

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: CATHOLIC CHARITIES OF DALLAS, INC. D Employer identification number: 75-2745221
E Telephone number: 866-223-7500
G Gross receipts \$: 45,995,365.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.CCDALLAS.ORG
K Form of organization: Corporation
L Year of formation: 1997
M State of legal domicile: TX

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

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.

Signature of officer: DAVE WOODYARD, PRESIDENT & CEO
Preparer: MATTHEW PETROSKI, ARMANINO ADVISORY LLC
Firm's address: 15950 N. DALLAS PKWY, #600 DALLAS, TX 75248

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 SERVED 181,605 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 \$ 14,571,887. including grants of \$ 9,417,088.) (Revenue \$ 421,202.) REFUGEE RESETTLEMENT - CATHOLIC CHARITIES DALLAS BEGAN RESETTLING REFUGEES IN THE LATE 1970S AND CONTINUES TO HELP THOSE FLEEING THEIR HOMES AND COMMUNITIES TO ESCAPE WAR, PERSECUTION, OR DEATH. WE ARE FIRST RESPONDERS TO THESE REFUGEES. WELCOMING AND ORIENTING THEM TO THEIR NEW COMMUNITY, FINDING SUITABLE HOUSING PROVIDING FOOD, CLOTHING, HOUSEHOLD GOODS AND OTHER NECESSITIES, AND AIDING 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. THIS PAST YEAR, WE PROVIDED SUPPORT TO 3,702 REFUGEES.

4b (Code:) (Expenses \$ 4,423,366. including grants of \$ 619,429.) (Revenue \$ 289,220.) CHILDREN SERVICES - AT CATHOLIC CHARITIES DALLAS, WE PROVIDE AN ARRAY OF SERVICES TO SUPPORT UNACCOMPANIED REFUGEE MINORS. THESE ARE MINORS WHO HAVE BEEN DESIGNATED 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. WE ALSO SERVE UNACCOMPANIED CHILDREN WHO ARE 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. OUR TOP PRIORITY IS CREATING SAFE, WELCOMING ENVIRONMENTS WHERE WE CAN ENSURE THEIR WELL-BEING, WHILE WE HELP RETURN THEM TO THEIR FAMILIES. THIS PAST YEAR, WE PROVIDED SUPPORT TO 234 CHILDREN.

4c (Code:) (Expenses \$ 3,455,491. including grants of \$ 2,592,519.) (Revenue \$) DISASTER SERVICES - CATHOLIC CHARITIES DALLAS DISASTER RESPONSE TEAM MOBILIZES QUICKLY AND ARE OFTEN THE FIRST RESPONDERS IN THE AREA. ONE OF THE BENEFITS OF 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 CARDS) TO FAMILIES IN NEED. WE THEN WORK OVER THE LONG-TERM TO HELP THEM GET BACK ON THEIR FEET.

4d Other program services (Describe on Schedule O.) (Expenses \$ 17,207,547. including grants of \$ 933,846.) (Revenue \$ 2,493,387.)

4e Total program service expenses 39,658,291.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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. [X] Own website [X] Another's website [X] 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
LEANN RICHBURG - 972-559-0144
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, box 6 of 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 CHIEF EXECUTIVE OFFICER	50.00			X			284,500.	0.	13,277.	
(2) KELLY NOONAN CHIEF DEVELOPMENT OFFICER	50.00			X			184,236.	0.	11,983.	
(3) BRENDA HUFFMAN CHIEF OPERATIONS OFFICER	50.00			X			175,406.	0.	10,648.	
(4) BUJAR MEMA CHIEF SERVICES OFFICER	50.00			X			156,987.	0.	15,945.	
(5) LEANN RICHBURG CHIEF FINANCIAL OFFICER	50.00			X			149,268.	0.	12,885.	
(6) LACY DE LA GARZA DIRECTOR PARISH & COMM RELATIONS	50.00					X	124,584.	0.	11,941.	
(7) VERONICA N MANRIQUEZ DIRECTOR DONOR ENGAGEMENT	50.00					X	126,612.	0.	7,030.	
(8) THOMAS CODD BOARD & EXECUTIVE COMMITTEE CHAIR	5.00	X		X			0.	0.	0.	
(9) KATHLEEN MULDOON VICE CHAIR	5.00	X		X			0.	0.	0.	
(10) BILL DANDRIDGE TREASURER	5.00	X		X			0.	0.	0.	
(11) RAY CHAVEZ SECRETARY	5.00	X		X			0.	0.	0.	
(12) JEFFREY SCHNEIDER FACILITIES CHAIR	2.00	X					0.	0.	0.	
(13) GREG DEITER AUDIT CHAIR	2.00	X					0.	0.	0.	
(14) JEAN FUCHS DEVELOPMENT CHAIR	2.00	X					0.	0.	0.	
(15) THOMICA EVANS MISSION & PROGRAMS CHAIR	2.00	X					0.	0.	0.	
(16) WADE GLOVER GOVERNANCE CHAIR	2.00	X					0.	0.	0.	
(17) KAREN HIGGENBOTHAM ANGELS CHAIR	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) MARC KOCH ARCHANGELS CHAIR	2.00	X						0.	0.	0.
(19) REBECCA ALMANZA DIRECTOR	2.00	X						0.	0.	0.
(20) KEVIN BARTHOLOMEW DIRECTOR	2.00	X						0.	0.	0.
(21) CAROLYN BEEBE DIRECTOR	2.00	X						0.	0.	0.
(22) MATT BRYARLY DIRECTOR	2.00	X						0.	0.	0.
(23) PHYLLIS CONCES DIRECTOR	2.00	X						0.	0.	0.
(24) SCOTT DEKE DIRECTOR	2.00	X						0.	0.	0.
(25) ALFREDO DUERTE DIRECTOR	2.00	X						0.	0.	0.
(26) CATHERINE FOXWORTH DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,201,593.	0.	83,709.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,201,593.	0.	83,709.

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 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 856 E 9 MILE ROAD, FERNDALE, MI 48220	IT SERVICES	189,316.
AMERICAN INCENTIVE ADVISORS, 8911 N CAPITAL OF TEXAS HWY SUITE 1105, AUSTIN,	CONSULTING SERVICES	124,585.
TACTICAL PROTECTION SERVICES, 1701 PAYNE STREET SUITE 2301, DALLAS, TX 75201	SECURITY	101,443.

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 3

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	359,700.				
	1 b	Membership dues					
	1 c	Fundraising events	194,675.				
	1 d	Related organizations	689,754.				
	1 e	Government grants (contributions)	29,621,002.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above ...	8,934,184.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 4,274,153.				
	1 h	Total. Add lines 1a-1f	39,799,315.				
	Program Service Revenue	2 a	FAMILY SERVICES	624100	1,466,411.	1,466,411.	
2 b		ILS	541199	979,421.	979,421.		
2 c		RS	624230	421,202.	421,202.		
2 d		CHILDRENS SERVICES	624110	289,220.	289,220.		
2 e		EDUCATION	611710	47,555.	47,555.		
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		3,203,809.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		337,286.		337,286.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	132,336.			
			(ii) Personal				
	6 b	Less: rental expenses ...		0.			
	6 c	Rental income or (loss)		132,336.			
	6 d	Net rental income or (loss)		132,336.		132,336.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
	7 c	Gain or (loss)					
	7 d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 194,675. of contributions reported on line 1c). See Part IV, line 18		2,489,726.				
			711,091.				
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events		1,778,635.		1,778,635.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	32,893.		32,893.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		32,893.			
	12	Total revenue. See instructions		45,284,274.	3,203,809.	0.	2,281,150.

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 ...	870,057.	870,057.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,692,825.	12,692,825.		
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	1,062,718.	247,716.	443,365.	371,637.
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	14,635,242.	13,613,423.	680,804.	341,015.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,958.	96,840.	118.	
9 Other employee benefits	1,621,967.	1,495,646.	92,845.	33,476.
10 Payroll taxes	1,249,438.	1,111,852.	85,438.	52,148.
11 Fees for services (nonemployees):				
a Management				
b Legal	46,303.	41,210.	2,778.	2,315.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	54,975.			54,975.
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.)	993,012.	686,734.	161,818.	144,460.
12 Advertising and promotion	57,625.	42,704.	11,965.	2,956.
13 Office expenses	1,846,389.	1,408,815.	195,305.	242,269.
14 Information technology	778,774.	693,109.	46,726.	38,939.
15 Royalties				
16 Occupancy	1,879,424.	1,126,640.	747,913.	4,871.
17 Travel	534,436.	475,021.	54,935.	4,480.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	328,129.	290,646.	28,305.	9,178.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	440,266.	193,199.	245,398.	1,669.
23 Insurance	258,059.	235,600.	15,993.	6,466.
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 DONATED GOODS	4,274,153.	4,274,153.		
b MISCELLANEOUS	75,901.	33,175.	19,833.	22,893.
c EVENT EXPENSES	34,310.	28,926.	1,879.	3,505.
d _____				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	43,830,961.	39,658,291.	2,835,418.	1,337,252.
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 <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	5,305,143.	1	2,849,256.
	2 Savings and temporary cash investments	5,220,132.	2	3,879,959.
	3 Pledges and grants receivable, net	257,016.	3	168,354.
	4 Accounts receivable, net	3,447,119.	4	5,204,660.
	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	182,631.	9	429,405.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,896,447.		
	b Less: accumulated depreciation	10b 3,259,532.		
		2,685,607.	10c	2,636,915.
	11 Investments - publicly traded securities		11	1,728,981.
	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	23,260,821.	15	25,712,122.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	40,358,469.	16	42,609,652.	
Liabilities	17 Accounts payable and accrued expenses	1,088,016.	17	948,902.
	18 Grants payable		18	
	19 Deferred revenue	1,979,221.	19	654,783.
	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		23	
	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	318,786.	25	329,040.
	26 Total liabilities. Add lines 17 through 25	3,386,023.	26	1,932,725.
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	18,060,879.	27	21,173,187.
	28 Net assets with donor restrictions	18,911,567.	28	19,503,740.
	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	36,972,446.	32	40,676,927.
33 Total liabilities and net assets/fund balances	40,358,469.	33	42,609,652.	

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	45,284,274.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,830,961.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,453,313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,972,446.
5	Net unrealized gains (losses) on investments	5	407,107.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,844,061.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	40,676,927.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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** (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,250,699.	39,612,877.	57,310,765.	40,383,112.	39,799,315.	199,356,768.
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	22,250,699.	39,612,877.	57,310,765.	40,383,112.	39,799,315.	199,356,768.
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.						199,356,768.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	22,250,699.	39,612,877.	57,310,765.	40,383,112.	39,799,315.	199,356,768.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	128,859.	243,243.	172,183.	276,450.	469,622.	1,290,357.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	1,154,928.	376,264.	1,778,635.	3,309,827.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	89,529.	111,790.	12,858.	142,605.	32,893.	389,675.
11 Total support. Add lines 7 through 10						204,346,627.
12 Gross receipts from related activities, etc. (see instructions)					12	10,029,507.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	97.56 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.50 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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>		
11a		
11b		
11c		

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>		
1		
2		

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>		
1		

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>		
1		
2		
3		

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>			
2a			
2b			
3a			
3b			

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).		

Schedule A (Form 990) 2023

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

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/>	\$ 1,195,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,824,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 7,794,071.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,921,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,195,960.	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.)

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions 3-9 regarding monitoring, expenses, 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 in 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	11,192,380.	10,583,894.	12,671,103.	10,159,047.	10,172,536.
b Contributions					
c Net investment earnings, gains, and losses	1,218,172.	1,073,057.	-1,628,033.	2,920,446.	394,481.
d Grants or scholarships					380,512.
e Other expenditures for facilities and programs					
f Administrative expenses	460,160.	464,571.	459,176.	408,390.	27,458.
g End of year balance	11,950,392.	11,192,380.	10,583,894.	12,671,103.	10,159,047.

- 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? | 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		2,717,985.	1,381,409.	1,336,576.
d Equipment		3,178,462.	1,878,123.	1,300,339.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,636,915.

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, line 12, col. (B))		

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, line 13, col. (B))		

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	6,273,921.
(2) INTEREST IN NET ASSETS OF TRUSTS HELD BY THIRD PARTIES	133,401.
(3) INTEREST IN NET ASSETS OF CATHOLIC CHARITIES ENDOWMENT TRUST	11,950,392.
(4) INTEREST IN REAL ESTATE CORP	7,208,714.
(5) FINANCE LEASE RIGHT-OF-USE ASSET	145,694.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	25,712,122.

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) CONTINGENT FEDERAL FUNDS	221,274.
(3) LEASE LIABILITY	107,766.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	329,040.

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	48,934,977.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	407,107.
b	Donated services and use of facilities	2b	688,444.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,844,061.
e	Add lines 2a through 2d	2e	2,939,612.
3	Subtract line 2e from line 1	3	45,995,365.
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	-711,091.
c	Add lines 4a and 4b	4c	-711,091.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	45,284,274.

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	45,230,496.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	688,444.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	711,091.
e	Add lines 2a through 2d	2e	1,399,535.
3	Subtract line 2e from line 1	3	43,830,961.
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	43,830,961.

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, 2024, 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	459,384.
CHANGE IN INTEREST IN NET ASSETS OF CCDT	258,663.
CHANGE IN NET ASSETS OF TRUST	1,126,014.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,844,061.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-711,091.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	711,091.
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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 OF CHARITY LUNCHEON (event type)	2 (total number)	
Revenue	1	2,472,796.	95,225.	116,380.	2,684,401.
	2	178,675.	16,000.		194,675.
	3	2,294,121.	79,225.	116,380.	2,489,726.
Direct Expenses	4				
	5	28,856.			28,856.
	6	533,301.	21,083.	12,099.	566,483.
	7	1,840.	490.	7,420.	9,750.
	8	27,939.			27,939.
	9	56,164.	12,051.	9,848.	78,063.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				1,778,635.

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))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<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

2023

**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)	510,654.	0.			CAPITAL, OPERATING
OAK LAWN UNITED METHODIST CHURCH 3014 OAKLAWN AVE DALLAS, TX 75219	75-0818169	501(C)(3)	173,839.	0.			FEMA REIMBURSEMENT
NORTH TEXAS FOOD BANK 3677 MAPLESHADE PLANO, TX 75075	75-1785357	501(C)(3)	137,767.	0.			CLIENT FOOD PANTRY-PARK
BATON ROUGE AREA FOUNDATION 100 NORTH ST. SUITE 900 BATON ROUGE, LA 70802	72-6030391	501(C)(3)	32,189.	0.			EMPLOYEE ASSISTANCE PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4.

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

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

Schedule I (Form 990) 2023

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	181605	12,692,825.	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

2023

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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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 CHIEF EXECUTIVE OFFICER	(i)	269,500.	15,000.	0.	6,131.	7,146.	297,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KELLY NOONAN CHIEF DEVELOPMENT OFFICER	(i)	169,236.	15,000.	0.	2,549.	9,434.	196,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRENDA HUFFMAN CHIEF OPERATIONS OFFICER	(i)	175,406.	0.	0.	1,425.	9,223.	186,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BUJAR MEMA CHIEF SERVICES OFFICER	(i)	156,987.	0.	0.	2,625.	13,320.	172,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LEANN RICHBURG CHIEF FINANCIAL OFFICER	(i)	149,268.	0.	0.	850.	12,035.	162,153.	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:

DAVID WOODYARD, KELLY NOONAN, AND VERONICA MANRIQUEZ RECEIVED BONUSES OF

\$15,000, \$15,000, AND \$9,000, RESPECTIVELY DURING THE 2023 TAX YEAR.

BONUSES ARE NON-FIXED PAYMENTS, DETERMINED BASED OFF OF PERFORMANCE OF

INDIVIDUALS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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		804,852.	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	X	1	802,929.	FMV
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2	423,074.	FMV
20 Drugs and medical supplies	X	3	2,064,747.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)	X	15	178,551.	FMV
26 Other ()				
27 Other ()				
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** 1

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 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?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

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 CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

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

2023

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 SERVED 181,605 PEOPLE IN NEED IN A 9 COUNTY REGION IN NORTH TEXAS.

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
IMMIGRANTCOMMUNITY 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
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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
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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. IN 2024
 WE STARTED A PROGRAM FOR PREGNANT WOMEN TO LIVE IN A SAFE ENVIRONMENT.

EDUCATION PROGRAMS STRIVE 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 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

Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
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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 THREE 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. ST. JUDE VANTAGE POINT WILL OPEN IN OUR 1ST QTR 2024-2025.
DURING 2024 CATHOLIC CHARITIES ASSISTED THE CENTRAL DALLAS COMMUNITY
DEVELOPMENT CORPORATION WITH PROPERTY MANAGEMENT AND CASE MANAGEMENT
FOR LOW INCOME HOUSING NEEDS.

OUR HUNGER PROGRAM FEEDS FAMILIES WHO FALL UNDER THE FEDERAL POVERTY
GUIDELINES ENABLING THEM TO BECOME ELIGIBLE TO RECEIVE FOOD SERVICES.
FAMILIES FACING A TEMPORARY CRISIS DUE TO NATURAL DISASTERS AND
HOMELESSNESS AUTOMATICALLY BECOME ELIGIBLE TO RECEIVE SERVICES.

OUR FIVE FIXED FOOD PANTRIES ALLOW CLIENTS TO RECEIVE FOOD AT A
LOCATION THAT IS CONVENIENT, SAFE, AND CLEAN. SOME LOCATIONS INCLUDE
"CLIENT-CHOICE" OPTIONS ALLOWING DIRECT SELECTION OF SPECIFIC FOODS.
OUR FIVE MOBILE COMMUNITY PANTRIES TRAVEL TO OVER 90 MOBILE PANTRY
SITES THROUGH THE NINE COUNTIES OF THE DIOCESE OF DALLAS TO BRING FRESH
FOOD TO THOSE IN NEED.

Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
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EXPENSES \$ 17,207,547. INCL GRANTS OF \$ 933,846. REVENUE \$ 2,493,387.

FORM 990, PART VI, SECTION A, LINE 1A:

THE GOVERNING BODY INCLUDED 27 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.

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.

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

Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.	Employer identification number 75-2745221
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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	459,384.
CHANGE IN INTEREST IN NET ASSETS OF CCDT	258,663.
CHANGE IN NET ASSETS OF TRUST	1,126,014.
TOTAL TO FORM 990, PART XI, LINE 9	1,844,061.

**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

2023

**Open to Public
Inspection**

Name of the organization <p align="center">CATHOLIC CHARITIES OF DALLAS, INC.</p>	Employer identification number <p align="center">75-2745221</p>
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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) 2023

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)			

