLAS HELPS OUR COMMUNITY'S MOST VULNERABLE BY TAKING ON THE EFFECTS OF POVERTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	301
	6 Total number of volunteers (estimate if necessary)	6	2378
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	39,612,877.	57,310,765.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,545,450.	1,923,011.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,005.	-13,684.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,078.	1,337,175.
		41,372,410.	60,557,267.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,348,891.	38,491,056.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,203,412.	15,072,565.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	80,727.	54,225.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 958,248.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,449,633.	5,064,327.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,082,663.	58,682,173.	
19 Revenue less expenses. Subtract line 18 from line 12	4,289,747.	1,875,094.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	41,320,704.	38,189,744.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,792,295.	3,158,629.
	35,528,409.	35,031,115.	

Part 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 Here	Signature of officer		Date		
	DAVE WOODYARD, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MATTHEW PETROSKI	Preparer's signature MATTHEW PETROSKI	Date 11/14/22	Check if self-employed <input type="checkbox"/>	PTIN P00853132
	Firm's name ▶ ARMANINO, LLP	Firm's EIN ▶ 94-6214841	Phone no. 972-661-1843		
	Firm's address ▶ 15950 N. DALLAS PKWY, #600 DALLAS, TX 75248				

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

Part 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? [] Yes [X] 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? [] Yes [X] 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 37,372,230. including grants of \$ 33,949,625.) (Revenue \$ 14,795.) DISASTER SERVICES - CATHOLIC CHARITIES DALLAS DISASTER RESPONSE TEAM 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 \$ 4,494,913. including grants of \$ 2,401,902.) (Revenue \$ 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,755,446. including grants of \$ 1,520,266.) (Revenue \$ 1,884,368.)

4e Total program service expenses 55,265,985.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 23		
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?		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?		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?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?		X
b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

- 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MOLLY JESTER - 469-801-8111**
1421 W. MOCKINGBIRD LANE, DALLAS, TX 75247

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID WOODYARD PRESIDENT & CEO	50.00			X			244,520.	0.	21,192.	
(2) MICHAEL MURRAY CHIEF DEV. OFFICER (THRU 03/22)	50.00			X			164,972.	0.	27,830.	
(3) BRENDA HUFFMAN CHIEF OPERATING OFFICER	50.00			X			160,065.	0.	11,139.	
(4) BUJAR MEMA CHIEF SERVICES OFFICER	50.00			X			151,472.	0.	13,072.	
(5) MOLLY JESTER CHIEF FINANCIAL OFFICER (FROM 7/21)	50.00			X			132,475.	0.	6,238.	
(6) LACY DE LA GARZA DIR OF PARISH & COMMUNITY RELATIONS	50.00					X	103,818.	0.	10,152.	
(7) MARY VARES CHIEF FINANCIAL OFFICER (THRU 7/21)	50.00			X			85,367.	0.	7,046.	
(8) KELLY NOONAN CHIEF DEV. OFFICER (AS OF 06/22)	40.00			X			0.	0.	0.	
(9) STEVEN SUELLENTROP CHAIR	5.00	X		X			0.	0.	0.	
(10) THOMAS CODD VICE CHAIR	2.00	X		X			0.	0.	0.	
(11) JEFFREY SCHNEIDER TREASURER	2.00	X		X			0.	0.	0.	
(12) PHYLLIS CONCES SECRETARY	2.00	X		X			0.	0.	0.	
(13) ALFREDO DUERTE DIRECTOR (AS OF 07/21)	2.00	X					0.	0.	0.	
(14) BILL DANDRIDGE DIRECTOR	2.00	X					0.	0.	0.	
(15) BRIAN O'BOYLE DIRECTOR	2.00	X					0.	0.	0.	
(16) GERRY HEELEY DIRECTOR	2.00	X					0.	0.	0.	
(17) GREG DEITER DIRECTOR (AS OF 07/21)	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES BRADLEY DIRECTOR	2.00	X						0.	0.	0.
(19) JEAN FUCHS DIRECTOR (AS OF 07/21)	2.00	X						0.	0.	0.
(20) KATHY MULDOON DIRECTOR (AS OF 07/21)	2.00	X						0.	0.	0.
(21) KEVIN BARTHOLOMEW DIRECTOR	2.00	X						0.	0.	0.
(22) MARGUERITE MARZ DIRECTOR	2.00	X						0.	0.	0.
(23) MARY MANNING DIRECTOR	2.00	X						0.	0.	0.
(24) MICHELE STEPHENS DIRECTOR	2.00	X						0.	0.	0.
(25) PAUL KOCH DIRECTOR	2.00	X						0.	0.	0.
(26) RAUL ESTRADA DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,042,689.	0.	96,669.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,042,689.	0.	96,669.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
IWERK-TEXAS, LLC, 306 SOUTH WASHINGTON, STE 500, ROYAL OAK, MI 48067	IT SERVICES	205,335.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	206,153.				
	d Related organizations	1d	1,139,508.				
	e Government grants (contributions)	1e	51,275,475.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,689,629.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 804,019.				
	h Total. Add lines 1a-1f			57,310,765.			
Program Service Revenue	2 a FAMILY SERVICES	Business Code					
		624100	1,884,368.	1,884,368.			
	b DISASTER SERVICES	624100	14,795.	14,795.			
	c CHILDREN SERVICES	624100	14,727.	14,727.			
	d REFUGEE SERVICES	624100	9,121.	9,121.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,923,011.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,794.			2,794.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	169,389.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	169,389.				
	d Net rental income or (loss)			169,389.		169,389.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	37,913.			
	b Less: cost or other basis and sales expenses	7b		54,391.			
c Gain or (loss)	7c		-16,478.				
d Net gain or (loss)			-16,478.		-16,478.		
8 a Gross income from fundraising events (not including \$ 206,153. of contributions reported on line 1c). See Part IV, line 18	8a		1,783,327.				
			635,994.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			1,147,333.		1,147,333.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		7,595.				
			0.				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			7,595.		7,595.		
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	12,570.			12,570.	
	b REFUNDS	900099	288.			288.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			12,858.				
12 Total revenue. See instructions			60,557,267.	1,923,011.	0.	1,323,491.	

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,262,801.	1	4,801,305.
	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	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	10b 2,376,238.		
		8,369,309.	10c	2,683,110.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	18,920,237.	15	22,279,026.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,320,704.	16	38,189,744.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	177,150.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,792,295.	26	3,158,629.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,503,941.	27	16,534,246.
	28 Net assets with donor restrictions	21,024,468.	28	18,496,869.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	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.	

Part XI Reconciliation of Net Assets

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

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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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 Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(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 organization'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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(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 instructions)					12	6,114,525.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.27 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2018	(c) 2019	(d) 2020	(e) 2021	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 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 not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

CATHOLIC CHARITIES OF DALLAS, INC.

Employer identification number

75-2745221

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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 ▶ \$ _____

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).

Name of organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,407,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,266,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,093,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 35,357,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES OF DALLAS, INC. Employer identification number: 75-2745221

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section 170(h)(4)(B) requirements and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further 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 to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,671,103.	10,159,047.	10,172,536.	9,939,848.	9,709,731.
b Contributions					
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					
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 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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	(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				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,683,110.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(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 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 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF CATHOLIC CHARITIES OF DALLAS	5,368,669.
(2) INTEREST IN NET ASSETS OF TRUSTS HELD BY THIRD PARTIES	115,363.
(3) INTEREST IN NET ASSETS OF CATHOLIC CHARITIES ENDOWMENT TRUST	10,583,894.
(4) INTEREST IN REAL ESTATE CORP	6,211,100.
(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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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:		
a	Net unrealized gains (losses) on investments	2a	-14,900.
b	Donated services and use of facilities	2b	1,112,466.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-2,432,476.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-635,994.
c	Add lines 4a and 4b	4c	-635,994.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	60,557,267.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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:		
a	Donated services and use of facilities	2a	1,037,478.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	635,994.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	58,682,173.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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

Part XIII Supplemental Information (continued)

OPINION THAT MATERIAL POSITIONS TAKEN WOULD MORE LIKELY THAN NOT BE
SUSTAINED BY EXAMINATION. ACCORDINGLY, THE AGENCY HAS NOT RECORDED AN
INCOME TAX LIABILITY FOR UNCERTAIN TAX POSITIONS. FOR THE YEAR ENDED JUNE
30, 2022, THERE WERE NO INTEREST OR PENALTIES RELATED TO INCOME TAXES
RECORDED OR INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN INTEREST IN NET ASSETS OF ENDOWMENT	440,036.
CHANGE IN INTEREST IN NET ASSETS OF CCDT	245,199.
CHANGE IN NET ASSETS OF TRUST	-3,117,711.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,432,476.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-635,994.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	635,994.
------------------------	----------

PART V, LINE 4

DISTRIBUTIONS FROM THE ENDOWMENT ARE USED TO SUPPORT THE PROGRAMS FOR THE
CATHOLIC DIOCESE OF DALLAS.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BISHOP'S GALA (event type)	ANGEL'S CHARITY LUNCHEON (event type)	2 (total number)		
Revenue	1	Gross receipts	1,875,755.	78,040.	35,685.	1,989,480.
	2	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.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	117,058.			117,058.
	6	Rent/facility costs	95,841.	685.		96,526.
	7	Food and beverages	157,009.	16,675.	3,855.	177,539.
	8	Entertainment	94,647.			94,647.
	9	Other direct expenses	128,679.	18,937.	2,608.	150,224.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				635,994.
11	Net income summary. Subtract line 10 from line 3, column (d)				1,147,333.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **CATHOLIC CHARITIES OF DALLAS, INC.** Employer identification number **75-2745221**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. JUDE INC., DBA ST. JUDE CENTER 13223 GLAD ACRES DRIVE DALLAS, TX 75234	80-0850327	501(C)(3)	191,144.	0.			CAPITAL, OPERATING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2021

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT, UTILITY, FOOD AND HOUSHOLD ITEMS ASSISTANCE	128346	38,268,221.	0.		CLOTHING, FOOD, HOUSHOLD GOODS

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: **CATHOLIC CHARITIES OF DALLAS, INC.**
 Employer identification number: **75-2745221**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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.

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

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

2021

**Open to Public
Inspection**

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

Name of the organization **CATHOLIC CHARITIES OF DALLAS, INC.** Employer identification number **75-2745221**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		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	X	141	282,557.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)	X	205	91,528.	FMV
26 Other (OFFICE FURNIT)	X	210	74,988.	FMV
27 Other (TRANSPORTATIO)	X	116	3,071.	FMV
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 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 O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CATHOLIC CHARITIES OF DALLAS, INC.

Employer identification number

75-2745221

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND HELPING ALL THOSE IN CRISIS MOVE TOWARDS A BETTER LIFE. ANNUALLY,
WE SERVE OVER 128,000 PEOPLE IN NEED IN A 9 COUNTY REGION IN NORTH
TEXAS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUE TO ADMINISTER EMERGENCY RENTAL, MORTGAGE, AND UTILITY
ASSISTANCE PROGRAMS TO NUMEROUS CITIES, DISTRIBUTING TENS OF MILLIONS
OF DOLLARS TO QUALIFYING HOUSEHOLDS. THIS PAST YEAR, WE PROVIDED
SUPPORT TO MORE THAN 12,800 STRUGGLING FAMILIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IMMIGRATION SERVICES - CATHOLIC CHARITIES DALLAS PROVIDES LEGAL AND
SUPPORT SERVICES FOR THE IMMIGRANT COMMUNITY, HELPING WITH
NATURALIZATION/CITIZENSHIP APPLICATIONS, FAMILY VISA PETITIONS,
APPLICATIONS FOR DEFERRED ACTION FOR CHILDHOOD APPROVALS (DACA),
DOCUMENT RENEWALS AND REPLACEMENTS, AND PERMANENT RESIDENT APPLICATIONS
FOR REFUGEES AND ASYLEES. WE PROACTIVELY REACH OUT TO THE IMMIGRANT
COMMUNITY OFFERING REGULAR KNOW YOUR RIGHTS WORKSHOPS AND WORK DIRECTLY
WITH IMMIGRANT VICTIMS 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 CATHOLIC CHARITIES DALLAS. WE UTILITIZE THE WORKING

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

Schedule O (Form 990) 2021

Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
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FAMILIES SUCCESS MODEL, AN INTEGRATED APPROACH ENCOMPASSING INCOME SUPPORTS, FINANCIAL COACHING AND EMPLOYMENT SERVICES. THROUGH COMMUNITY-BASED FOOD PANTRIES, WE OFFER NUTRITIONALLY BALANCED FOOD BOXES AND WE OFFER FRESH PRODUCE THROUGH OUR CHOICE PANTRY; WE ALSO PROVIDE SHORT-TERM FINANCIAL ASSISTANCE TO STABILIZE FAMILIES IN NEED OF SUPPORT WITH THEIR RENT/MORTGAGE OR UTILITY PAYMENTS. WE WORK WITH CLIENTS ONE-ON-ONE TO DEVELOP REASONABLE BUDGETS AND UTILIZE FISCAL MANAGEMENT BEST PRACTICES AND FINANCIAL TECHNOLOGY TOOLS TO HELP THEM BUILD THEIR SAVINGS, REDUCE THEIR DEBTS AND INCREASE THEIR OVERALL CREDIT SCORES. ADDITIONAL SUPPORT IN THE FORM OF VOCATIONAL OR SKILLS TRAINING, CAREER COUNSELING AND JOB PLACEMENT SERVICES HELP CLIENTS REACH THEIR POTENTIAL IN THE JOB MARKET AND FURTHER STABILIZE THEIR FAMILIES.

AS ONE OF THE LEADING SOCIAL SERVICES PROVIDERS IN NORTH TEXAS, CATHOLIC CHARITIES DALLAS OFFERS A CONTINUUM OF SERVICES SPANNING FROM EARLY CHILDHOOD THROUGH THE ELDERLY. WE OFFER PREGNANCY, ADOPTION AND PARENTING COUNSELING AND SUPPORT SERVICES, HELPING CHILDREN FIND THEIR FOREVER HOMES, CONNECTING FAMILIES SEEKING TO ADOPT WITH EXPECTANT BIRTH PARENTS, AND GIVING EXPECTANT AND NEW PARENTS THE TOOLS AND RESOURCES NECESSARY TO SUCCESSFULLY NAVIGATE THEIR NEW JOURNEY. TO GIVE YOUNG CHILDREN AN EARLY START ON THEIR EDUCATION, WE PROVIDE A DUAL-GENERATION EARLY LEARNING PROGRAM THAT HELPS CHILDREN AGES BIRTH TO 5 ADVANCE THEIR LANGUAGE AND COGNITIVE SKILLS TO BE "KINDERGARDEN-READY," WHILE WE SUPPORT THEIR PARENTS WITH ESL, GED AND PARENTING CLASSES AND HELP THEM BE MORE ENGAGED IN THEIR CHILDREN'S EDUCATION. TO BOOST ACADEMIC PROGRESS IN SCHOOL-AGE CHILDREN (K-6TH GRADE), WE OFFER DAILY AFTER-SCHOOL INSTRUCTION AND TUTORING IN THE

Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
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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.

Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
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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

Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
--	--

DECIDE IF A CONFLICT OF INTEREST EXISTS. TO ENSURE CATHOLIC CHARITIES

OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT

ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC

REVIEWS SHALL BE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 15:

THE OFFICERS, IN CONJUNCTION WITH THE CHIEF PEOPLE OFFICER, ANNUALLY REVIEW

THE SALARIES OF ALL EXECUTIVE STAFF INCLUDING THE CHIEF FINANCIAL OFFICER.

THE OFFICERS CONSIDER ANNUAL PERFORMANCE REVIEWS, COMPARABLE COMPENSATION

FROM SIMILAR LOCAL ORGANIZATIONS, AND A NUMBER OF OTHER FACTORS IN

ESTABLISHING THE CFO'S ANNUAL SALARY AND OTHER COMPENSATION ALL ARE

AVAILABLE AT CATHOLIC CHARITIES' ADMINISTRATIVE OFFICES TO ANYONE WHO

WISHES TO REVIEW THEM.

FORM 990, PART VI, SECTION C, LINE 19:

DISCLOSURE OF DOCUMENTS

THE AGENCY'S BYLAWS, CONFLICT OF INTEREST STATEMENTS, MINUTES, AUDITED

FINANCIALS, AND FORM 990'S ARE ALL MADE AVAILABLE FOR PUBLIC INSPECTION AT

THE ADMINISTRATIVE OFFICES OF OUR CENTRAL SERVICE CENTER.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INTEREST IN NET ASSETS OF ENDOWMENT	440,036.
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CHANGE IN INTEREST IN NET ASSETS OF CCDT	245,199.
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CHANGE IN NET ASSETS OF TRUST	-3,117,711.
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TOTAL TO FORM 990, PART XI, LINE 9	-2,432,476.
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FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **CATHOLIC CHARITIES OF DALLAS, INC.** Employer identification number **75-2745221**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROMAN CATHOLIC DIOCESE OF DALLAS - 75-0800637, 3725 BLACKBURN ST, DALLAS, TX 75219	CHURCH	TEXAS	501(C)(3)	LINE 1			X
CATHOLIC CHARITIES ENDOWMENT TRUST - 75-6569125, 1421 W MOCKINGBIRD LN, DALLAS, TX 75247	INTEGRATED AUXILIARY SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	ROMAN CATHOLIC DIOCESE OF DALLAS		X
CATHOLIC CHARITIES OF DALLAS TRUST - 47-6605661, 3725 BLACKBURN ST, DALLAS, TX 75219	INTEGRATED AUXILIARY SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	ROMAN CATHOLIC DIOCESE OF DALLAS		X
CATHOLIC CHARITIES OF DALLAS CHILDREN'S SERVICES - 83-4547013, 1421 W MOCKINGBIRD LN, DALLAS, TX 75247	INTEGRATED AUXILIARY SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	ROMAN CATHOLIC DIOCESE OF DALLAS		X

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

Schedule R (Form 990) 2021

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

