EXTENDED TO MAY 16, 2022

Form **991**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

ax year beginning JUL 1 . 2020 and ending JUN 30 . and ending JUN 30

Open to Public Inspection

| \sim | 01 111 | and | enuing c | <u> </u> | 1021 | | |
|--------------------------------|---------------------|--|----------------|----------------------|---------------|-----------------------|-------------|
| В | Check if applicable | C Name of organization | | D Employer i | dentific | ation number | |
| | Addre | | | | | | |
| | Name chang | e Doing business as | | 1 48-05 | 54370 |)3 | |
| | Initial return | | Room/suite | E Telephone | number | | |
| | Final return | 137 N TODERA | | 316-2 | | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts | \$ | 10,454, | 675. |
| | Amen | | | H(a) Is this a | aroup re | | |
| F | Applic | | | for subor | | | X No |
| | pendi | 9 437 N. TOPEKA, WICHITA, KS 67202 | | | | cluded? Yes | |
| T- | Гах-ех | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | 7 | | list. See instruction | |
| | | te: NWW.CATHOLICCHARITIESWICHITA.ORG | <u></u> | H(c) Group ex | | | 5116 |
| | | organization: Corporation Trust Association X Other | 1 Year | | | State of legal dom | icile: KS |
| | art I | Summary | L Tour | orionnation: == | IVI | Ciato or logar dom | 10110, ==12 |
| | | Briefly describe the organization's mission or most significant activities: OPER. | ATES F | HOMELESS | & DC | MESTIC | |
| Activities & Governance | ' | VIOLENCE SHELTERS, PROVIDES COUNSELING, | ADUI,T | DAY SERV | TCES | 3. FOOD | |
| naı | 2 | Check this box if the organization discontinued its operations or dispo | | | | | |
| Ver | 1 | | | | 1 . 1 | 3613. | 17 |
| ၓၟ | 1 | Number of independent voting members of the governing body (Part VI, line 1a) | | | ∵ ⊢ | | 17 |
| ∞ ∨ | | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | | | | 152 |
| iţie | 1 | | | | | | 250 |
| ₹ | | Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 | | | ·- — | | 0. |
| Ă | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | | | 0. |
| | , b | Net unrelated business taxable income nom Form 990-1, Fart i, line 11 | | Prior Year | 10 | Current Ye | |
| | | Contributions and grants (Part VIII line 1h) | | 13,793,3 | 371. | 7,947, | |
| ne | 1 | Contributions and grants (Part VIII, line 1h) | | 1,426,2 | | 1,366, | |
| Revenue | 1 | Program service revenue (Part VIII, line 2g) | | 159,9 | | | 146. |
| Be | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 338,5 | | | 270. |
| | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 15,718,0 | | 10,420, | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 570,9 | | | 378. |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 370,3 | 0. | | 0. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 5,158,4 | | 5,045, | |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,130,4 | 0. | <u> </u> | 0. |
| Expenses | 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 259,5 | <u> </u> | | | | <u> </u> |
| Ä | _b | Total fundraising expenses (Part IX, column (D), line 25) | <u> </u> | 3,445,7 | 768 | 3,304, | 17/ |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,175,1 | | 9,329, | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,542,9 | | 1,091, | |
| <u>- 8</u> | 19 | Revenue less expenses. Subtract line 18 from line 12 | | eginning of Currer | | | |
| Net Assets or Fund Balances | | Total accords (Doubly Base 40) | В | 18,697,9 | | End of Yea | |
| Sse Bala | 20 | Total assets (Part X, line 16) | | 654,6 | | | 574. |
| let/ | 21 | Total liabilities (Part X, line 26) | | 18,043,2 | | 19,134, | |
| | art II | Net assets or fund balances. Subtract line 21 from line 20 | | 10,043,2 | 202. | 19,134, | 103. |
| | | I digitatore block alties of perjury, I declare that I have examined this return, including accompanying schedule | e and etator | ante and to the h | act of my | knowledge and he | liof it ic |
| | | st, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | | Kilowieuge allu bei | 1161, 11 15 |
| uue | , correc | is, and complete. Decidiation of preparer (other than officer) is based on all information of wi | iicii piepaiei | I ilas ally kilowieu | yc. | | |
| ٥: | | Signature of officer | | I Date | | | |
| Sig | | WILLIAM WALLISCH, SENIOR DIRECTOR OF | ETNANC | | | | |
| Her | re | Type or print name and title | LINAI | <u>, E</u> | | | |
| | | | 1 | Date I | Check | PTIN | |
| Pai | ч | Print/Type preparer's name D. SHAWN SULLIVAN Preparer's signature D. SHAWN SULLIV. | | 0/4/0000 | if | \Box hoososs | 999 |
| | | | UTA | | self-employed | 48-103260 | |
| | parer | Firm's name ALLEN, GIBBS & HOULIK, L.C. Firm's address 301 N. MAIN, SUITE 1700 | | Firm's | CIN > 4 | FO-TO3200 | , <u>T</u> |
| use | Only | WICHITA, KS 67202-4868 | | Dist | <u>,, 214</u> | 5-267-723 | 11 |
| <u> </u> | | | | Pnone | 11U.JI | X Yes | |
| ıvla | y τne II | RS discuss this return with the preparer shown above? See instructions | | | | ∟AL Yes L | No |

| Pa | 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 ALLEVIATES POVERTY & BUILDS STRONG FAMILIES THROUGH |
| | NUMEROUS PROGRAMS: HOMELESS SHELTER, DOMESTIC VIOLENCE SHELTER, ADULT |
| | DAY SERVICES PROGRAM, FOOD PANTRY, COUNSELING. |
| | |
| 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 \$1,545,588. including grants of \$272,806.) (Revenue \$) |
| | HOMELESS PREVENTION - PROVIDE HOUSING AND UTILITY ASSISTANCE AND CAREER |
| | EDUCATION TO INDIVIDUALS AND FAMILIES WHO ARE HOMELESS OR AT RISK OF |
| | BECOMING HOMELESS IN WICHITA, KANSAS, INCLUDING PROGRAMS THAT AIM TO |
| | REDUCE MILITARY SERVICE HOMELESSNESS. |
| | |
| | |
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| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 1,191,778 • including grants of \$) (Revenue \$ 727,999 •) |
| | ADULT DAY SERVICES PROGRAM - PROVIDE DAILY CARE AND SUPERVISION FOR |
| | ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES; OFFER DAILY |
| | LIVING, RECREATION, HEALTH COUNSELING, AND TRANSPORTATION TO THE |
| | CENTER. |
| | |
| | |
| | <u> </u> |
| | · |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 2,467,669 • including grants of \$ 418,276 •) (Revenue \$ 0 •) |
| 4C | (Code:) (Expenses \$ 2,467,669. including grants of \$ 418,276.) (Revenue \$ U.) HARBOR HOUSE - PROVIDE TEMPORARY SHELTER, COUNSELING, EDUCATION, |
| | OUTREACH AND ADVOCACY TO ADULTS AND CHILDREN WHO ARE VICTIMS OF |
| | DOMESTIC VIOLENCE; OUTREACH SERVICES EXTEND TO THE DISTRICT ATTORNEY'S |
| | <u> </u> |
| | OFFICE, MUNICIPAL COURT, AND THE WICHITA AND EL DORADO, KANSAS, |
| | DEPARTMENT OF CHILDREN AND FAMILIES. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 2,741,440 • including grants of \$ 288,296 •) (Revenue \$ 651,731 •) |
| 4e | 7 046 475 |
| | Form 990 (2020) |

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? | 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 Revenue Procedure 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule D, Part III | 8 | | х |
| 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 | | Х |
| 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 | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | 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 | | | |
| | 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 | Х | |
| 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 | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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 | 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 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |

| | 1 990 (2020) CATHOLIC CHARITIES, INC. 48-054 | 3703 | Р | age 4 |
|---------|---|------|-----|-------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? 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 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | ٠,, |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| _ | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | | x |
| | Schedule L, Part I | 25b | | |
| 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 |
| | 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 | | | X |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | _^ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?// | | | x |
| 00 | "Yes," complete Schedule L, Part IV | 28c | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | _ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | Х |
| 24 | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | | 20 | | Х |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | 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 | 33 | | |
| 34 | | 34 | х | |
| 25.2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 33a | | |
| b | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 000 | | |
| 00 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | |
| ٥, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 5, | | |
| - | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | 50 | | |
| | 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 | 5 | | |
| | | ō | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

032004 12-23-20

Form **990** (2020)

(gambling) winnings to prize winners?

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

| 2a 152 2b Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calendary vear ending with or within they ware covered by this return b If a least one is reported on line 2a, did the organization file all required federal employment tax returne? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to effeit gen instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O 3c If Yes, "has the filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O 3d All any time during the calendary year, did the organization have an interest is, or a signature or other authority over, a financial account in a toregon country Schedule is a bank account, securities account, or other financial account (FBAP). 5a Vers the organization approximation and provided in the security of the provided in the provided in the security of the provided in the provided | | | | Yes | No |
|---|-----|---|-----|-----|--------|
| b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a ID if the organization have unrelated business goes income of \$1,000 or more during the year? 3b ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3b If Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas It filed a form 950°T for this year? 4c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 4c ID if Yes, Thas It filed a form 950°T for this year? 5c ID if Yes, Than 950°T for this year? 5c ID if Yes, Than 950°T for the year of the Yes, Than 950°T for years of the year of the year of years o | 2a | | | | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a | | filed for the calendar year ending with or within the year covered by this return 2a 152 | | | |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes', has it filed a Form 9807 for this year of 1'Wo' to file 3b, growing an explanation on Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, provide an explanation on Schedule O. 5c If 1'Yes' to the free fame of the freeign country. 5c If 1'Yes' to the Sar of Sh, did the foreign country (such as a bank account, provide an explanation). 5c If 1'Yes' to line Sar of Sh, did the foreign country. 5c If 1'Yes' to line Sar of Sh, did the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c If 1'Yes' to line Sar of Sh, did the organization for Fine 7m 8887 r. 5c If 1'Yes' to line Sar of Sh, did the organization the Form 88867 r. 6c If 1'Yes' to line Sar of Sh, did the organization the Form 88867 r. 6c If 1'Yes' to line Sar of Sh, did the organization to fire 7m 88867 r. 6c If 1'Yes' to line Sar of Sh, did the organization to fire 7m 88867 r. 6c If 1'Yes' to line Sar of Sh, did the organization in the organization service should be a contribution of the sar of the schalable contributions? 6c If 1'Yes' to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Obd the organization stat any receive deductible contributions under section 170(c). 8d If 1'Yes, 'indicate the number of forms 8882 filed during the year organization sell, exchange, or otherwise dispose of tangitive personal property for which it was required to the Form 88807 as required to the Form 88807 are quite for the organization received a contribution of qualified intellectual property, did the organization rise for 8898 as required? 6c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 108807 r. 6d Did the or | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country [securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country Sea instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 888877. 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization service a payment in excess of \$15 made party as contribution and party for goods and services provided? 7 to Yes," indicate the number of forms 8282 filed during the year 5b If Yes," indicate the number of Forms 8282 filed during the year 6c Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1088-07 7 to I was a second property of the payment and payme | | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 4a A any time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibited tax whether transaction? 5b Was the organization that it was or is a party to a prohibited tax whether transaction? 5c If "Yes" to lie So or 5b, did the organization the ferm 88867? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible schariable contributions? 6b Were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization stell, and the every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization stell, and the every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization stell, and the every solicitation an express statement that such contributions or gifts were not tax deductible of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization stell and to notify the donor of the value of the goods or services provided? 5b If "Yes," inclinate the number of Forms 8222 filed during the year c bid the organization sell, exchange, or otherwhise does or services provided? 7c X 7d If Wes, "Indicate the number of Forms 8222 filed during the year 6b Did the organization and property for indirectity, to pay premiums on a personal benefit contract? 7e Did the organization exceeded a contributio | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х |
| the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'return the name of the foreign country | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
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| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a | | | | | |
| Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 in more than one state? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O If the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | | | |
| sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b | _ | | /11 | | |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Intitation fees and capital contributions included on Part VIII, line 12 | 0 | | Q | | |
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| organization is licensed to issue qualified health plans | | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| c Enter the amount of reserves on hand 13c | b | | | | |
| Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O. | | | | | |
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| Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | 14a | | X |
| excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | b | | 14b | | |
| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | 15 | | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | 15 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | | | 77 |
| | 16 | | 16 | | X |
| | | If "Yes," complete Form 4720, Schedule O. | Fa | 000 | (0000) |

48-0543703 Page 6

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 |
|------------|--|------------------------------|-----------|---------|-------|
| <u>Sec</u> | 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 | 1a 1 | 7 | | |
| | 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 | 1b 1 | 7 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | ip with any other | | | |
| | officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ne direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | appoint one or | | | |
| | more members of the governing body? | | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | stockholders, or | | | |
| | persons other than the governing body? | | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ear by the following: | | | |
| а | The governing body? | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | ached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | . 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal F | Revenue Code.) | | | |
| | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such of | chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | dy before filing the form? | 11a | X | |
| b | Describe in 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 ris | e to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | Yes," describe | | | |
| | in Schedule O how this was done | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | al by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | ? | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | Х | |
| b | Other officers or key employees of the organization | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ement 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 | ate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic | anization'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 filed ► NONE | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | and 990-T (Section 501(c) | (3)s only | /) avai | lable |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | |
| | X Own website Another's website X Upon request Other (explain | n on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, or | conflict of interest policy, | and fina | ncial | |
| | 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 be | ooks and records 🕨 | | | |
| | WILLIAM WALLISCH - 316-264-8344 | | | | |
| | 437 N. TOPEKA WICHITA KS 67202 | | | | |

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week | box | not c | ss pe | ition more rson | than is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|-----------------------------------|--|--|-------|----------|-----------------------|---------------------------|----------------------------------|--|--|-------------------------------|
| | (list any hours for related organizations below line) | urs for elated nizations elow elow elow elow elow elow elow elow | | | | Former | organizations (W-2/1099-MISC) | compensation from the organization and related organizations | | |
| (1) WENDY GLICK | 40.00 | | | . | | | | 125 024 | 0 | 16 700 |
| EXECUTIVE DIRECTOR | 40 00 | | | Х | | | | 125,824. | 0. | 16,720. |
| (2) LISA SCOTT | 40.00 | | | x | | | | 07 052 | 0. | 7 047 |
| DIRECTOR OF FINANCE 7/1/20-2/3/21 | 1.00 | | | Δ | | | | 97,852. | 0. | 7,947. |
| (3) MISSY HAMPEL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) CAROL STRECKFUS | 1.00 | ^ | | | | | | 0. | · · | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (5) JEFF LEONARD | 1.00 | | | | | | | 0. | • | · · |
| DIRECTOR | 1100 | x | | | | | | 0. | 0. | 0. |
| (6) STEVE HAYES | 1.00 | | | | | | | 0.0 | | |
| SECRETARY | | x | | х | | | | 0. | 0. | 0. |
| (7) CHRIS DUGAN | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (8) MONTE COOK | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (9) MARY ALICE JOHNSON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) CHRISTOPHER GOEBEL | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) FR DARYL BEFORT | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) ED MIKESELL | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) KEVIN MULLEN | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) CHRISTINA RICKE | 1.00 | | | | | | | | | _ |
| PRESIDENT | 1 1 1 1 | Х | | Х | | | | 0. | 0. | 0. |
| (15) SCOTT BERGKAMP | 1.00 | ۱ | | | | | | | | _ |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (16) PATTY KOEHLER | 1.00 | ļ ,, | | | | | | | _ | • |
| DIRECTOR | 1 00 | Х | | | <u> </u> | _ | <u> </u> | 0. | 0. | 0. |
| (17) SR MARSHA WILSON | 1.00 | X | | | | | | 0. | 0. | 0 |
| DIRECTOR 032007 12-23-20 | | Λ | | | | | | 0. | 0. | 0 • Form 990 (2020) |

032007 12-23-20

Form **990** (2020)

48-0543703 Page 8

| Part VII Section A. Officers, Directors, Trus | (B) | pioy | rees | | a m C) | igne | STC | (D) | (E) | | | (F) | |
|---|----------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-------|---------------------------|---------------------------|------|----------|--------------------|-------|
| Name and title | Average | | | Pos | itior | า | | Reportable | (E) Reportable | | | ור) imate | Ч |
| Name and title | hours per | | not c | heck | more | than | | compensation | compensation | n | | ount c | |
| | week | | cer ar | nd a d | irecto | or/trus | stee) | from | from related | | c | other | |
| | (list any | rector | | | | | | the | organizations | | | ensat | |
| | hours for related | or di | 8 | | | ated | | organization | (W-2/1099-MIS | C) | | m the | |
| | organizations | rustee | trust | | e e | ubeus | | (W-2/1099-MISC) | | | _ | ınizatio relate | |
| | below | Individual trustee or director | Institutional trustee | _ | nploy | st col | l La | | | | | nizatio | |
| | line) | Indivi | Institu | Officer | Key employee | Highest compensated employee | F0 m | | | | | | |
| (18) CHUCK MARSHALL | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (19) KEVIN MITCHELSON | 1.00 | ļ | | | | | | | | _ | | | • |
| DIRECTOR | 40.00 | Х | | | | | | 0. | | 0. | | | 0. |
| (20) WILLIAM WALLISCH | 40.00 | 4 | | 7. | | | | | | ^ | | | ٥ |
| DIRECTOR OF FINANCE 5/15/21-6/30/21 | | | | X | | | _ | 0. | | 0. | | | 0. |
| | | 1 | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | Ļ | 222 676 | | _ | 2./ | | |
| 1b Subtotal | | | | | | | | 223,676. | | 0. | 24 | 1,66 | 0. |
| c Total from continuation sheets to Part V | | | | | | | | 223,676. | | 0. | 2/ | 1,66 | - |
| d Total (add lines 1b and 1c) Total number of individuals (including but r | | | | | | | | | 000 of reportable | - | 4. | ± , 0 (| , , . |
| compensation from the organization | ioi iii iiitea to ti | 1056 | IISLE | eu ai | DOV | e) wi | 110 1 | eceived more than \$100 | ,000 or reportable | E | | | 1 |
| compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, trust | ee. I | kev (| emp | love | e. o | r hic | nhest compensated emp | lovee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | • | | • | | • | | _ | • | • | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| and related organizations greater than \$15 | 0,000? If "Yes, | " co | mpl | ete S | Sche | edul | e J t | for such individual | | | 4 | | Х |
| 5 Did any person listed on line 1a receive or | accrue compe | nsat | ion 1 | from | any | y uni | relat | ted organization or indiv | dual for services | | | | |
| rendered to the organization? If "Yes," com | plete Schedul | e J t | or s | uch | pers | son . | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | pens | ation fr | om | |
| the organization. Report compensation for (A) | trie caleridar y | ear | enai | ing v | VILII | Or W | 1 | (B) | year. | | (C) | ` | |
| Name and business | address | N | INC | E | | | | Description of s | ervices | С | ompen | | 1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (| including but n | not li | mito | d to | tho | ا مع | ster | d ahove) who received m | ore than | | | | |
| \$100,000 of compensation from the organi | | .01 11 | | iU | | 0 | ناتان | a abovo, who received h | .c.o man | | | | |
| + | | | | | | | | | | | Form C | 000 (0 | 000) |

Part VIII Statement of Revenue

| | | | Check if Schedule O | conta | ains a r | esponse | or note to any lir | ne in this Part VIII | | | |
|--|----|----------|---|--------|----------|-------------|--------------------|----------------------|---------------------------------------|------------------|------------------------------------|
| | | | | | | | , | (A) | (B) | (C) | (D) |
| | | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | | | | function revenue | business revenue | sections 512 - 514 |
| ts ts | 1 | <u> </u> | Federated campaigns | | | 1a | 3,529,082. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues | | | 1b | 0,020,002. | | | | |
| اع تي | | | | | | 1c | | | | | |
| rA | | | Fundraising events | | | 1d | 742,600. | | | | |
| nia Big | | | Related organizations | | Г | | 3,675,694. | | | | |
| Sir | | | Government grants (contr | | · · + | 1e | 3,073,094. | | | | |
| iğ je | | Т | All other contributions, gifts, | | | | | | | | |
| [등급 | | | similar amounts not included | | | 1f | 1 000 000 | | | | |
| ng p | | - | Noncash contributions included in | | | 1g \$ | 1,086,200. | E 04E 2E6 | | | |
| a C | | h | Total. Add lines 1a-1f | | | | | 7,947,376. | | | |
| | | | | | | | Business Code | | | | |
| <u>ice</u> | 2 | а | ADULT DAY SERVICES | | | | 624200 | 727,999. | · · · · · · · · · · · · · · · · · · · | | |
| er Per | | | | | | | 624200 | 451,121. | 451,121. | | |
| n S | | С | IMMIGRATION | | | | 624200 | 187,654. | 187,654. | | |
| ev ev | | d | | | | | | | | | |
| Program Service Revenue | | е | | | | | | | | | |
| ه ا | | f | All other program service | revei | nue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | 1,366,774. | | | |
| | 3 | | Investment income (include | ling (| divider | nds, intere | est, and | | | | |
| | | | other similar amounts) | | | | | 4,760. | | | 4,760. |
| | 4 | | Income from investment of | f tax | -exem | pt bond p | roceeds | | | | |
| | 5 | | Royalties | | | | | | | | |
| | | | | | (i) | Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6с | | | | | | | |
| | | | Net rental income or (loss) | | | | | | | | |
| | | | Gross amount from sales of | | | curities | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 9 | 82,386. | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| e | | | and sales expenses | 7b | | 0. | | | | | |
| ther Revenue | | c | Gain or (loss) | 7c | 9 | 82,386. | | | | | |
| Re | | | Net gain or (loss) | | | | | 982,386. | | | 982,386. |
| ē | | | Gross income from fundraisir | | | | | , - | | | , - |
| 됩 | Ŭ | _ | including \$ | .9 | - | of | | | | | |
| | | | contributions reported on | line | | | | | | | |
| | | | Part IV, line 18 | | • | | 140,423. | | | | |
| | | h | Less: direct expenses | | | | 34,109. | | | | |
| | | | Net income or (loss) from | | | ····· | > | 106,314. | | | 106,314. |
| | | | Gross income from gaming | | | | | 200,022. | | | 200,022. |
| | 3 | а | Part IV, line 19 | - | | | | | | | |
| | | h | | | | | | | | | |
| | | | Less: direct expenses Net income or (loss) from | | | | | | | | |
| | | | | | | | > | | | | |
| | IU | а | Gross sales of inventory, I | | | | | | | | |
| | | | and allowances | | | | | | | | |
| | | | Less: cost of goods sold | | | | | | | | |
| | | С | Net income or (loss) from | sales | S OT INV | entory | | | | | |
| sn | | | MICCELL ANDOUG | | | | Business Code | 10.056 | 10.056 | | |
| Miscellaneous Revenue | | | MISCELLANEOUS | | | | 900099 | 12,956. | 12,956. | | |
| le la | | b | | | | | | | | | |
| Sce | | C | All alla and | | | | | | | | |
| Ξ | | | All other revenue | | | | | 10.055 | | | |
| | | е | Total. Add lines 11a-11d | | | | | 12,956. | | | 1 000 100 |
| | 12 | | Total revenue. See instructio | ns | | | | 10,420,566. | 1,379,730. | 0. | 1,093,460. |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must com- | plete all columns. All other organ | nizations must complete column (A) |
|---|------------------------------------|------------------------------------|
| | | |

| _ | Check if Schedule O contains a respons | se or note to any line in (A) | this Part IX(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 and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | individuals. See Part IV, line 22 | 979,378. | 979,378. | | |
| 3 | Grants and other assistance to foreign | 2 1 2 7 2 1 2 1 | , | | |
| • | 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, | | | | |
| 5 | - | 228,244. | 148,359. | 79,885. | |
| _ | trustees, and key employees | 220,244. | 140,333. | 77,003. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 2 000 005 | 2 010 162 | 005 220 | 164 504 |
| 7 | Other salaries and wages | 3,968,995. | 2,819,162. | 985,329. | 164,504 |
| 8 | Pension plan accruals and contributions (include | 06 406 | 60 664 | 22 542 | |
| | section 401(k) and 403(b) employer contributions) | 96,406. | 62,664. | 33,742. | |
| 9 | Other employee benefits | 463,147. | 301,046. | 162,101. | |
| 10 | Payroll taxes | 288,776. | 187,704. | 101,072. | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 54,512. | 162,175. | -111,282. | 3,619 |
| d | | - | - | | · |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | 239,954. | 701,194. | -476,741. | 15,501 |
| 40 | | 233,334. | 701,154. | 170,711. | 13,301 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | F70 4F1 | 454 400 | 102 102 | 1 770 |
| 16 | Occupancy | 579,451. | 454,489. | 123,183. | 1,779 |
| 17 | Travel | 82,938. | 79,173. | 3,693. | 72 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 958. | 958. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 485,189. | 319,638. | 165,551. | |
| 23 | Insurance | | | | |
| 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.) | | | | |
| • | SUPPLIES | 1,542,632. | 1,383,949. | 97,308. | 61,375 |
| a h | STIPENDS | 260,261. | 260,261. | 3.,300. | 01,575 |
| b | MISCELLANEOUS | 37,380. | 65,744. | -40,979. | 12,615 |
| C | TRAINING | 20,899. | 20,581. | 260. | 58 |
| d | | 40,099. | 40,301. | 200• | 30 |
| _е | All other expenses | 0 320 120 | 7 0/6 /75 | 1 102 100 | 250 522 |
| 25 | Total functional expenses. Add lines 1 through 24e | 9,329,120. | 7,946,475. | 1,123,122. | 259,523 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form **990** (2020)

Form 990 (2020) Part X | Balance Sheet

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|----------|---|------------|-----------------------|---------------------------------|-------------|---------------------------|
| | | Check if Schedule O contains a response or note | e to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 6,135,230. | 1 | 3,505,742. |
| | 2 | Savings and temporary cash investments | | | 708,755. | 2 | 719,382. |
| | 3 | Pledges and grants receivable, net | | | 2,432,218. | 3 | 1,525,362. |
| | 4 | Accounts receivable, net | | 329,721. | 4 | 205,748. | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial | contributor, or 35% | | | |
| | | controlled entity or family member of any of thes | | 5 | | | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | under section 4958(f)(1)), and persons described | l in se | ction 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | | 9 | 65,537. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a 10b | 13,194,960. | | | |
| | b | Less: accumulated depreciation | 4,471,403. | 10c | 8,063,983. | | |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line 1 | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 4,620,612. | 15 | 5,476,529 |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 18,697,939. | 16 | 19,562,283 |
| | 17 | Accounts payable and accrued expenses | | 414,492. | 17 | 427,574. | |
| | 18 | Grants payable | 040 104 | 18 | | | |
| | 19 | Deferred revenue | | | 240,184. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| ies | 22 | Loans and other payables to any current or form | | | | | |
| Ħ | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | F | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | 17-24 |). Complete Part X | | 0.5 | |
| | 00 | of Schedule D | | — | 654,676. | 25 | 427,574. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 034,070. | 26 | 427,374 |
| es | | Organizations that follow FASB ASC 958, che | ck ner | e P A | | | |
| JIC. | 27 | and complete lines 27, 28, 32, and 33. | | | 7,811,812. | 27 | 13 491 194. |
| 3al | 27 28 | Net assets without donor restrictions Net assets with donor restrictions | | | 10,231,451. | 28 | 13,491,194. 5,643,515. |
| Ja B | 20 | Organizations that do not follow FASB ASC 9 | | | 10,231,431. | 20 | 3,043,313 |
| Ξ | | and complete lines 29 through 33. | o, cii | eck liefe | | | |
| ō | 20 | Capital stock or trust principal, or current funds | | | 29 | | |
| ets | 30 | Paid-in or capital surplus, or land, building, or eq | | | 30 | | |
| Ass | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | — | 18,043,263. | 32 | 19,134,709. | |
| Z | 33 | Total liabilities and net assets/fund balances | | ı | 18,697,939. | 33 | 19,562,283. |
| | JJ | TOTAL HADHILLES AND HEL ASSELS/TUND DAIANCES | | | -0,001,000 | აა | TO , 502 , 205 . |

Form **990** (2020)

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|---|---|----------|-----|------|-----|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | Ш |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,42 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,32 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,09 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 18 | ,04 | 3,2 | 63. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 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 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 19 | ,13 | 4,7 | 09. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis 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 | e audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | | | | |
| | Act and OMB Circular A-133? | - | | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | dit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | Х | |
| | | | | Form | 990 | (2020) |

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| | CATH | OLIC CHARI | TIES, INC. | | | | 4 | 8-0543703 | |
|-------|---|--|--|--|--|--|---|--|---|
| rt I | Reason for Public (| Charity Status. | (All organizations must o | omplete tl | his part.) S | ee instruction | S. | | |
| organ | ization is not a private found | dation because it is: | (For lines 1 through 12, c | heck only | one box.) | | | | |
| | | | | | | | | | |
| | A school described in secti | ion 170(b)(1)(A)(ii). | (Attach Schedule E (Forn | n 990 or 9 | 90-EZ).) | | | | |
| | | | | | | ii). | | | |
| | | | | | | | (iii). Enter | the hospital's name, | |
| | _ | • | | | | | | | |
| | | or the benefit of a co | ollege or university owner | d or opera | ted by a g | overnmental u | ınit descril | ped in | |
| | 0 1 | | , | | , 3 | | | | |
| | | - | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| X | | | | | | | he denera | nublic described in | |
| | | | arriar part of its support | rom a gov | on morna | | no gonora | pasilo accombca in | |
| | | | M1MAMvi) (Complete Par | + II \ | | | | | |
| H | | | | | ad in coni | inction with a | land-arant | college | |
| ш | • | | | | _ | | - | - | |
| | • | grant college or agni | culture (see instructions). | ciller lile | marrie, City | y, and state of | ri le colle | je oi | |
| | , <u> </u> | II | H 00 4 /00/ -f H | | | | -! 6 | | _ |
| ш | | | | | | | | | |
| | | | • | | | | | | nt |
| | | | e (less section 511 tax) fr | om busine | esses acqu | iired by the or | ganization | after June 30, 1975. | |
| | | | | | | | | | |
| Ш | - | • | • | • | | | | | |
| | | · | • | • | | | • | | |
| | | | | | | | | Check the box in | |
| | lines 12a through 12d that | describes the type | of supporting organizatio | n and con | nplete lines | s 12e, 12f, and | d 12g. | | |
| | | anization operated, | supervised, or controlled | by its sup | ported org | ganization(s), t | ypically by | / giving | |
| | the supported organization | on(s) the power to re | egularly appoint or elect a | a majority | of the dire | ctors or truste | es of the | supporting | |
| _ | organization. You must o | complete Part IV, S | ections A and B. | | | | | | |
| | | anization supervise | d or controlled in connec | tion with it | ts support | ed organizatio | n(s), by ha | aving | |
| | control or management o | of the supporting org | ganization vested in the s | ame perso | ons that co | ontrol or mana | ge the su | ported | |
| | organization(s). You mus | t complete Part IV | Sections A and C. | | | | | | |
| | Type III functionally inte | egrated. A supportir | ng organization operated | in connec | tion with, a | and functional | ly integrat | ed with, | |
| | its supported organization | n(s) (see instruction | s). You must complete I | Part IV, Se | ections A, | D, and E. | | | |
| | Type III non-functionally | v integrated. A sup | porting organization oper | ated in co | nnection v | vith its suppo | ted organ | ization(s) | |
| | | | | | | | - | | |
| | • | • | • , | • | | • | | | |
| | ¬ ' | • | - | | | | II. Type III | | |
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| Ente | | | | ing organi | zation. | | | | _ |
| | • | • | | | | | | | _ |
| | | (ii) EIN | (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of | monetary | (vi) Amount of other | _ |
| | organization | | (described on lines 1-10 | | | support (see in | structions) | support (see instruction | າຣ) |
| | | | above (see instructions)) | | | | | | _ |
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| | XX | organization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state: An organization operated for section 170(b)(1)(A)(iv). (Characteristic) A federal, state, or local go X An organization that normal section 170(b)(1)(A)(vi). (Characteristic) An agricultural research organization that normal activities related to its exercincome and unrelated busing See section 509(a)(2). (Characteristic) An organization organized for more publicly supported or lines 12a through 12d that the supported organization. You must for the supported organization. You must for the supported organization organization organization. You must for the supported organization. You must for the supported organization. Type III functionally interequirement (see instruct check this box if the organization of supported organization. Organization organization. Type III non-functionally interequirement (see instruct check this box if the organization organization. Organization organization. Organization organization. Type III non-functionally interequirement (see instruct check this box if the organization organization. Organization organization organization organization organization organization. Organization o | organization is not a private foundation because it is: A church, convention of churches, or associati A school described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization operated in coorcity, and state: An organization operated for the benefit of a consection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or govern An organization that normally receives a substance section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b) An agricultural research organization described or university or a non-land-grant college of agricuniversity: An organization that normally receives (1) more activities related to its exempt functions, subjecting income and unrelated business taxable incomes See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusions and an organization organized and operated exclusions and period organizations describle lines 12a through 12d that describes the type organization. You must complete Part IV, Some Type II. A supporting organization operated, supported organization supervised control or management of the supporting organization. You must complete Part IV, Some III functionally integrated. A supporting its supported organization(s) (see instruction Type III functionally integrated. A supporting its supported organization. You must complete Part IV, Some III non-functionally integrated. The organization requirement (see instructions). You must complete Part IV, Some III non-functionally integrated. The organization requirement (see instructions). You must complete Part IV, Some III non-functionally integrated. The organization requirement of supported organization received a functionally integrated, or Type III non-functionally integrated. Provide the following information about the supporting integrated organizations. Provide the following information about the supporting integrated. | organization is not a private foundation because it is: (For lines 1 through 12, or A church, convention of churches, or association of churches described A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form A hospital or a cooperative hospital service organization described in set A medical research organization operated in conjunction with a hospital city, and state: An organization operated for the benefit of a college or university owner section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit 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.) 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)(or university or a non-land-grant college of agriculture (see instructions). university: An organization that normally receives (1) more than 33 1/3% of its sup activities related to its exempt functions, subject to certain exceptions; income and unrelated business taxable income (less section 511 tax) for See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public sea. An organization organized and operated exclusively to the benefit of, to more publicly supported organizations described in section 509(a)(1) organization. You must complete Part IV, Sections A and B. Type II. A supporting organization operated, supervised, or controlled the supported organization operated. A supporting organization operated its supported organization supervised or controlled in connect control or management of the supporting organization operated its supported organization(s) (see instructions). You must complete I Type III non-functionally integrated. A supporting organization operated its supported organization(s) (see instructions). You must complete Part IV, Sections Check this box if the organization received a written det | organization is not a private foundation because it is: (For lines 1 through 12, check only A church, convention of churches, or association of churches described in sectio A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 9 A hospital or a cooperative hospital service organization described in section 170 A medical research organization operated in conjunction with a hospital described city, and state: An organization operated for the benefit of a college or university owned or opera section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 17 A norganization that normally receives a substantial part of its support from a gov section 170(b)(1)(A)(iv). (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) operator university or a non-land-grant college of agriculture (see instructions). Enter the university: An organization that normally receives (1) more than 33 1/3% of its support from activities related to its exempt functions, subject to certain exceptions; and (2) no income and unrelated business taxable income (less section 511 tax) from busines see section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See An organization organized and operated exclusively for the benefit of, to perform more publicly supported organizations described in section 509(a)(1) or section lines 12a through 12d that describes the type of supporting organization and con Type I. A supporting organization operated, supervised, or controlled by its sup the supported organization (s) the power to regularly appoint or elect a majority organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connectits supported organization (s) (see instructions). You must complete Part IV, Sections A an | 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)(1A)(ii). (Attach Schedulle E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section ity, and state: An organization operated for the benefit of a college or university owned or operated by a g section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjuor university or a non-land-grant college of agriculture (see instructions). Enter the name, city university: An organization that normally receives (1) more than 33 1/3% of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 511 tax) from businesses acqu. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). lines 12a through 12d that describes the type of supporting organization and complete lines 17 type II. A supporting organization operated, supervised, or controlled by its supported organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization supervised or controlled in connection with its supported organization supervised or controlled in connection with its supported organization supervised or controlled in connection with its supported organization s | 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)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). An organization operated for the benefit of a college or university owned or operated by a governmental usection 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membersi activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of income and unrelated business taxable income (less section 511 tax) from businesses acquired by the or See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to comore publicly supported organization described in section 509(a)(1) or section 509(a)(2). See | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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 or 990-E2.)) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Complete Part II.) A norganization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(iv). (Complete Part III.) A nagricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the colleg university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, a activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3 | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

48-0543703 Page 2

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 | 71 | | , | | | |
|-----|--|--------------------|-----------------|---------------------|-------------|------------|---------------|
| | endar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Gifts, grants, contributions, and | , | , | , | , | , | () |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 5,637,423. | 5,932,537. | 6,270,475. | 13,793,371. | 7,947,376. | 39,581,182. |
| 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 | 5,637,423. | 5,932,537. | 6,270,475. | 13,793,371. | 7,947,376. | 39,581,182. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 39,581,182. |
| | ction B. Total Support | 1 | | | | 1 | |
| | endar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 4 | 5,637,423. | 5,932,537. | 6,270,475. | 13,793,371. | 7,947,376. | 39,581,182. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 00 660 | 99,984. | 18,109. | 24 620 | 4 760 | 220 150 |
| _ | and income from similar sources | 80,668. | 33,304. | 10,109. | 34,638. | 4,760. | 238,159. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | 332 389 | 422,954. | 459 470 | 426 434 | 153 379 | 1,794,626. |
| 44 | assets (Explain in Part VI.) | 332,303. | 422,334. | 433,4700 | 420,454. | 133,373. | 41,613,967. |
| | | eta (esa inetrueti | one) | | | 12 | 41,013,507. |
| 12 | Gross receipts from related activities, First 5 years. If the Form 990 is for the | | | fourth or fifth tax | | | |
| 13 | organization, check this box and stor | | | | - | | ightharpoonup |
| Sec | ction C. Computation of Publ | | rcentage | | | | ····· |
| | Public support percentage for 2020 (| | | column (f)) | | 14 | 95.12 % |
| | Public support percentage from 2019 | | | | | 15 | 94.23 % |
| | 33 1/3% support test - 2020. If the | | | | | | |
| | stop here. The organization qualifies | • | | • | | • | |
| b | 33 1/3% support test - 2019. If the | | | | | | |
| | and stop here. The organization qual | - | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the fact | _ | | | | | |
| | meets the facts-and-circumstances to | | | | | | |
| b | 10% -facts-and-circumstances tes | • | • | | • | | |
| | more, and if the organization meets the | _ | | | | | |
| | organization meets the facts-and-circ | | | | - | | ▶□ |
| 18 | Private foundation. If the organization | | - | | | | s ▶□ |

Schedule A (Form 990 or 990-EZ) 2020

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.)

| qualify under the tests listed be Section A. Public Support | low, please com | plete Part II.) | | | | |
|--|--------------------------|---------------------------|----------------------|----------------------|-------------------|---------------|
| | | # N 00 4 = | 1 () 22/2 | 1 , , , , , , | () 0000 | (0.7 |
| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its benaif | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 Amounts from line 6 | (a) 2010 | (6) 2017 | (6) 2010 | (u) 2019 | (6) 2020 | (i) Total |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | e organization's f | first, second, third. | fourth, or fifth tax | year as a section 5 | 501(c)(3) organiz | zation, |
| | • | , | • | • | . , . , | |
| Section C. Computation of Public | | | | | | , |
| 15 Public support percentage for 2020 (lin | | | column (f)) | | 15 | % |
| 16 Public support percentage from 2019 | | | | | 16 | % |
| Section D. Computation of Inves | | | | | - 1 | |
| 17 Investment income percentage for 202 | | | | | 17 | % |
| 18 Investment income percentage from 2 | | | | | 18 | |
| 19a 33 1/3% support tests - 2020. If the | | | | | | |
| more than 33 1/3%, check this box an | - | | | | | |
| b 33 1/3% support tests - 2019. If the o | organization did ı | not check a box or | line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3% | 6, and |
| line 18 is not more than 33 1/3%, chec | ck this box and s | top here. The orga | nization qualifies | as a publicly suppo | orted organizatio | on ▶ <u>□</u> |
| 20 Private foundation. If the organization | ı did not check a | a box on line 14, 19 | a, or 19b, check t | his box and see ins | structions | <u></u> |

032023 01-25-21

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 |
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| Par | t IV | Supporting Organizations (continued) | | | |
|-----|----------|--|------------|------|----|
| | | | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| а | A pers | son who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | | elow, the governing body of a supported organization? | 11a | | |
| b | A fami | ily member of a person described in line 11a above? | 11b | | |
| С | A 35% | 5 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | in Part VI. | 11c | | |
| Sec | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did the | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | _ | rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | e organization operate for the benefit of any supported organization other than the supported | | | |
| | organi | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part V | I how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| Sec | | C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Were a | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or mar | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | pported organization(s). | 1 | | |
| Sec | tion C | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did the | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organi | ization'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 | | | |
| | organi | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organi | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the org | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | son of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| | signific | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | incom | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | rted organizations played in this regard. | 3 | | |
| Sec | tion E | 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 yea(see instructions) | • | | |
| а | Н. | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | Н. | 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 | structioi | 1s). | |
| 2 | | ies Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | obstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | ne organization was responsive to those supported organizations, and how the organization determined | | | |
| | | nese activities constituted substantially all of its activities. | 2a | | |
| b | | e activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | | more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | If the reasons for the organization's position that its supported organization(s) would have engaged in | <u>.</u> . | | |
| _ | | activities but for the organization's involvement. | 2b | | |
| 3 | | t of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | | e organization exercise a substantial degree of direction over the policies, programs, and activities of each | 0, | | |
| | OT ITS S | supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

Schedule A (Form 990 or 990-EZ) 2020 CATHOLIC CHARITIES, INC. 48-0543703 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

6

| Pa | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continu | ued) | , 0313,03 гад |
|------|---|-----------------------------------|---------------------------------------|------|---|
| | ion D - Distributions | | (| | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ses of supported organization | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pr | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which t | the organization is responsive | • | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2020 | ns | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| а | From 2015 | | | | |
| b | From 2016 | | | | |
| С | From 2017 | | | | |
| d | From 2018 | | | | |
| е | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | | | | | |

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

CATHOLIC CHARITIES, INC. 48-0543703

| Organization 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 | | | | |
| Check if your organization is | s covered by the General Rule or a Special Rule . | | | | |
| | (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | |
| General Rule | | | | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | |
| Special Rules | | | | | |
| sections 509(a)(1) any one contributo | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II. | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | |
| year, contributions is checked, enter h purpose. Don't cor | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$\frac{1}{2} \] | | | | |
| but it must answer "No" on | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ABBY AND ADAM BURRUS 234 N. BROADVIEW ST. WICHITA, KS 67208-3813 | \$5,000. | 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 | ANDREW AND EMILY THENGVALL 8914 E. CLUBSIDE DRIVE WICHITA, KS 67206-4040 | \$5,250. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | ARLIN AND DEBBIE BEER 2061 N. PADDOCK GREEN CIR. WICHITA, KS 67206-4481 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | BART AND MELISSA GRELINGER 14878 E. SUNDANCE ST. WICHITA, KS 67230-7162 | \$15,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | BERRY FOUNDATION P.O. BOX 829 WICHITA, KS 67201-0829 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | BILL AND MARIA PALKO 14852 SUNDANCE COURT WICHITA. KS 67230-7190 | \$12,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

CATHOLIC CHARITIES, INC.

48-0543703

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed. | |
|------------|---|----------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | BOB BERGKAMP CONSTRUCTION CO., INC. 3709 S. WEST STREET WICHITA, KS 67217 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | BRENT AND MARY JANE WOOTEN 7304 W. CLEAR MEADOW CIRCLE WICHITA, KS 67205-1348 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | BRETT ABRAHAM 2214 N. LINDBERG WICHITA, KS 67226 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | BRIAN AND LYNNE KAISER 13409 E. EDGEWOOD DRIVE WICHITA, KS 67230-1737 | \$15,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | CARGILL CARES C/O THERESA M. CURTIS WICHITA, KS 67202-3512 | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | CAROL AND JOHN PAVETTO 9467 E. CROSS CREEK COURT WICHITA KS 67206-4066 | \$10,000. | Person X Payroll |

023452 11-25-20

CATHOLIC CHARITIES, INC.

48-0543703

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additi | onal space is needed. | |
|-------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | CATHOLIC DIOCESE OF WICHITA 424 N. BROADWAY WICHITA, KS 67202 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | CNH INDUSTRIAL AMERICA LLC 5729 WASHINGTON AVE. RACINE, WI 53406 | _ _ _ _ _ _ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 15 | COMMUNITY FOUNDATION OF SOUTHEAST KANSAS P.O. BOX 1448 PITTSBURG, KS 66762-1448 | - \$\$11,250. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | DAVE AND KATHY ROBERTSON 1962 N. OAK CREEK PARKWAY WICHITA, KS 67206-8949 | \$10,000. | 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 |
| <u>17</u> | DAVID AND BARBARA ROLPH 8939 BOXTHORN COURT WICHITA, KS 67226-1520 | - \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | DAVID AND DIANNE DISHMAN 1027 N. POST OAK WICHITA, KS 67206-3829 | - \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| 023452 11-2 | | — | 990 990-F7 or 990-PF) (2020) |

CATHOLIC CHARITIES, INC.

48-0543703

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | ANONYMOUS 437 N TOPEKA WICHITA, KS 67202 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | DOROTHY BRAKE 1385 80TH AVENUE KINSLEY, KS 67547-4705 | \$\$ | Person X Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 21 | DOROTHY YOUNGERS 17511 W. 55TH ST. SOUTH VIOLA, KS 67149-9536 | - - \$\$29,947. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 22 | DOUG AND MICHELLE LOUIS 2551 N. WILDERNESS COURT WICHITA, KS 67226-2140 | - - - - - | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | DR. AND MRS. WILLIAM T. BRAUN III 8519 E. SHANNON WAY WICHITA, KS 67206-1823 | - - \$\$8,471. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 24 | EARL AND KATHY MIES 1746 W. DRIFTWOOD COURT WICHITA, KS 67204-2396 | \$\$ | Person X Payroll |

| | · · · · · · · · · · · · · · · · · · · | | |
|------------|---|----------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25 | ED AND COLLEEN MIKESELL 844 N. REECE ROAD GODDARD, KS 67052-8415 | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | ED TOON 4931 S. VICTORIA WICHITA, KS 67217 | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 27 | EVERGY FUND - TOPEKA COMMUNITY FOUNDATION C/O AMBER SIMS, COMMUNITY AFFAIRS WICHITA, KS 67202 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 28 | FUGATE ENTERPRISES 208 S. MAIZE ROAD WICHITA, KS 67209 | \$15,000. | 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 |
| 29 | GARY AND SARA BARTAK 1019 N. DOREEN WICHITA, KS 67206-3827 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 30 | GARY DONAHUE 1313 N. MAIZE COURT WICHITA, KS 67212-4395 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

CATHOLIC CHARITIES, INC.

Employer identification number

48-0543703

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31 | GENE AND YOLANDA CAMARENA | | Person X Payroll |
| | 11906 E. CENTRAL AVENUE | \$5,000. | Noncash (Complete Part II for |
| | WICHITA, KS 67206-2815 | | noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | GOEBEL FAMILY-STAR LUMBER CHARITABLE FOUNDATION | | Person X |
| | PO BOX 7712 | \$\$ | Payroll Noncash |
| | WICHITA, KS 67277-7712 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 33 | HAMPEL LEASING, INC. | | Person X |
| | HAMPEL OIL | \$30,000. | Payroll Noncash |
| | WICHITA, KS 67213 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 34 | HAROLD BAALMANN | | Person X |
| | 2517 S. MAIZE ROAD | \$15,000. | Payroll Noncash |
| | WICHITA, KS 67215-8903 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 35 | ISAAC FAMILY INSTITUTE OF CHARITY | | Person X |
| | 8100 E. 22ND ST. NORTH | \$15,000. | Payroll Noncash |
| | WICHITA, KS 67226 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 36 | J.E. & L.E. MABEE FOUNDATION INC. | | Person X |
| | CLAYDESTA CENTER | \$ 750,000. | Payroll Noncash |
| | MIDI.AND TX 79705 | | (Complete Part II for |

CATHOLIC CHARITIES, INC. 48-0543703

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed. | |
|------------|--|----------------------------|--|
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) |
| | JAMES CRUCE 1301 N. SAINT ANDREWS WICHITA, KS 67230-1422 | \$ 5,000. | 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 |
| 38 | JAY SIMON 9400 E. WILSON ESTATES PKWY WICHITA, KS 67206 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 39 | JERRY AND BERNITA JONES 12206 AUTUMN RIDGE WICHITA, KS 67235-9722 | \$95,000. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. 40 | Name, address, and ZIP + 4 JESSICA GOOD EVANS CHARITABLE FOUNDATION C/O INTRUST WEALTH MANAGEMENT WICHITA, KS 67202 | \$ 9,500. | 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 |
| 41 | JIM AND ANN STEVENS 10721 E. GENOVA ST. WICHITA, KS 67206-6821 | \$ | 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 |
| 42 | JOE HEIN AND DEE TROYER 7206 W. BARRINGTON STREET WICHITA, KS 67212-7322 | \$8,147. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

023452 11-25-20

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 43 | JOHN AND MARY GRAGG 801 S. ZELTA ST. WICHITA, KS 67207-7026 | \$5,000. | 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 |
| 44 | JOHN FOULSTON 4046 N. STONE BARN MAIZE, KS 67101 | \$5,000. | 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 |
| 45 | JR CUSTOM METAL PRODUCTS, INC. 2237 SOUTH WEST ST. COURT WICHITA, KS 67213-1100 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 46 | KANSAS COALITION AGAINST SEXUAL & DOMESTIC VIOLENCE 634 S.W. HARRISON STREET TOPEKA, KS 66603 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 47 | KANSAS FOOD BANK WAREHOUSE 1919 E. DOUGLAS AVENUE WICHITA, KS 67211 | \$ 27,990. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 48 | KANSAS HEALTH FOUNDATION 309 E. DOUGLAS WICHITA, KS 67202-3405 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| (a) Name, address, and ZIP + 4 Total contributions Type of contribution Type of contributions Type of contributio | Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|--|-----------|---|---------------------|--|
| A9 KANSAS HOUSING RESOURCES CORP 611 S. KANSAS AVE. 70PEKA, KS 66603 | | | | |
| Sample Payroll Complete Part II for noncash contributions | No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| No. | <u>49</u> | 611 S. KANSAS AVE. | \$12,750. | Payroll Noncash (Complete Part II for |
| SO | (a) | | | |
| 1107 N. POST OAK RD. | No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution 51 KEVIN AND RACHEL LEWIS Person X Payroll Noncash No | 50 | 1107 N. POST OAK RD. | \$5,000. | Payroll Noncash (Complete Part II for |
| State | | | | |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution Type of contribution Type of contribution Person X Payroll | | KEVIN AND RACHEL LEWIS 401 E. WINDING LANE CIRCLE | 40.000 | Person X Payroll Noncash (Complete Part II for |
| Section Sect | | | | |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | | KNIGHTS OF COLUMBUS STATE COUNCIL C/O GARY WONDRA | | Person X Payroll Noncash (Complete Part II for |
| LARRY LINENBERGER S S S S S S S S S | | • • | | |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution Type of contribution Person X Payroll Noncash (Complete Part II for | | LARRY LINENBERGER 2819 N. BELLWOOD ST. | | Person X Payroll Noncash (Complete Part II for |
| LISA AND RANDY OEHMKE 2611 N. WILDERNESS COURT \$ 30,000. Person X Payroll Noncash (Complete Part II for | | ` , | | ` · |
| I WILLIA DO DIAZDEZIO. | | LISA AND RANDY OEHMKE | | Person X Payroll Noncash |

023452 11-25-20

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi | itional space is needed. | |
|------------|--|----------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 55 | MARGARET A. ROBERTS CHARITABLE FOUNDATION P.O. BOX 467 KECHI, KS 67067-0467 | \$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 56 | MARK AND ALICE JOHNSON 9607 W. 18TH ST. NORTH WICHITA, KS 67212-6711 | \$15,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 57 | MARK AND KAREN HUMPHREY 14626 E. 29TH ST. NORTH WICHITA, KS 67228 | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 58 | MARK AND MARLENE MILLER 1805 HIGH LONESOME LEANDER, TX 78641-3684 | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 59 | MARY JONES 15502 E. MAINSGATE STREET WICHITA, KS 67228-8090 | \$20,369. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 60 | MECHANICAL SYSTEMS, INC. P.O. BOX 3029 WICHITA KS 67201-3029 | | Person X Payroll |

| CATHO | LIC CHARITIES, INC. | 40 | -0343/03 |
|------------|---|----------------------------|-----------------------------|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | ll space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 61 | MEL HAMBELTON FORD INC. 11771 W. KELLOGG WICHITA, KS 67209-1240 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 62 | MIKE AND GRETCHEN STANHOPE P.O. BOX 2 ANDALE, KS 67001-0002 | \$ <u>15,000.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 63 | MIKE AND JULIE LIEVENS 2801 E. FLINT HILLS NATIONAL PKWY ANDOVER, KS 67002-7956 | \$30,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 64 | MIKE AND MARTHA GRANT 10621 E. CRESTWOOD COURT WICHITA, KS 67206-6817 | \$ 20,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 65 | MIKE SAND 9 TIMBERLAKE RD. PITTSBURG, KS 66762 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 66 | MILLER FAMILY FOUNDATION INC. C/O RICHARD MILLER PITTSBURG KS 66762 | \$5,000. | Person X Payroll |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if ac | dditional space is needed. | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 67 | NANCY AND STEVE BAKER 543 N. LONGFORD LN. WICHITA, KS 67206-1815 | \$\$ | 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 |
| 68 | NICK AND SUSAN ONOFRIO 12 E. STONEBRIDGE CIR. WICHITA, KS 67230-1558 | \$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 69 | PAMELA BUSCH 1655 S. GEORGETOWN WICHITA, KS 67218-4120 | \$\$ | 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 |
| 70 | PATRICK AND ROBYN JOHNSON 1371 N. HICKORY CREEK COURT WICHITA, KS 67235-7009 | \$\$. | 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 |
| 71 | PHILIP AND BARBARA MEYER 12501 W. JAYSON LANE WICHITA, KS 67235-1444 | \$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 72 | RANDY AND ALICE SIMON 1515 N. FOLIAGE COURT WICHITA, KS 67206-3330 | \$\$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| CATIO | DIC CHARTILED, INC. | 1 = 0 | 0343703 |
|------------|--|----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 73 | RAYLENE PERRIER 2610 LAKE RIDGE STREET WICHITA, KS 67205-1662 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 74 | REGINA AND MARK BARKER 2509 N. HAZELWOOD ST. WICHITA, KS 67205-2409 | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 75 | RICH AND HANNAH KERSCHEN 144 N. RUTLAND WICHITA, KS 67206-2023 | \$ | 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 |
| 76 | RICHARD AND REBECCA GATES 2804 E. 69TH NORTH VALLEY CENTER, KS 67147 | \$ <u>12,000.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 77 | ROBERT AND MARY HETHERINGTON 1604 N. BYRON ROAD WICHITA, KS 67212-1319 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 78 | ROGER MCCOY AND KATHY GANN-MCCOY 1440 N. GATEWOOD ST. WICHITA, KS 67206-1253 | \$ | Person X Payroll |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 79 | RONALD AND DELONNA COLEMAN 8116 W. MAPLE ST. WICHITA, KS 67209-1404 | \$5,250. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 80 | RONALD AND PRISCILLA DREILING 1863 N. RUSTY GATE STREET WICHITA, KS 67206-8939 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 81 | RONALD BRUMMEL 341 S. WINTERSET LN. WICHITA, KS 67209-2253 | \$ 20,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 82 | RONNIE AND JEFFREY LEONARD 115 N. BAY COUNTRY ST. WICHITA, KS 67235-1339 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 83 | S.P. MCCOOL 1956 S. CLIFTON WICHITA, KS 67218-3944 | \$ <u>11,921.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 84 | SCOTT AND KATHLEEN BERGKAMP 5500 N. WOODLAWN STREET KECHI. KS 67067-9052 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

CATHOLIC CHARITIES, INC.

48-0543703

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|-------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>85</u> | STAN AND WANDA GEGEN 14975 W. 45TH ST. NORTH COLWICH, KS 67030-9768 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 86 | STUART AND RITA LUNGWITZ 3023 N. RED FOX CIRCLE WICHITA, KS 67205-8754 | \$10,000. | 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 |
| <u>87</u> | THOMAS AND KELLY WAPP 15120 W. 70TH CT. N. COLWICH, KS 67030-9733 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 88 | TIM AND CHRIS LENZ 14823 E. SUMMERFIELD ST. WICHITA, KS 67230-7196 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 89 | TONY AND CHRISTINE SEMENTELLI 4113 WAYFARER WAY AUSTIN, TX 78731-6600 | \$ 25,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 90 | UNITED WAY OF SOUTHWEST MISSOURI AND SOUTHEAST KANSAS 3510 E. 3RD STREET JOPLIN, MO 64801 | \$ | Person X Payroll |
| 023452 11-2 | | | 990 990-F7 or 990-PF) (2020) |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | |
|------------|--|----------------------------|-----------------------------|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 91 | VESS FAMILY FOUNDATION 1700 WATERFRONT PARKWAY WICHITA, KS 67206 | \$ 22,500. | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 92 | VICKI HUNT 3500 N. ROCK RD. WICHITA, KS 67226-1334 | \$\$ | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 93 | VIRGINIA HAYES 10218 E. SUMMERFIELD STREET WICHITA, KS 67206-4600 | \$ | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 94 | WICHITA CATHOLIC SECONDARY SCHOOLS 424 N. BROADWAY WICHITA, KS 67202 | \$\$ | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 95 | WILLIAM AND CAROLINE HAYES 11114 W. CENTRAL AVE. WICHITA, KS 67212 | \$ 25,000. | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 96 | WILLIAM B. AND ATHLYN C. PRITCHETT TRUST PRITCHETT TRUST COMMITTEE PITTSBURG KS 66762 | \$15,000. | Person X Payroll | | | | | |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | |
|------------|--|-------------------------|--|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 97 | YVETTE MURTHA 526 N. RUTLAND STREET WICHITA, KS 67206-1524 | \$ 18,399. | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 98 | ALLEN, GIBBS & HOULIK, L.C 301 N. MAIN STREET WICHITA, KS 67202-4868 | \$ | Person Payroll Noncash X (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 99 | BISHOP CARROLL CATHOLIC HIGH SCHOOL 8101 W. CENTRAL AVE. WICHITA, KS 67212-3639 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 100 | ANONYMOUS 437 N TOPEKA WICHITA, KS 67202 | \$ 9,120. | Person Payroll Noncash X (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 101 | GIRL SCOUTS OF AMERICA 437 N TOPEKA WICHITA, KS 67202 | \$10,368. | Person Payroll Noncash X (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 102 | GIRL SCOUTS OF THE GOLDEN PLAINS COUNCIL 360 LEXINGTON ROAD WICHITA, KS 67218-1700 | \$6,480. | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 103 GLEN AND LINDA RUPE Person Payroll 6,500. 3N. LINDEN DR. Noncash (Complete Part II for WICHITA, KS 67206 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 104 GOFRESH Person **Payroll** 1691 N. 161ST E. AVE. 25,117. Noncash (Complete Part II for TULSA, OK 74116 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 105 HOME DEPOT Person Payroll 3350 N. WOODLAWN 5,000. Noncash (Complete Part II for WICHITA, KS 67206 noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 106 KANSAS FOOD BANK WAREHOUSE Person Pavroll 1919 E. DOUGLAS AVENUE 52,118. Noncash (Complete Part II for WICHITA, KS 67211 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 107 KAPAUN MT. CARMEL CATHOLIC HIGH SCHOOL Person Payroll 8506 E. CENTRAL AVENUE 10,000. Noncash (Complete Part II for WICHITA, KS 67206 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 108 ST. THOMAS AQUINAS Person Pavroll 1321 N. STRATFORD LANE 5,000. Noncash X (Complete Part II for WICHITA, KS 67206-1313 noncash contributions.)

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

CATHOLIC CHARITIES, INC.

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | |
|------------|--|--|-------------------|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | | d) ontribution | | | | | |
| 109 | TEFAP PROGRAM 1400 INDEPENDENCE AVE SOUTH WEST WASHINGTON, DC 20250-9410 | Person Payroll Noncash (Complete P noncash cor | art II for | | | | | |
| (a) | (b) | | d) | | | | | |
| No. 110 | Name, address, and ZIP + 4 THE LBD, ETC. 2132 N. ROCK RD. WICHITA, KS 67206 | Person Payroll Noncash (Complete P noncash cor | art II for | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | d) ontribution | | | | | |
| 111 | ANONYMOUS 437 N TOPEKA WICHITA, KS 67202 | Person Payroll Noncash (Complete P noncash cor | X art II for | | | | | |
| (a) | (b) | | d) | | | | | |
| No. 112 | Name, address, and ZIP + 4 UNITED WAY OF THE PLAINS 245 N. WATER ST. WICHITA, KS 67202 | \$ 366,491. Person Payroll Noncash cor | art II for | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | l l | d) ontribution | | | | | |
| .1101 | rumo, dudicos, and EIF T T | Person Payroll Noncash (Complete P noncash cor | art II for | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | l l | d) ontribution | | | | | |
| 140. | ivalile, audi ess, aliu ZIP + 4 | Person Payroll Noncash (Complete P noncash cor | art II for | | | | | |

Name of organization

CATHOLIC CHARITIES, INC.

48-0543703

| CATHO | LIC CHARITIES, INC. | 4 | 8-0543703 |
|------------------------------|---|---|----------------------|
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 98 | NON-FOOD | | |
| | | | |
| | | \$ 10,000. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 0.0 | FOOD | | |
| 99 | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 100 | FOOD | | |
| 100 | | | |
| | | \$9,120. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 1.01 | FOOD | | |
| 101 | | | |
| | | \$10,368. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 102 | FOOD | | |
| | | | |
| | | \$ 6,480. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 103 | NON-FOOD | | |
| | | | |
| | | \$6,500. | |

| 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 |
| 104 | FOOD | _ | |
| 104 | | _ | |
| | | \$ | |
| (a) No. | 45 | (c) | (-D |
| from | (b) Description of noncash property given | FMV (or estimate) | (d) Date received |
| Part I | | (See instructions.) | |
| 105 | NON-FOOD | _ | |
| | | - | |
| | | _ \$ <u>5,000.</u> | |
| | | | |
| (a) No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received |
| Part I | FOOD | (Gee mandenona.) | |
| 106 | FOOD | - | |
| | | - | |
| | | 52,118. | |
| (a) | | | |
| No. | (b) | (c) FMV (or estimate) | (d) |
| from Part I | Description of noncash property given | (See instructions.) | Date received |
| Faiti | FOOD | | |
| 107 | | _ | |
| | | 10 000 | |
| | - | 10,000. | |
| (a) | | (c) | |
| No. from | (b) | FMV (or estimate) | (d) |
| Part I | Description of noncash property given | (See instructions.) | Date received |
| | FOOD | _ | |
| 108 | | _ | |
| | | - s 5,000. | |
| | | - [•] | |
| (a) | | (c) | |
| No. from | (b) | FMV (or estimate) | (d) |
| Part I | Description of noncash property given | (See instructions.) | Date received |
| | FOOD | _ | |
| 109 | | _ | |
| | | - s 258,872. | |
| 023453 11-2 | | | 990 990-F7 or 990-PF) (2020) |

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

| Part II | 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 | | | | |
| | NON-FOOD | _ | | | | | |
| 110 | | _ | | | | | |
| | | | | | | | |
| (a) | | (c) | | | | | |
| No. from | (b) Description of noncash property given | FMV (or estimate) | (d) Date received | | | | |
| Part I | bescription of noncash property given | (See instructions.) | Date received | | | | |
| | NON-FOOD | _ | | | | | |
| 111 | | | | | | | |
| | | \$5,000 . | | | | | |
| (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 | | | | |
| | | _ | | | | | |
| | | _ | | | | | |
| | | \$ | | | | | |

023453 11-25-20

Employer identification number Name of organization CATHOLIC CHARITIES, INC. 48-0543703 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CATHOLIC CHARITIES TNC **Employer identification number** 48-0543703

| organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of prants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform Idonors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 5 Did the organization inform I grantset, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purpose breath breath in the form of a conservation easements held by the organization (check all that apply). Part II Conservation Easements. Complete if the organization answersed "Yes" on Form 990, Part IV, line 7. 1 Purposets) of conservation easements held by the organization answersed "Yes" on Form 990, Part IV, line 7. 1 Purposets) of conservation easements held by the organization answersed "Yes" on Form 990, Part IV, line 7. 1 Purposets) of conservation easements held by the organization Preservation of a historically important land area Protection of natural habitat Preservation of part Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a conservation easements Preservation Prese | Pai | t Organizations Maintaining Donor Advise | | s or Accounts Complete if the |
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| and section 170(h)(4)(B)(ii)? | 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 17 | 0(h)(4)(B)(i) |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X | | | • | |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | 9 | | | |
| organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | · | • | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X | | | C | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | Pai | t III Organizations Maintaining Collections o | f Art, Historical Treasures, or (| Other Similar Assets. |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | | | |
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| service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | | | |
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| (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | • | | |
| (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | • | | > \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | | | |
| the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | 2 | | | |
| a Revenue included on Form 990, Part VIII, line 1 | _ | - | | a gan, provide |
| | 9 | | - | ▶ \$ |
| | | | | |

032051 12-01-20

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| | t III Organizations Maintaining C | collections of Ar | | easures. or Oth | er Similar A | ssets(continued) | | |
|------|--|------------------------|------------------------|------------------------|-------------------|--------------------------|--|--|
| 3 | | | • | | | | | |
| Ü | Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): | | | | | | | |
| а | | | | | | | | |
| | b Scholarly research e Other | | | | | | | |
| | | | | | | | | |
| C | | | | | | | | |
| 4 | | | | | | i Paπ XIII. | | |
| 5 | During the year, did the organization solicit o to be sold to raise funds rather than to be ma | | | | | Yes No | | |
| Pai | t IV Escrow and Custodial Arran | | | | | | | |
| ı aı | reported an amount on Form 990, Pai | | te ii trie organizatio | manswered res o | ii Fuiii 990, Fai | 117, 11116 9, 01 | | |
| 1a | Is the organization an agent, trustee, custod | | iary for contribution | s or other assets no | t included | | | |
| | on Form 990, Part X? | | | | | Yes No | | |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | |
| | , 1 | • | 3 | | | Amount | | |
| С | Beginning balance | | | | 1c | | | |
| | Additions during the year | | | | | | | |
| | Distributions during the year | | | | | | | |
| | Ending balance | | | | | | | |
| | Did the organization include an amount on Fe | | | | | Yes No | | |
| | If "Yes," explain the arrangement in Part XIII. | | | | • | ··· | | |
| Pai | t V Endowment Funds. Complete i | f the organization ans | swered "Yes" on Fo | orm 990, Part IV, line | 10. | | | |
| | · | (a) Current year | (b) Prior year | | (d) Three years | back (e) Four years back | | |
| 1a | Beginning of year balance | 4,620,612. | 4,626,059. | 4,555,596. | 4,341,6 | 526. 4,112,099. | | |
| | Contributions | | | | | 139. | | |
| | Net investment earnings, gains, and losses | 982,386. | 125,325. | 197,734. | 369,8 | 372,592. | | |
| | Grants or scholarships | | | | | | | |
| | Other expenditures for facilities | | | | | | | |
| | and programs | 126,469. | 130,772. | 127,271. | 124,2 | 252. 117,357. | | |
| f | Administrative expenses | | | | 31,6 | 572. 25,847. | | |
| | End of year balance | 5,476,529. | 4,620,612. | 4,626,059. | 4,555,5 | 596. 4,341,626. | | |
| 2 | Provide the estimated percentage of the curr | | e (line 1g, column (a | i)) held as: | | | | |
| а | Board designated or quasi-endowment | 41. 7630 | % | ,, | | | | |
| | Permanent endowment ► 35.7210 | % | _ | | | | | |
| С | Term endowment ▶ 22.5160 € | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | |
| За | Are there endowment funds not in the posse | · · | ation that are held a | nd administered for | the organization | 1 | | |
| | by: | · · | | | · · | Yes No | | |
| | (i) Unrelated organizations | | | | | 3a(i) X | | |
| | (ii) Related organizations | | | | | 3a(ii) X | | |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on Schedule R? | | | 3b X | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | ent. | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | , Part IV, line 11a. S | See Form 990, Part X | (, line 10. | | | |
| | Description of property | (a) Cost or ot | her (b) Cost | or other (c) A | Accumulated | (d) Book value | | |
| | | basis (investm | · · | | epreciation | | | |
| 1a | Land | | | 4,520. | | 554,520. | | |
| | Buildings | | | | 680,569. | 6,812,669. | | |
| | Leasehold improvements | | | | 378,415. | 115,069. | | |
| | Equipment | | | | 163,093. | 449,892. | | |
| | Other | | 1,04 | 0,733. | 908,900. | 131,833. | | |
| | . Add lines 1a through 1e. (Column (d) must e | | X, column (B), line 1 | 0c.) | > | 8,063,983. | | |

| CATHOLIC CH Part VII Investments - Other Securities. | IARITIES, INC. | 40 | -0543703 Page |
|--|----------------------------|---|-----------------------|
| Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11b. See Form 990. Part X. line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| 1) Financial derivatives | | | - |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) ENDOWMENT FUNDS | | | 5,476,529 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| _ • • | | | |
| (5) | | | |
| | | | |
| (5) | | | |
| (5) (6) | | | |
| (5) (6) (7) (8) (9) | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 15.) | > | 5,476,529 |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | | | |
| (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |

032053 12-01-20

| | | | • | - | oruary 4, 2022 |
|-------|---|---------------------|----------------|---------|---------------------|
| Sche | edule D (Form 990) 2020 CATHOLIC CHARITIES, INC. | | | | 0543703 Page 4 |
| Pa | rt XI Reconciliation of Revenue per Audited Financial State | ements With | Revenue per R | leturi | ո. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 10,454,675. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 34,109. | | |
| е | Add lines 2a through 2d | | | 2e | 34,109. |
| 3 | Subtract line 2e from line 1 | | | 3 | 10,420,566 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | , , | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 10,420,566 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | tements With | າ Expenses per | Retu | ırn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 9,363,229. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 34,109. | | |
| е | Add lines 2a through 2d | | | 2e | 34,109. |
| 3 | Subtract line 2e from line 1 | | | 3 | 9,329,120. |
| 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 | |) | | 5 | 9,329,120. |
| Pa | rt XIII Supplemental Information. | | | | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | | | 4; Part | X, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | / additional inforn | nation. | | |
| | | | | | |
| | | | | | |
| PA | RT V, LINE 4: | | | | |
| | | | | | |
| TH: | E ORGANIZATION'S ENDOWMENT FUNDS HELP WI | TH THE O | PERATIONS | OF | THE AGENCY. |
| | | | | | |
| | | | | | |
| | | | | | |
| PA. | RT XI, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| | | | | | 24 400 |
| F.O1 | NDRAISING EXPENSES NET WITH FUNDRAISING | INCOME | | | 34,109 |
| | | | | | |
| | | | | | |
| D | OM WIT I THE OD OWNER INTOCHURE | | | | |
| PA | RT XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| ייינו | TOTAL CONTRACTOR MENT DISTRICT STATES | TMCOVE | | | 24 100 |
| r Ul | NDRAISING EXPENSES NET WITH FUNDRAISING | INCOME | | | 34,109. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

| Name of the organization | C CUNDITATES THE | | | | | Employer ide | ntification number |
|---|--|--|--|-----------------------------------|---------|--|---|
| | C CHARITIES, INC. Complete if the organization answer | ered "Y | 'es" oi | n Form 990 Part IV | line 1 | | |
| required to complete this part 1 Indicate whether the organization rais | t. | | | | | 7.10111990-22 | Thers are not |
| a Mail solicitations b Internet and email solicitations | s f Solicita | tion of | gover | overnment grants nment grants | | | |
| c Phone solicitations g Special fundraising events d In-person solicitations | | | | | | | |
| 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be | | | | | | | |
| compensated at least \$5,000 by the | | Jant to | agree | There's ander which | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribu | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Total | | | > | | | | |
| List all states in which the organization or licensing. | on is registered or licensed to solicit | contrib | utions | s or has been notified | d it is | exempt from re | egistration |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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032081 11-25-20

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Schedule G (Form 990 or 990-EZ) 2020

48-0543703 Page 2

| | | of fundraising event contributions and gr | oss income on Form 990 |)-EZ, lines 1 and 6b. List | events with gross recei | |
|------------------------|------|---|----------------------------|-----------------------------|-------------------------|----------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | BEACHES AND | OHEEN DEE | NONE | (add col. (a) through |
| | | | BLESSINGS | QUEEN BEE | (1.1.1) | col. (c)) |
| ine | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 84,630. | 55,793. | | 140,423. |
| | 2 | Less: Contributions | | | | |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 84,630. | 55,793. | | 140,423. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| es | 5 | Noncash phizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct E | 7 | Food and beverages | 7,932. | 451. | | 8,383. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 15,199. | 10,527. | | 25,726. |
| | 10 | Direct expense summary. Add lines 4 through | | | | 34,109. |
| Pa | 11 | | | | | 106,314. |
| Г | וונו | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Forn | 1 990, Part IV, line 19, or | reported more than | |
| | | \$ 10,000 0111 01111 000 <u>22</u> , iiilo oa. | () 5: | (b) Pull tabs/instant | () () () | (d) Total gaming (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| eve | | | | | | |
| <u> </u> | 1 | Gross revenue | | | | |
| | | | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | Ť | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No No | No No | |
| | 7 | Direct expense summary. Add lines 2 through | n 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 condi | _ | | | |
| | | the organization licensed to conduct gaming a | ctivities in each of these | states? | | Yes No |
| D | 11 " | No," explain: | | | | |
| | _ | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended, or t | erminated during the tax | year? | Yes No |
| | | Yes," explain: | | | | |
| | | | | | | |
| | _ | | | | | |
| 0320 | 32 1 | 1-25-20 | | | Schedule G (Fo | rm 990 or 990-EZ) 2020 |

| Sch | edule G (Form 990 or 990-EZ) 2020 CATHOLIC CHARITIES, INC. 48 | 3-0543 | 3703 | Page 3 |
|-----|--|-------------|----------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| | 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? | \square | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | 1 | % |
| | An outside facility | | | % |
| | 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? | | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ 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: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | 1 | |
| | retain the state gaming license? | | Yes | └── No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | 1е | | |
| D = | organization's own exempt activities during the tax year > \$ | | | |
| Ра | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an | d Part III, | lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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| Schedule (| G (Form 990 or 990-EZ) Supplemental Info | CATHOLIC | CHARITIES, | INC. | 48-0543703 P | age 4 |
|------------|---|-------------------|------------|------|--------------|-------|
| Part IV | Supplemental Info | rmation (continue | ed) | | | |
| | | | | | | |
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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 | CHARITIES | INC. | | | | | Employer identification number $48-0543703$ |
|--|------------------------|---------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|---|
| Part I General Information on Grants a | | 7 ==:0: | | | | | |
| Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr | istance? | | | | y for the grants or ass | | otion Yes X No |
| Part II Grants and Other Assistance to | Domestic Organi | izations and Domesti | ic Governments. | Complete if the org | anization answered " | Yes" on Form 990, Par | t IV, line 21, for any |
| recipient that received more than | 1 | | 1 . | 1 | (s) Mathada of | 1 | |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | L and government or | <u>I</u> rganizations listed in th | L he line 1 table | | | | > |
| 3 Enter total number of other organization | s listed in the line | 1 table | | | | | |

| (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 |
|--|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| SVF (VETERANS) GRANT | 93 | 163,147. | 0. | | |
| | | | | | |
| .A.F.E. (DCF) GRANT | 228 | 297,537. | 0. | | |
| | | | | | |
| OCA GRANT | 148 | 38,313. | 0. | | |
| | | | | | |
| OVW (DOJ), TRANSITIONAL HOUSING GRANT | 6 | 70,857. | 0. | | |
| | | | | | |
| EMERGENCY, FOOD, AND SHELTER GRANT | 70633 | 75,793. | 0. | | |
| Part IV Supplemental Information. Provide the information. | ation required in Part I, lin | e 2; Part III, column | (b); and any other a | dditional information. | |
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| Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.) | | | | | | |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|--|
| (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 | |
| | | | | | | |
| HUD-RR | 43. | 100,226. | 0. | | | |
| | | | | | | |
| SEK-ESG | 79. | 145,189. | 0. | | | |
| | | | | | | |
| CSBG | 40. | 11,735. | 0. | | | |
| | | | | | | |
| SEK-RR | 10. | 21,451. | 0. | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization CATHOLIC CHARITIES, INC. Employer identification number 48-0543703

| Pai | rt I Types of Property | | | | | | |
|-----|---|-------------------------------|---|---|---|-----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determ noncash contribution | _ | ts |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | X | | 195,307. | FMV | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | | | | | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | X | | 890,893. | FMV | | |
| 20 | Drugs and medical supplies | | | , | | - | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other • () | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | ation durin | g the tax year for o | contributions | | | |
| | for which the organization completed Form 828 | 33, Part V, [| Donee Acknowledg | gement 29 | | | |
| | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | contribution | on any property rep | ported in Part I, lines 1 throu | gh 28, that it | | |
| | must hold for at least three years from the date | of the initia | al contribution, and | d which isn't required to be u | sed for | | |
| | exempt purposes for the entire holding period? | | | | 30 | a | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review | of any nonstandard contribu | utions? 31 | | X |
| 32a | Does the organization hire or use third parties of | | _ | | | | x |
| L | contributions? | | | | 32 | a | _^ |
| | If "Yes," describe in Part II. | -l | | faublab aatimus (-) ti | | | |
| 33 | If the organization didn't report an amount in co | oiumn (c) fo | r a type of propert | y for which column (a) is che | скей, | | |
| | describe in Part II. | | | | | | |

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

Schedule M (Form 990) 2020

032142 11-23-20

Client Copy February 4, 2022

OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2020

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

Open to Public Inspection

Name of the organization

CATHOLIC CHARITIES, INC.

Employer identification number 48-0543703

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

PANTRY.

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

FOSTER GRANDPARENTS, IMMIGRATION SERVICES, COUNSELING, OUR DAILY BREAD

AND SOUTHEAST KANSAS SOCIAL SERVICES.

EXPENSES \$ 2,741,440. INCLUDING GRANTS OF \$ 288,296. REVENUE \$ 651,731.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OF THE CORPORATION ARE THE BISHOP AND OTHERS AS APPOINTED BY THE BISHOP.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OF THE CORPORATION ARE THE BISHOP AND OTHERS AS APPOINTED BY THE BISHOP.

FORM 990, PART VI, SECTION A, LINE 7B:

THE EX-OFFICIO MEMBERS ARE THE BISHOP OF THE CATHOLIC DIOCESE OF WICHITA,

THE VICAR GENERAL OF THE DIOCESE, AND THE CHANCELLOR OF THE DIOCESE. IN

ADDITION, THE MEMBERS SHALL INCLUDE SUCH OTHER PERSONS AS MAY BE APPOINTED

BY THE BISHOP OF THE DIOCESE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DIRECTOR OF FINANCE REVIEWS THE 990 PRIOR TO THE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization **Employer identification number** CATHOLIC CHARITIES, INC. 48-0543703 THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH ITS DISCLOSURE REQUIREMENTS. ALL EMPLOYEES, UPON HIRE, ARE REQUIRED TO REPORT ANY CONFLICT AND SIGN THE CONFLICT OF INTEREST STATEMENT. EMPLOYEES WHO BECOME AWARE OF ANY CONFLICT OF INTEREST HAVE A DUTY TO INFORM CATHOLIC CHARITIES, INC. OF THE CONFLICT. IF AN EMPLOYEE BELIEVES A CONFLICT OF INTEREST EXISTS, THE CONFLICT IS REPORTED TO MANAGEMENT, THE EMPLOYEE IS INTERVIEWED, A CAREFUL INVESTIGATION IS PERFORMED, AND APPROPRIATE PREVENTATIVE OR CORRECTIVE ACTION IS TAKEN. THE BOARD, CEO, AND DIRECTOR OF FINANCE SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY AND BOARD MEMBERS ARE GIVEN THE OPPORTUNITY AT EVERY BOARD MEETING TO DISCLOSE ANY CONFLICTS THAT MAY HAVE DEVELOPED SINCE THE LAST MEETING. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE CEO AND OTHER KEY EMPLOYEES IS CURRENTLY SET BELOW THE MEDIAN. THE EXECUTIVE DIRECTOR'S SALARY INCREASES ARE DETERMINED BY THE CATHOLIC DIOCESE OF WICHITA. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS, FORM 990 AND COMMUNITY REPORT ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING: PROGRAM SERVICE EXPENSES 77,711. MANAGEMENT AND GENERAL EXPENSES -53,324. FUNDRAISING EXPENSES 1,734.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

PROGRAM SERVICE EXPENSES

19,555.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization Open to Public Inspection

OMB No. 1545-0047

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

| Name of the organization CATHOLIC CHAR | ITIES, INC. | | | | En | nployer identific 48-05437 | cation no | umber |
|---|------------------------------------|---|-------------------------------|--|------------------------------------|----------------------------------|-----------|-------------------------------------|
| Part I Identification of Disregarded Entities. Comple | ete if the organization answered " | es" on Form 990, Part IV, line 3 | 33. | | · | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (e) ome End-of-year | | Direct c | (f) ontrolling atity | 9 | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | zations. Complete if the organizat | ion answered "Yes" on Form 99 | 0, Part IV, line 34, | because it had one | or mor | e related tax-exe | empt | |
| (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)) | Dire | (f) ect controlling entity | cont | g) 512(b)(13) rolled iity? |
| CATHOLIC DIOCESE OF WICHITA - 48-0543780 | | | | | | | 162 | NO |
| 424 N BROADWAY STREET WICHITA, KS 67202 | MINISTRY | KANSAS | 501(C)(3) | LINE 1 | | | | х |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|--|------------------|-------------------|---------------------------|--|----------------|-----------------------|---------|-----------|--|--------|---------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total | Share of | Disprop | ortionate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera | or Percentage |
| or related organization | | (state or foreign | entity | excluded from tax under | income | end-of-year assets | | itions? | 20 of Schedule | partne | 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) (h) Share of end-of-year assets | | Sec 512(k contr ent | tion o)(13) rolled ity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--------------------------------------|--|------------------------------|----------------------------------|
| | | country) | | 0. 1.00., | | 400010 | | Yes | No |
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

| 1 | During the tax year, did the organization engage in any of the following transactions v | with one or more re | elated organizations listed | in Parts II-IV? | | | |
|------------|---|----------------------------------|-----------------------------|---|---------|--------|------|
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | Х |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | Х |
| С | | | | | 1c | Х | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X |
| g | Sale of assets to related organization(s) | | | | 1g | | X |
| h | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | Х | |
| - 1 | Performance of services or membership or fundraising solicitations for related organizations | zation(s) | | | 11 | | Х |
| n | Performance of services or membership or fundraising solicitations by related organizations | zation(s) | | | 1m | | Х |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization | n(s) | | | 1n | | X |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | | X |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | X |
| q | | | | | 1q | | X |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who | o must complete t | his line, including covered | relationships and transaction thresholds. | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount inv | olved | | |
| <u>(1)</u> | CATHOLIC DIOCESE OF WICHITA | С | 742,600. | CASH | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| <u></u> | | | | | | | |
| <u>(5)</u> | | | | | | | |
| (6) | | | | | | | |
| | 3 10-28-20 | 65 | | Schedule I | R (Forr | n 990) | 2020 |

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) | (b) | (c) | (d) | (e Are |) | (f) | (g) | (1 | h) | (i) | (| j) | (k) |
|------------------------|------------------|-------------------|--|-------------------|--------------|----------|-------------|----------|---------|--|------|-----------------|---------------------------------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partne | rs sec. | Share of | Share of | Disp | ropor- | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene | ral or | Percentage |
| of entity | | (state or foreign | excluded from tax under | partner 501 (c | c)(3) s.? | total | end-of-year | alloca | ations? | l of Schedule K-1 | part | ner? | ownership |
| | | country) | sections 512-514) | Yes | | | assets | Yes | No | (Form 1065) | Yes | NO | |
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| Provide additional information for responses to questions on Schedule R. See instructions. |
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| PART V LINE 1K |
| CATHOLIC CHARITIES, INC. SIGNED A LEASE AGREEMENT WITH THE CATHOLIC |
| DIOCESE OF WICHITA FOR ADMINISTRATIVE OFFICES AND MINISTRY FACILITIES. |
| THE LEASE AGREEMENT PROVIDES CATHOLIC CHARITIES, INC. WITH USE OF A |
| PORTION OF A BUILDING FOR 40 YEARS AT RENT OF ONE DOLLAR PER YEAR. THE |
| LEASE AGREEMENT ALSO INCLUDES A REQUIREMENT FOR CATHOLIC CHARITIES, |
| INC. AND THE CATHOLIC DIOCESE OF WICHITA TO DEPOSIT \$500 PER MONTH AND |
| \$750 PER MONTH, RESPECTIVELY, TO A MAINTENANCE RESERVE ACCOUNT. THE |
| MAINTENANCE RESERVE ACCOUNT CAN ONLY BE USED FOR MAJOR REPAIRS OR |
| MAINTENANCE TO THE BUILDING THAT DO NOT ARISE IN THE ORDINARY COURSE OF |
| BUSINESS AND EXCEED \$5,000. |
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