** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning JU	L 1, 2023 and	ending J	UN 30, 2024	
B c	heck if	C Name of organization			D Employer iden	tification number
	Addres					
	Name change				75-274522	21
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone num	ber
]Final return/	1421 W. MOCKINGBIRD LANE			866-223-75	00
	termin ated		IP or foreign postal code		G Gross receipts \$	45,995,365.
	Ameno return	DALLAS, IX /524/			H(a) Is this a group	o return
	Application	F Name and address of principal officer.	WOODYARD		for subordina	tes? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinate	es included? Yes No
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attacl	n a list. See instructions
	Vebsit				H(c) Group exemp	tion number 0928
		- · · · · · · · · · · · · · · · · · · ·	ociation Other	L Year	of formation: 1997	M State of legal domicile: TX
Pa	rt I	Summary				
Ð		Briefly describe the organization's mission or most s			TIES DALLAS HEL	?S
Governance		OUR COMMUNITY'S MOST VULNERABLE BY TAK				
ern			tinued its operations or dispos			1
Š		Number of voting members of the governing body (F				3 27
≪		Number of independent voting members of the gove				4 27
es		Total number of individuals employed in calendar ye				5 330
Activities &		Total number of volunteers (estimate if necessary)				6 2575
Aci		Total unrelated business revenue from Part VIII, colu				7a 0.
	D	Net unrelated business taxable income from Form 9	90-1, Part I, line 11	·····	Prior Year	7b 0. Current Year
	۰	Contributions and grants (Dort VIII line 1b)			40,383,11	
ne		Contributions and grants (Part VIII, line 1h)			2,169,31	
Revenue			and 7d)		128,55	
Be		Investment income (Part VIII, column (A), lines 3, 4, a			684,53	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, Total revenue - add lines 8 through 11 (must equal F			43,365,51	
_		Grants and similar amounts paid (Part IX, column (A			19,590,62	
		Benefits paid to or for members (Part IX, column (A)				0. 0.
		Salaries, other compensation, employee benefits (Pa			17,656,46	*
Expenses		Professional fundraising fees (Part IX, column (A), lir			47,25	
ben		Total fundraising expenses (Part IX, column (D), line		252.	,	
Ä		Other expenses (Part IX, column (A), lines 11a-11d,			5,896,39	3. 11,546,781.
		Total expenses. Add lines 13-17 (must equal Part IX			43,190,73	
		Revenue less expenses. Subtract line 18 from line 1			174,78	5. 1,453,313.
or es		•		Ве	ginning of Current Yea	End of Year
sets	20	Total assets (Part X, line 16)			40,358,46	9. 42,609,652.
ASS	21	Total liabilities (Part X, line 26)			3,386,02	1,932,725.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from li	ne 20		36,972,44	6. 40,676,927.
Pa	rt II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	and statem	ents, and to the best of	my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
		O'makes of officers			Data	
Sig		Signature of officer			Date	
Her	е	DAVE WOODYARD, PRESIDENT & CEO				
		Type or print name and title			Date Check	PTIN
		21 1 1	Preparer's signature		1 (1 5 (0 4	L
Paid			ATTHEW PETROSKI	1	<u> </u>	P00853132
Prep		Firm's name ARMANINO ADVISORY LLC			Firm's EIN	94-6214841
Use	ипіу	Firm's address 15950 N. DALLAS PKWY, #600			DI: 0	72_661_1042
		DALLAS, TX 75248	00 : 1 ::		Phone no.9	72-661-1843
May	tne IF	RS discuss this return with the preparer shown above	e? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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 \$\$
	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 SATES 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.
	Form 990 (2023)

75 - 2745221

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
'	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form 990 (2023) CATHOLIC CHARITIES OF DALLA Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		_ 55		
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	(2023)

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Form 990 (2023) CATHOLIC CHARITIES OF DALLAS, INC.

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	330			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	Х	
b			d	7b	^	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7.		х
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7c		21
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		:t?	7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand	13c				
14a	Bid the constitution of the fact that the state of the st		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			i-fu		
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		<u> </u>
	If "Yes," complete Form 6069.					
				_	$\Omega\Omega\Omega$	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 27			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
,	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 4		
D		7b	х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
		00	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
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	onlv) a	availat	ole
	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	financ	ial	
	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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do		Pos heck	c) ition more rson i	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DAVID WOODYARD	50.00									
CHIEF EXECUTIVE OFFICER				Х				284,500.	0.	13,277.
(2) KELLY NOONAN	50.00									
CHIEF DEVELOPMENT OFFICER				Х				184,236.	0.	11,983.
(3) BRENDA HUFFMAN	50.00									
CHIEF OPERATIONS OFFICER				Х				175,406.	0.	10,648.
(4) BUJAR MEMA	50.00									
CHIEF SERVICES OFFICER				Х				156,987.	0.	15,945.
(5) LEANN RICHBURG	50.00									
CHIEF FINANCIAL OFFICER				Х				149,268.	0.	12,885.
(6) LACY DE LA GARZA	50.00									
DIRECTOR PARISH & COMM RELATIONS						Х		124,584.	0.	11,941.
(7) VERONICA N MANRIQUEZ	50.00									
DIRECTOR DONOR ENGAGEMENT						Х		126,612.	0.	7,030.
(8) THOMAS CODD	5.00									
BOARD & EXECUTIVE COMMITTEE CHAIR		Х		Х				0.	0.	0.
(9) KATHLEEN MULDOON	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) BILL DANDRIDGE	5.00									
TREASURER		Х		Х				0.	0.	0.
(11) RAY CHAVEZ	5.00									
SECRETARY		Х		Х				0.	0.	0.
(12) JEFFREY SCHNEIDER	2.00									
FACILITIES CHAIR		Х						0.	0.	0.
(13) GREG DEITER	2.00									
AUDIT CHAIR		Х						0.	0.	0.
(14) JEAN FUCHS	2.00									
DEVELOPMENT CHAIR		Х						0.	0.	0.
(15) THOMICA EVANS	2.00									
MISSION & PROGRAMS CHAIR		Х						0.	0.	0.
(16) WADE GLOVER	2.00									
GOVERNANCE CHAIR		Х						0.	0.	0.
(17) KAREN HIGGENBOTHAM	2.00]								
ANGELS CHAIR		Х						0.	0.	0.
										Earm 990 (2022)

332007 12-21-23 Form **990** (2023)

	ARITIES OF D	ALL	AS,	IN	C.				75-274522	1 Page 8
Part VII Section A. Officers, Directors, Tre	ustees, Key Emp	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of
	week (list any	_	Cei ai		II ecit	T	(66)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nstitutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idual	tution	la la	Key employee	est co	ıer	ŕ		organizations
	line)	Indiv	Insti	Officer	Key 6	High	Former			
(18) MARC KOCH	2.00									
ARCHANGELS CHAIR		Х						0.	0.	0.
(19) REBECCA ALMANZA	2.00									
DIRECTOR		Х						0.	0.	0.
(20) KEVIN BARTHOLOMEW	2.00									
DIRECTOR		Х						0.	0.	0.
(21) CAROLYN BEEBE	2.00									
DIRECTOR		Х						0.	0.	0.
(22) MATT BRYARLY	2.00									
DIRECTOR		Х						0.	0.	0.
(23) PHYLLIS CONCES	2.00									
DIRECTOR		Х						0.	0.	0.
(24) SCOTT DEKE	2.00									
DIRECTOR		Х						0.	0.	0.
(25) ALFREDO DUERTE	2.00									
DIRECTOR		Х						0.	0.	0.
(26) CATHERINE FOXWORTH	2.00									
DIRECTOR		Х						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.
O Tatal acceptance of in all vietnate final value at least										

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

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

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

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

5 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 li	sted above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 CATHOLIC CHARITIES OF DALLAS, INC. 75-2745221										
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	ırs (check a				app	ly)	compensation	compensation	amount of
	per .							from	from related	other
	week	or				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	related	ee or	stee			nsate		(** 27 1033 141100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	om pe				organizations
	below	vidua	itution	er	Key employee	nest c	ner			
	line)	Indi	Inst	Officer	Key	High	Former			
(27) BILL KEFFLER	2.00									
DIRECTOR		Х						0.	0.	0.
(28) SHAUNA KING	2.00									
DIRECTOR		Х						0.	0.	0.
(29) PETE LERMA	2.00									
DIRECTOR		Х						0.	0.	0.
(30) MARGUERITE MARZ	2.00									
DIRECTOR		Х						0.	0.	0.
(31) GABRIELA SAENZ	2.00									
DIRECTOR		Х						0.	0.	0.
(32) MICHELE STEPHENS	2.00									
DIRECTOR		Х						0.	0.	0.
(33) SANDI STEVENS	2.00									
DIRECTOR		Х						0.	0.	0.
(34) JOHN. T. THOMAS	2.00									
DIRECTOR		Х						0.	0.	0.
-										
		ŀ								
						\vdash				
	<u> </u>]	<u> </u>	l	<u> </u>]			
Total to Part VII Section A line 15										
Total to Part VII, Section A, line 1c										<u> </u>

75-2745221

Part VIII Statement of Revenue

		Check if Schedule O c	ontains	a response	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
S S	1 a	Federated campaigns		1a	359,700.				
ants				·					
ij g					194,675.				
ř,		Fundraising events			689,754.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations							
ns, Sim		Government grants (contri			29,621,002.				
er S	f	All other contributions, gifts, (0 024 104				
듗된		similar amounts not included			8,934,184.				
ont od (_	Noncash contributions included in I	ines 1a-11	1g \$	4,274,153.	20 500 245			
<u>0 g</u>	h	Total. Add lines 1a-1f			I -	39,799,315.			
					Business Code				
9	2 a	FAMILY SERVICES			624100	1,466,411.	1,466,411.		
e <u>Š</u>	b	ILS			541199	979,421.	979,421.		
Sugar	С	RS			624230	421,202.	421,202.		
ar	d	CHILDRENS SERVICES			624110	289,220.	289,220.		
Program Service Revenue	е	EDUCATION			611710	47,555.	47,555.		
4	f	All other program service r	evenue)					
	g	Total. Add lines 2a-2f				3,203,809.			
	3	Investment income (includ	ing divi	dends, intere	st, and				
						337,286.			337,286.
	4	Income from investment of							
	5	Royalties							
		··- ,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a	132,336.					
		Less: rental expenses	6b	0.					
			6c	132,336.					
		Net rental income or (loss)			l.	132,336.			132,336.
		Gross amount from sales of	$\overline{}$) Securities	(ii) Other				,
	ı a	assets other than inventory	7a	, 5554	()				
	L	Less: cost or other basis	1a						
ø.	D		76						
Revenue	_	and sales expenses	7b						
eve		Gain or (loss)	7с						
		Net gain or (loss)							
ther	8 a	Gross income from fundraisin		I					
₽			94,67						
		contributions reported on	,	I	2 400 726				
		Part IV, line 18							
		Less: direct expenses			711,091.	4 550 635			4 550 635
		Net income or (loss) from f				1,778,635.			1,778,635.
	9 a	Gross income from gaming	-	I					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from (
	10 a	Gross sales of inventory, le	ess retu	ırns					
		and allowances		10a					
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from s	sales of	inventory					
<u>,</u> [· <u> </u>				Business Code				
ño «	11 a	MISCELLANEOUS			900099	32,893.			32,893.
ane Dug	b								
Miscellaneous Revenue	С								
is B	d	All other revenue							
2		Total. Add lines 11a-11d				32,893.			
	12	Total revenue. See instructio				45,284,274.	3,203,809.	0.	2,281,150.

332009 12-21-23

75 - 2745221

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	000 000	000 000		
	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.	371,63
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
0	Payroll taxes	1,249,438.	1,111,852.	85,438.	52,148
1	Fees for services (nonemployees):				
а	Management				
b	Legal	46,303.	41,210.	2,778.	2,315
С	Accounting				
d	Lobbying	54.055			54.05
е	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,	002 012	606 724	1.61 .010	144 460
	column (A), amount, list line 11g expenses on Sch O.)	993,012.	686,734.	161,818.	144,460 2,956
12	Advertising and promotion	57,625.	42,704.	11,965.	
13	Office expenses	1,846,389. 778,774.	1,408,815.	195,305. 46,726.	242,269
14	Information technology	770,774.	693,109.	40,720.	38,939
15	Royalties	1,879,424.	1,126,640.	747,913.	4,871
6	Occupancy	534,436.	475,021.	54,935.	4,480
7	Travel	334,430.	475,021.	34,333.	4,400
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	328,129.	290,646.	28,305.	9,178
9	Conferences, conventions, and meetings	320,123.	250,040.	20,303.	5,170
20	Interest				
21 22	Payments to affiliates	440,266.	193,199.	245,398.	1,669
:2	la a company	258,059.	235,600.	15,993.	6,466
.3 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.)				
а	DONATED GOODS	4,274,153.	4,274,153.		
b	MISCELLANEOUS	75,901.	33,175.	19,833.	22,893
С	EVENT EXPENSES	34,310.	28,926.	1,879.	3,505
d					
е	All other expenses	40.000.000	20 652 201	0.005.110	4 00- 0-
5	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.				
	. , ,				Form 990

Form 990 (2023) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,305,143.	1	2,849,25
	2	Savings and temporary cash investments			5,220,132.	2	3,879,95
	3	Pledges and grants receivable, net			257,016.	3	168,35
	4	Accounts receivable, net			3,447,119.	4	5,204,66
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B) L		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
8	9	Donat and a supra a supra and a deferment all also supra			182,631.	9	429,40
	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	2,636,91
	11	Investments - publicly traded securities				11	1,728,98
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	23,260,821.	15	25,712,12		
	16	Total assets. Add lines 1 through 15 (must ed	40,358,469.	16	42,609,65		
	17	Accounts payable and accrued expenses			1,088,016.	17	948,90
	18	Grants payable			18		
	19	Deferred revenue			1,979,221.	19	654,78
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ر ا	22	Loans and other payables to any current or for	mer offic	er, director,			
1 <u>1</u>		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
Ĕ	23	Secured mortgages and notes payable to unre	elated thir			23	
	24	Unsecured notes and loans payable to unrelat	ed third p	oarties		24	
	25	Other liabilities (including federal income tax, p	oayables ·				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D		L	318,786.	25	329,040
	26				3,386,023.	26	1,932,72
		Organizations that follow FASB ASC 958, cl	neck her	e X			
se		and complete lines 27, 28, 32, and 33.					
ä	27	Net assets without donor restrictions			18,060,879.	27	21,173,18
Da Da	28	Net assets with donor restrictions			18,911,567.	28	19,503,74
<u> </u>		Organizations that do not follow FASB ASC					
ᄀ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	s			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			36,972,446.	32	40,676,92
-	33				40,358,469.	33	42,609,652

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
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.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l
	separate basis, consolidated basis, or both:				l
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	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?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	ı
			Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CATHOLIC CHARITIES OF DALLAS, INC.

Employer identification number

75-2745221 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	22,250,699.	39,612,877.	57,310,765.	40,383,112.	39,799,315.	199,356,768.
5	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	
Ŭ	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) Public support, Subtract line 5 from line 4.						199,356,768.
	etion B. Total Support						133,330,700.
	• • • • • • • • • • • • • • • • • • • •	(a) 2010	(h) 0000	(a) 0001	(4) 0000	(e) 2023	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019 22,250,699.	(b) 2020 39,612,877.	(c) 2021 57,310,765.	(d) 2022 40,383,112.	39,799,315.	(f) Total 199,356,768.
	Amounts from line 4	22,230,033.	33,012,077.	37,310,703.	10,303,112.	33,733,313.	133,330,700.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	100 050	042 042	150 102	076 450	460,600	1 000 255
	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 instructio	ns)			12	10,029,507.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	97.56 %
15	Public support percentage from 2022	Schedule A, Part I	II, line 14			15	99.50 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	_	· ·	*	-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio		-				
	<u> </u>		,				(Form 990) 2023

332022 12-21-23

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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(2) = = 1	(-7	(5) = 5 = 5	χ,
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

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Schedule A (Form 990) 2023

Т.,

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	J		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
_		~ 000)	

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

2023.05000 CATHOLIC CHARITIES OF DAL CUS00001

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Par	rrt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations _(continued)					
Section	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5			
	Other distributions (describe in Part VI). See instructions.		6			
	Total annual distributions. Add lines 1 through 6.		7			
	Distributions to attentive supported organizations to which	h the organization is responsive				
	(provide details in Part VI). See instructions.	8				
9	Distributable amount for 2023 from Section C, line 6		9			
	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	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					
	Applied to 2023 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greate	er				
	than zero, explain in Part VI. See instructions.					
	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:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Part VI	Supplemental Information Design and Design a		
T dit 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.)		
-			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

C	CATHOLIC CHARITIES OF DALLAS, INC.	75-2745221						
Organization type (check	ganization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 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							
, ,	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.						
General Rule								
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's							
Special Rules								
sections 509(a)(contributor, duri	cion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and 15 the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering								
"N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$								
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ling requirements of Schedule B (Form 990).	•						
For Paperwork Reduction A	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)						

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

CATHOLIC CHARITIES OF DALLAS, INC.

75-2745221

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and Zir + +	\$ 1,195,721.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 10,824,038.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	* 3,921,899.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,195,960.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

CATHOLIC CHARITIES OF DALLAS, INC.

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

Schedule B (Form 990) (2023)

lame of or	rganization			Employer identification number
ATHOLIC	CHARITIES OF DALLAS, INC.			75-2745221
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the	rough (e) and the following line en	try. For organizations	
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	ritable, etc., contributions of \$1,000 or ace is needed.	less for the year. (Enter this info.	once.) \$
(a) No. from	(b) Purpose of gift		(d) Doo	orintian of how gift is hold
Part I	(b) Purpose or grit	(c) Use of gift	(d) Des	cription of how gift is held
-		() -		
		(e) Transfer of gi	π	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Tarti				
		(e) Transfer of gi	ft	
	Transferacia nome address and	17ID . 4	Deletienskip of tw	anafavar ta transfera
	Transferee's name, address, and	ZIF + 4	nelationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I	(b) i dipose oi giit	(c) Ode of gift	(u) Des	oription of now girt is note
-		(e) Transfer of git	 f+	
		(c) Transfer of gr		
_	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git	ft	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
	Transfer of 3 fidnie, dual 835, and		Holddonolly of the	

Page 4

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 Inspection

Name of the organization

CATHOLIC CHARITIES OF DALLAS, INC.

Employer identification number 75 - 2745221

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funda and other accounts
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		and from the
5	Did the organization inform all donors and donor advisors in v	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o impermissible private benefit?		
Par		ganization answered "Yes" on Form 990 I	
1	Purpose(s) of conservation easements held by the organization		artiv, mic 7.
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		a continua motorio di actare
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		0.
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		ner emma Assets.
10			nd halanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	·	
	service, provide in Part XIII the text of the footnote to its finar	,	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	on instituti, education, or research in full	icialice of public scryles,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A		. <u>5</u> 5, p. 57.65
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

Par	rt III O	rganizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Otl	ner S	imilar Ass	ets _{(conti}	nued)			
3	Using the	organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	e sign	ificant use of i	ts				
	collection	items (check all that apply).										
а	Puk	olic exhibition	d	Loan or excl	hange program							
b	Sch	nolarly research	е	Other								
С	Pre	servation for future generations										
4	Provide a	description of the organization's co	ollections and explain	n how they further th	e organization's e	xempt	t purpose in P	art XIII.				
5	During the	e year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sim	ilar as	sets					
		to raise funds rather than to be ma						Yes		No		
Par		scrow and Custodial Arrang		te if the organization	answered "Yes"	on For	rm 990, Part I\	/, line 9, or				
	re	ported an amount on Form 990, Par	t X, line 21.									
1a	Is the org	anization an agent, trustee, custodi	an, or other intermed	diary for contribution	s or other assets r	not inc	cluded			_		
	on Form 9	990, Part X?						Yes		No		
b		explain the arrangement in Part XIII										
								Amour	nt			
С	c Beginning balance 1c											
d	d Additions during the year											
е	Distribution	ons during the year					1e					
f		alance					1f					
2 a	Did the o	rganization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account lia	ability?	?	Yes		No		
_		explain the arrangement in Part XIII.										
Pai	rt V E	ndowment Funds Complete if	_		1							
			(a) Current year	(b) Prior year	(c) Two years bac		Three years ba					
1a		g of year balance	11,192,380.	10,583,894.	12,671,103	3.	10,159,04	7. 10	,172,	536.		
b		ions				+						
С		tment earnings, gains, and losses	1,218,172.	1,073,057.	-1,628,033	3.	2,920,44	2,920,446. 39				
d		scholarships				_			380,	512.		
е	Other exp	penditures for facilities										
	and progr					_						
f		ative expenses	460,160.	464,571.	459,176		408,39			458.		
g	•	ar balance	11,950,392.	11,192,380.		4.	12,671,10	3. 10	,159,	047.		
2		ne estimated percentage of the curr) held as:							
а		signated or quasi-endowment	.0000	_%								
b		nt endowment .0000	%									
С	Term end											
	•	entages on lines 2a, 2b, and 2c shor	•									
3a		endowment funds not in the posse	ssion of the organiza	ition that are held an	id administered fo	r the			Yes	Na		
	organizat	_						(a, t)	res	No X		
		ated organizations?							х			
			At a section of the s						X			
		n line 3a(ii), are the related organiza						3b	Λ			
Par		in Part XIII the intended uses of the and, Buildings, and Equipm		wment tunas.								
		omplete if the organization answered		Part IV line 11a S	ee Form 990 Part	X line	e 10					
		Description of property	(a) Cost or o	Í	T T		umulated	(d) Boo	de volu			
		Description of property	basis (investn	, ,	1 '	•	eciation	(u) D00	n valu	C		
10	Land		,	-, 22510	/							
b												
C		d improvements		2	,717,985.	1	,381,409.	1	,336,	576.		
d		nt	II		,178,462.		,878,123.		,300,			
					, , =		, ,== •		, ,	<u> </u>		
		s 1a through 1e. (Column (d) must e		X line 10c column	/R))			2	,636,	915.		
. J. Cul	/		<u>quai i Oiiii 330, Fail i</u>	A. IIIIC TOC. COIUITIII	<u>ال</u> اكبا			ule D (Fori				

Fait VIII Investments - Other Securities		
Complete if the organization answered "Yes" or	n 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 "Ves" or	n Form 990 Part IV line	11c See Form 900 Part Y 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)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	25,712,122.

Other Liabilities Part X

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 Х organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

				75 074	F221 - A
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With F	Revenue ner Rei	75-274 turn	5221 Page 4
<u>. u.</u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		to rondo por mo		
1				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.		
	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.
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	eturn	
	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:				
а	Donated services and use of facilities	2a	688,444.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	711,091.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	43,830,961.
Pai	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part X, lir	ne 2; Part XI,
PART	X, LINE 2:				
U.S.	GAAP REQUIRES THAT THE AGENCY RECOGNIZE IN ITS CONSOLIDATED F	INANCIAL			
STAT	EMENTS THE FINANCIAL EFFECTS OF A TAX POSITION IF THAT POSITION	N IS			
MORE	LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION, INCLUDING	3			
RESC	LUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED UPON THE				
ГЕСН	NICAL MERITS OF THE TAX POSITION. THE REQUIREMENTS ALSO PROVIDE	E			
GUID	ANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES AN	D			
	LOSURE.				

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

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Schedule G (Form 990) 2023

Name of the organization	HARITIES OF DALLAS, INC.					75-274522	ntification number
Part I Fundraising Activities	- Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17		
required to complete this par							
Indicate whether the organization raisa X Mail solicitations				Check all that apply. overnment grants			
a X Mail solicitationsb X Internet and email solicitations			-	nment grants			
c X Phone solicitations	g X Special						
d X In-person solicitations	3 0pos.a.		9				
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, P	Part VII) or entity in connection with p	rofessi	onal fu	undraising services?		Yes	X No
b If "Yes," list the 10 highest paid indi-		ant to	agreei	ments under which th	ne fur	draiser is to be)
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
CRATER LAKE CONSULTING - 6729		Yes	No				
BARCELONA, IRVING, TX 75039	GRANT WRITING		х	980,576.		54,975.	925,601.
		•					
Total				980,576.		54,975.	925,601.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is e	exempt from re	gistration

LHA 332081 09-13-23

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

Pa	rt I	Fundraising Events. Complete if th	e organization answered	l "Yes" on Fo	orm 990, Par	t IV, line 18,	or reported	more than \$15,000
		of fundraising event contributions and gro						s greater than \$5,000.
			(a) Event #1	(b) Ev		(c) Othe	r events	(d) Total events
				ANGEL'S O	F CHARITY			(add col. (a) through
			BISHOP'S GALA	LUNCHEON			2	col. (c))
Ф			(event type)	(event	t type)	(total n	umber)	(-)/
eun								
Revenue	1	Gross receipts	2,472,796.		95,225.		116,380.	2,684,401.
	_	Lance Contributions	178 675		16 000			104 675
	2	Less: Contributions	178,675.		16,000.			194,675.
	3	Gross income (line 1 minus line 2)	2,294,121.		79,225.		116,380.	2,489,726.
\neg			, ,		,		,	, ,
	4	Cash prizes						
	5	Noncash prizes	28,856.					28,856.
ses								
ben	6	Rent/facility costs	533,301.		21,083.		12,099.	566,483.
Direct Expenses	_		1 040		400		7 420	0.750
<u></u>	7	Food and beverages	1,840.		490.		7,420.	9,750.
	٥	Entertainment	27,939.					27,939.
		Other direct expenses	1		12,051.		9,848.	78,063.
	10	Direct expense summary. Add lines 4 through	(a) in a salawayay (a)					711,091.
	11	Net income summary. Subtract line 10 from li						1,778,635.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV	/, line 19, or	reported mo	re than	
		\$15,000 on Form 990-EZ, line 6a.	T	_				_
<u>e</u>			(a) Bingo	(b) Pull ta bingo/progre	bs/instant	(c) Othe	gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billy0/progr				coi. (a) through coi. (c)
B.		Cross revenue						
\dashv		Gross revenue						
	2	Cash prizes						
ses								
irect Expenses	3	Noncash prizes						
û								
	4	Rent/facility costs						
		.						
\dashv	5	Other direct expenses						
	6	Volunteer labor	Yes %		%	│	%	
	6	volunteer labor	No No	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)					
		ter the state(s) in which the organization condu	_					
		he organization licensed to conduct gaming ac	ctivities in each of these	states?				Yes No
b	lf "I	No," explain:						
10=		ere any of the organization's gaming licenses re	woked suspended orte	rminated du	ring the tay v	/ear?		Yes No
		Yes," explain:		a.ca au	ig allo tax)			
_		· · ·						
33208	2 00	-13-23					Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 CATHOLIC CHARITIES OF DALLAS, INC.	-2/45221		Page 3
11		. N	'es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	No
	Indicate the percentage of gaming activity conducted in:	1 1		
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Ү	'es	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	'es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				-

Schedule G (Form 990) Part IV Supplemental Info	CATHOLIC CHARITIES OF DALLAS, INC.	75-2745221	Page 4
Part IV Supplemental Info	ormation (continued)		
-			

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CATHOLIC CHARI	TIES OF DALL	AS INC.					75-2745221
Part I General Information on Grants ar		,					
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				-		
Part II Grants and Other Assistance to I recipient that received more than \$	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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) ar	nd government ord	l ganizations listed in th	l e line 1 table				4.
3 Enter total number of other organizations	•	•					

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

Schedule I (Form 990) 2023

(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 requ	uired in Part I, lind	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
A SYNOPSIS OF THE RELEVANT REQUIREMENTS FOR EACH CO	NTRACT IS PR	EPARED AND			
DISTRIBUTED TO THE PROGRAM AND ACCOUNTING PERSONNEI	. A SEPARATE	PROJECT			
CODE IS ESTABLISHED IN THE ACCOUNTING RECORDS TO TF	RACK GRANT RE	CEIPTS AND			
DISBURSEMENTS. ON A MONTHLY BASIS, EXPENDITURES ARE	TRACKED COM	PARED TO			
BUDGET TO ENSURE THAT THEY ARE ALLOWABLE. PROGRAM F	PERSONNEL MON	ITOR GRANT			
PERFORMANCE TO ENSURE THE FUNDS ARE USED FOR ALLOWA	ABLE PROGRAM	ACTIVITY.			

SCHEDULE J (Form 990)

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.

Open to Pu

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

CATHOLIC CHARITIES OF DALLAS, INC.

Employer identification number 75-2745221

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	X Independent compensation consultant			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7	Х	
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID WOODYARD	(i)	269,500.	15,000.	0.	6,131.	7,146.	297,777.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) KELLY NOONAN	(i)	169,236.	15,000.	0.	2,549.	9,434.	196,219.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRENDA HUFFMAN	(i)	175,406.	0.	0.	1,425.	9,223.	186,054.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0.
(4) BUJAR MEMA	(i)	156,987.	0.	0.	2,625.	13,320.	172,932.	0.
CHIEF SERVICES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LEANN RICHBURG	(i)	149,268.	0.	0.	850.	12,035.	162,153.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection
Employer identification number

	CATHOLIC CHARITIES	OF DALL	AS, INC.			75-	274522	1	
Par	t 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	n	Method of noncash contri		_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		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	Х	1	802,929.	FMV				
16	Real estate - Commercial			·					
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	2	423,074.	FMV				
20	Drugs and medical supplies	Х	3	2,064,747.	FMV				
21	Taxidermy			, ,					
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (AUCTION ITEMS)	Х	15	178,551.	FMV				
26	Other ()			, -					
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organi	zation durino	the tax vear for co	ontributions					
	for which the organization completed Form 82	-	•					1	
		55, . u , _						Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I. lines 1 throug	nh 28. 1	that it			
	must hold for at least 3 years from the date of	-							
	exempt purposes for the entire holding period			·			30a		х
b	If "Yes," describe the arrangement in Part II.	•					000		
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribut	tions?		31	Х	
	Does the organization have a gift acceptance plant accept	•	•	•			· 31		
JEA	contributions?		•				32a	х	
b	If "Yes," describe in Part II.						SZA		
33	If the organization didn't report an amount in o	column (c) for	r a type of property	for which column (a) is che	cked				
55	describe in Part II.	, G. G. T. T. T. (C) 101	i a type of property	, ioi willon coldillin (a) is chec	oncu,				
	accompo in i dicin								

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** 75-2745221 CATHOLIC CHARITIES OF DALLAS, INC. 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

Schedule O (Form 990) 2023 Page **2**

Name of the organization	Employer identification number
CATHOLIC CHARITIES OF DALLAS, INC. MANAGEMENT "BEST PRACTICES" AND FINANCIAL TECHNOLOGY TOOLS TO HELP THEM	13-21#3221
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	

<u>Schedule O (Form 990) 2023</u> Page **2**

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

<u>Schedule O (Form 990) 2023</u> Page **2**

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

<u>Schedule O (Form 990) 2023</u> Page **2**

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

Schedule O (Form 990) 2023		Page 2
Name of the organization CATHOLIC CHARITIES OF DALLAS, INC.		Employer identification number 75-2745221
FINANCIALS, AND FORM 990'S ARE ALL MADE AVAILABLE FOR PUB	LIC 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.

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization CATHOLIC CHARITIES	OF DALLAS, INC.				Employer id		on nui	mber
Part I	Identification of Disregarded Entities. Com	plete if the organization answered "Yes	" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year a	assets C	(f) Direct conti entity	•	
Part II	Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one o	r more related to	ax-exempt		
	(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 control entity	lling	ection 51 contro entit	olled ty?
ROMAN (CATHOLIC DIOCESE OF DALLAS -				357(5)(5))			/es	No

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

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INTEGRATED AUXILIARY

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SUPPORTING CCD

SUPPORTING CCD

75-0800637, 3725 BLACKBURN ST, DALLAS, TX

75-6569125, 1421 W MOCKINGBIRD LN, DALLAS

47-6605661, 3725 BLACKBURN ST, DALLAS, TX

CATHOLIC CHARITIES OF DALLAS CHILDREN'S SERVICES - 83-4547013 1421 W MOCKINGBIRD

CATHOLIC CHARITIES ENDOWMENT TRUST

CATHOLIC CHARITIES OF DALLAS TRUST

Schedule R (Form 990) 2023

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LINE 1

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	(f) Direct controlling entity	Section 5 contr organiz	
				501(c)(3))		Yes	No
CCD - PM CORPORATION - 82-3942435	_						İ
1421 W MOCKINGBIRD LN	INTEGRATED AUXILIARY				ROMAN CATHOLIC		
DALLAS, TX 75247	SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	DIOCESE OF DALLAS		Х
CCD-RC - 86-2052029							
1421 W MOCKINGBIRD LN	INTEGRATED AUXILIARY				ROMAN CATHOLIC		İ
DALLAS, TX 75247	SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	DIOCESE OF DALLAS		Х
CCD HEALTH MANAGEMENT SERVICES - 88-4398032					CATHOLIC		
1421 W MOCKINGBIRD LN	INTEGRATED AUXILIARY				CHARITIES OF		
DALLAS, TX 75247	SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	DALLAS, INC.		Х
CCD COMMUNITY HEALTH CLINIC - 32-0723842					CATHOLIC		
1421 W MOCKINGBIRD LN	INTEGRATED AUXILIARY				CHARITIES OF		İ
DALLAS, TX 75247	SUPPORTING CCD	TEXAS	501(C)(3)	LINE 1	DALLAS, INC.		х
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)				
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Direct controlling	ontrolling Predominant income (related, unrelated, excluded from tax under sections 512-514)	income Share of total Share of		Share of total			Disproportionate		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0				
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Part IV | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

(4)

(5)

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

Not	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 or	one or more rela	ated organizations listed in	Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
					1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
d	Loans or loan guarantees to or for related organization(s)				1d		Х			
е	Loans or loan guarantees by related organization(s)				1e	Х				
f	Dividends from related organization(s)				1f		Х			
g	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	k Lease of facilities, equipment, or other assets from related organization(s)									
-1	Performance of services or membership or fundraising solicitations for related organization(s)									
	n Performance of services or membership or fundraising solicitations by related organization(s				1m		Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х			
	· · · · · · · · · · · · · · · · · ·				10		Х			
р	Reimbursement paid to related organization(s) for expenses				1 p	Х				
	Reimbursement paid by related organization(s) for expenses				1q	Х				
_	•									
r	Other transfer of cash or property to related organization(s)				1r		Х			
s	Other transfer of cash or property from related organization(s)				1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on who must									
		(b) ansaction ype (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved					
1)										
2)										
				-						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000