

February 7, 2024

CATHOLIC CHARITIES OF THE DIOCESE OF PUEBLO, INC 429 W 10TH ST PUEBLO, CO 81003

Dear Joseph,

Enclosed are the following income tax returns prepared on behalf of CATHOLIC CHARITIES OF THE DIOCESE OF for the year ended June 30, 2023.

2022 990 - Return of Organization Exempt from Income Tax
2022 8879-TE - IRS E-file Signature Authorization Form
2022 Schedule A - Public Charity Status and Public Support
2022 Schedule B - Schedule of Contributors
2022 Schedule D - Supplemental Financial Statements
2022 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
2022 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
2022 Schedule O - Supplemental Information to Form 990 or 990EZ
2022 Schedule R - Related Organizations and Unrelated Partnerships

The above mentioned returns will be electronically filed. The efile authorizations should be signed and dated according to the filing instructions included with the copy of the return.

The enclosed returns were prepared primarily from data and information which you submitted. Please review the returns to ensure that there are no omissions or misstatements. Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 and Schedules must be made available for public inspection for a period of three years from the date of filing. Please visit the Not-for-Profit Services page on our website <u>www.skrco.com</u> for information regarding Federal disclosure and Colorado registration requirements, additional rules and applicable penalties for noncompliance.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.



Enclosures

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVE, SUITE 400 COLORADO SPRINGS, CO 80903 Fax: 719-630-1187

CATHOLIC CHARITIES OF THE DIOCESE OF PUEBLO, INC Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2023

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS CO 80903

Fax to: 719-630-1187 Attn: E-file Desk

Email to: Visit https://www.skrco.com/client-center/

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2024. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-TE	IRS e-file Signature Authorization		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.	30/2023	2022
Name of filer	E	EIN or SSN	
CATHOLIC CHAR	TITIES OF THE DIOCESE OF	84-047	1001
Name and title of officer or pe	erson subject to tax		
	EXECUTIVE DIRECTOR		
Part I Type of Re	eturn and Return Information		
	eturn for which you are using this Form 8879-TE and enter the applicable amount,		
	may enter dollars and cents. For all other forms, enter whole dollars only. If you cl		
5b, 6b, 7b, 8b, 9b, or	Da below, and the amount on that line for the return being filed with this form was 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the complete more than one line in Part I.		
1a Form 990 check h	ere X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,206,896.
2a Form 990-EZ chec			
3a Form 1120-POL cl			
4a Form 990-PF chec	k here		
5a Form 8868 check			
6a Form 990-T check	here b Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check	here b Total tax (Form 4720, Part III, line 1)		
8a Form 5227 check	here b FMV of assets at end of tax year (Form 5227, Item D)		
9a Form 5330 check	here b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP che		line 22) .10b	
Part II Declaratio	n and Signature Authorization of Officer or Person Subject to Tax		
Under penalties of perjury			
of entity)	, (EIN) and that I have		
complete. I further declar intermediate service provi acknowledgement of rece the date of any refund. If (direct debit) entry to the return, and the financial in 1-888-353-4537 no later processing of the electron the payment. I have select electronic funds withdraw	d accompanying schedules and statements, and, to the best of my knowledge and belief, e that the amount in Part I above is the amount shown on the copy of the electronic return der, transmitter, or electronic return originator (ERO) to send the return to the IRS and to r ipt or reason for rejection of the transmission, (b) the reason for any delay in processing the applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an financial institution account indicated in the tax preparation software for payment of the institution to debit the entry to this account. To revoke a payment, I must contact the U.S. than 2 business days prior to the payment (settlement) date. I also authorize the financia ic payment of taxes to receive confidential information necessary to answer inquiries and ted a personal identification number (PIN) as my signature for the electronic return and, if al.	n. I consent to all receive from the l he return or refur electronic funds federal taxes owe Treasury Financi al institutions invo resolve issues re	ow my RS (a) an nd, and (c) withdrawal ed on this al Agent at lved in the elated to
PIN: check one box only	-		_
X I authorize		7 8 2 8 Enter five numbers do not enter all ze	
	2022 electronically filed return. If I have indicated within this return that a copy of ating charities as part of the IRS Fed/State program, I also authorize the aforement	the return is be	eing filed with a state
filed return. If I h	person subject to tax with respect to the entity, I will enter my PIN as my signature ave indicated within this return that a copy of the return is being filed with a state a ate program, I will enter my PIN on the return's disclosure consent screen.		-
Signature of officer or person	subject to tax Date		
Part III Certification	on and Authentication		
	ur six-digit electronic filing identification y your five-digit self-selected PIN. B 4 3 5 5 6 8 4 1 5 Do not enter all zeros	0	
I certify that the above	numeric entry is my PIN, which is my signature on the 2022 electronically filed ref	turn indicated a	bove. I confirm that I

am submitting this return in accordance with the requirements of Pub. 4163,	Modernized e-File	e (MeF) Information fo	r Authorized	IRS e-file
Providers for Business Feturns.				
ERO's signature	Date	2-9-2024		
ERO Must Retain This Form -	See Instruction			
Do Not Submit This Form to the IRS Un	liess Requested	1 10 00 50		

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 2X3008 2.000

Form 8879-TE (2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) lein this fr it r **.** h **^** . + ~ h oublic. do

Department of the Treasury

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

6 **Open to Public**

OMB No. 1545-0047

Inter	nal Rev	enue Service			GO tO WW	w.irs.gov/For	m990 for in	structions and	the late	est inforn	hation.		Inspection
AI	For th	e 2022 cal	endar y	year, or tax y	ear beginning	3	07/01/2	022 and end	ding				/30/2023
D,			C Nam	e of organization	on CATHOL	IC CHARI	TIES OF	' THE DIOCE	ESE (ΟF	DE	Employe	r identification number
	спеск іга	applicable:	PUEE	BLO, INC									
	Addre	ss change	Doin	g business as	CATHOLIC	CHARITI	ES OF S	OUTHERN CC)		8	4-047	71001
	Name	change	Num	ber and street	(or P.O. box if	mail is not delive	ered to street	address)		Room/su	uite E T	elephon	e number
	Initial	return	429	W 10TH S	ST					101	(719)	544-4233
	Final r	eturn/terminated	City	or town, state	or province, co	untry, and ZIP c	or foreign post	al code			GO	Gross red	ceipts \$
	Ameno	ded return	PUEE	BLO, CO 8	31003								4,393,358.
	Applic	ation pending			of principal offic	cer: JOSEI	PH DOMK)			H(a) Is this a gro		
	-		429	W 10TH S	ST101, PU						subordinate H(b) Are all sub		icluded? Yes No
1	Tax-ex	xempt status:		501(c)(3)	501(c) (sert no.)	4947(a)(1) or		527			list. See instructions.
J	Webs).ORG		, (1017(4)(1) 01		021	H(c) Group exe	emption n	umber
ĸ		of organization		Corporation	Trust	Association	Other		I Yea	ar of forma			of legal domicile: CO
	art l	Summ		Corporation	Huot	recondition	Outor		- 100			i otato	
_	1		•	ho organizati		or most signif	icont octiviti	es: INSPIRE	ים חי		C I OVE		
n		•		0		0		APPROACH 7			· · · · ·		
n c		CATHOL			USES A	IWO-GENE	RAIION	APPROACH	IU F.	IGHI F	OVERII.		
Governance	_			;¢							th a.e. 050/ a4		
Ň	2	Check this			0		•	ations or dispos				1 1	-
													6
es	4							VI, line 1b)					6
viti	5							line 2a)					98
Activities &	6												8
4												7a	
	b	Net unrela	ated bu	siness taxabl	e income from	n Form 990-T,	, Part I, line	11		<u></u>		7b	
											Prior Year		Current Year
Revenue	8		ibutions and grants (Part VIII, line 1h)					4,461,456.		3,766,086.			
	9										257,3	365.	227,382.
Sev	10	Investmer	nt incon	ne (Part VIII,	column (A), li	nes 3, 4, and	7d)			-	81,	347.	217,503.
-	11	Other reve	enue (F	Part VIII, colu	mn (A), lines	5, 6d, 8c, 9c, ⁻	10c, and 11e	e)		-	212,3	338.	-4,075.
	12	Total reve	nue - a	add lines 8 th	rough 11 (mu	st equal Part \	VIII, column	(A), line 12) 🚬		-	5,012,5	506.	4,206,896.
	13	Grants an	d simila	ar amounts pa	aid (Part IX, co	olumn (A), line	es 1-3)			-	211,2	157.	171,768.
	14	Benefits p	oaid to o	or for membe	rs (Part IX, co	lumn (A), line	4)			-	1	NONE	NONE
ŝ	15	Salaries,	other co	ompensation	, employee be	nefits (Part IX	, column (A)	, lines 5-10)		-	3,488,192.		3,026,467.
Expenses	16 a	Profession	nal fund	draising fees (Part IX, colum	nn (A), line 11	e)					NONE	NONE
- dx	b				art IX, column			121,404.					
ш	17	Other exp	enses	(Part IX, colur	mn (A), lines 1	1a-11d, 11f-2	24e)			_	1,315,5	528.	952,699.
	18	Total expe	enses. /	Add lines 13-	17 (must equ	al Part IX, colu	umn (A), line	25)			5,014,8	377.	4,150,934.
	19	Revenue	less ex	penses. Subt	ract line 18 fro	om line 12 🚬					-2,	371.	55,962.
t Assets or d Balances											nning of Curren	t Year	End of Year
sets	20	Total asse	ets (Part	t X, line 16)							3,070,9	991.	3,266,159.
Ass	21									_	1,044,4	413.	1,189,568.
Punc	22						0				2,026,5	578.	2,076,591.
	art II	Signa									· · ·		
Un	der pe	nalties of pe	rjury, I c	declare that I h	ave examined	this return, incl	uding accom	panying schedules	and sta	atements,	and to the best	of my k	nowledge and belief, it is
tru	e, corr	ect, and com	plete. De	eclaration of pr	eparer (other th	an officer) is ba	sed on all info	prmation of which p	oreparer	r has any k	nowledge.		
Sig	ŋn	Signature of	of officer								Date		
Не	re												
		Type or pri	nt name	and title									
		Print/Type				Preparer's s	ignature 🙇		Date		Charle	if F	PTIN
Paie	d					1)011	INH	mare		07/202	Check Check		
Pre	parer	DOREEN							$\langle \nabla^2 \rangle$	01/202	1		P00841439
Use	only				N KAST R			(<u>ノ</u>		Firm's EIN		4-1509584
N.4 -	41	Firm's add						O SPRINGS, CO	80903		Phone no.	1	19-630-1186
	<i>,</i>				the prepar								X Yes No
⊦or	Раре	erwork Red	uction	ACT NOTICE,	see the separ	ate instructio	ns.						Form 990 (2022)

CATHOLIC	CHARITIES	OF	THE	DIOCESE	OF
011110110	0111111110	<u> </u>		2100101	~ ~

-	CATHOLIC CHARITIES OF THE DIOCESE OF 84-047	-
	m 990 (2022) art III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
	INSPIRED BY GOD'S LOVE, CATHOLIC CHARITIES USES A TWO-GENERATION	
	APPROACH TO FIGHT POVERTY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allo the total expenses, and revenue, if any, for each program service reported.	cations to others,
42	(Code:) (Expenses \$ 2,996,308. including grants of \$ 171,768.) (Revenue \$ 2	243,772.)
4a	EARLY CHILDHOOD PROGRAMS:OBJECTIVES ARE TO MOBILIZE AND EDUCATE	<u>, , , , , , , , , , , , , , , , , , , </u>
	COMMUNITIES REGARDING EARLY CHILDHOOD DEVELOPMENT.	
	ADULT PROGRAMS: VARIOUS PROGRAMS THAT HELP ADULTS WITH IMMIGRATION	
	PROCESS, PARENTING, AND OTHER SOCIAL SKILLS.	
	ASSISTANCE PROGRAMS GIVE CATHOLIC CHARITIES THE ABILITY TO PROVIDE FUNDS TO INDIVIDUALS WHO NEED ASSISTANCE WITH MORTGAGE PAYMENTS	
	AND UTILITY BILLS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	: (Code:) (Expenses \$including grants of \$) (Revenue \$))
4 -1	Other program convices (Describe on Schodule O)	
4d	I Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	e Total program service expenses 2,996,308.	
JSA		Form 990 (2022)
	2321TU P091 02/07/2024 13:30:29 V22-7.11 CHARITIES	5

Part W Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 497/(s)(1) (other than a private foundation)? If "Yes" complete Schedule Q. Schedule of Contributors? See instructions. 1 2 Is the organization arguing in direct or indirect opticinal camping activities on behall of or in opposition to conditions. Dit the organization arguing in direct or indirect opticinal camping activities on behall of or in opposition to conditions. Dit the organization arguing in other part of the complete Schedule C, Part I. 2 X. 3 Section 501(c)(3) organization of the condition of complete Schedule C, Part I. 3 X. 5 Is the organization arguing and writes on 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. 5 X. 7 Zid the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes", complete Schedule D, Part V. 8 X. 9 Did the organization report an amount for finwestments-other securities in donor-restricted endowments or in quasi endowments? If "Yes", complete Schedule D, Part V. 9 X. 10 Did the organization report an amount for investments-organe securities in donor-restricted endowments or in quasi endowments? If "Yes", complete Schedule D, Part X. 10 X. 11 If		90 (2022)		F	Page 3
1 In the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization engage in direct or indirect political campaign activities on behalf of in opposition to candidate for public direct? If "Yes," <i>complete Schedule B, Schedule C, Part II.</i> 3 3 Did the organization engage in direct or indirect political campaign activities on behalf of in poposition to candidates for public direct? If "Yes," <i>complete Schedule C, Part II.</i> 3 4 Section 501(c)(3) organization on agage in lobbying activities on behalf of in poposition to another the server of the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership des. 5 5 Ib the organization maintain any donor advesed funds or any similar funds or accounts for which donors have the right to provide activition or investment of amounts in such funds on accounts? If "Yes," <i>complete Schedule D, Part II.</i> 5 6 X 7 X 9 Did the organization receiver on hold a conservation easement, including easements to preserve open space, the environment, hold areas, or historic structure? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization report an amount for Part X, ine 21, for escrow or custodal account liability, serve as a custodain report an amount for land, buildings, and equipment in Part X, line 12, the sets for More estimates assel? If "Yes," complete Schedule D, Part V. 9 X 10	Part	V Checklist of Required Schedules			
complete Schedule A 1 x 1 2 16 the organization engage in direct or infreet political campaign activities on behalf of or in opposition to candidates for public officer 11 "Vest" complete Schedule C, Part I. 3 x 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during that avaor II "Vest" complete Schedule C, Part II. 4 x 5 Is the organization maintain any donar advised funds or any similar funds or accounts for which donors have the tight to provide acids on the distribution or investment of amounts in such funds or accounts / II "Yest" complete Schedule D, Part II. 6 x 7 It he organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not lised in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not loading Schedule D, Part II. 9 A 9 Did the organization directions of works of art, historical treasures, or other similar assel? If "Yest" complete Schedule D, Part VI. 9 X 9 Did the organization field in Part X, line 21, for secrew or custodial account liability. Serve as a custodian for amounts not or provide crodic connelling, dobti managemont, curvali repair, or dobti magnitization report an amount for lowestimeta-softer securities in Part X, line 10, II "Yest," complete Schedule D, Part VI. 10 X 10 X </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
2 is the organization required to complete Schedule P. Schedule of Combutors? See instructions 2 X 3 Did the organization again direct or indicater political compagin activities on behalf of or in opposition to candidates for public office? If "Nes" complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organization again constraints on galo in lobbying activities, or have a section 501(h) effectivities Schedule C, Part I. 4 X 5 Section 501(c)(3). for 501(c)(5), or 501(c)(5) organization in agains. 5 X 6 Did the organization activities and values of the section 501(c)(4). 501(c)(5), or 501(c)(5), organization in circle or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Nes" complete Schedule D, Part II. 7 X 7 Did the organization necesses Schedule D, Part IV. 7 X 8 X 9 Did the organization activity or through a related organization, hold assets in donor-restricted endowrents? If "Yes", complete Schedule D, Part IV. 7 X 10 the organization report an amount in Part X, line 21, for escrow or custofial account liability, serve as a custofial for amounts not listed in Part X, line 21, for escrow or custofial account liability, serve as a custofial nor amount for lawstments-schedule D, Part V. 11 X	1			v	
3 Did the organization engage in direct prilical campaign activities on behalf of or in opposition to candidate for public officer II "Mess" complete Schedule C. Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobhying activities, or have a section 501(c) 4 X 5 Is the organization animation any door advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors the environment, historic lard areas, or historic structures ²¹ (<i>Mess</i> : complete Schedule D, Part II) 7 X 8 Did the organization maintain collections of works of art, historical trassures, or other similar assels? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount for lark 1, line 21, for secrew or custodial account liability, serves a custodian for amounts not leaded organization, hold assets in honor-restricted endowments? If "Yes," complete Schedule D, Part V. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets expected in Part X, line 51 "Yes," complete Schedule D, Part V 11b X 11 Di the org	2				<u> </u>
candidates for public office? If "Yes," complete Schedule C. Part I. 3 X 4 Section 501(c)(3) or ganizations. Did the organization againstation again in lobying activities, or have a section 501(c)(4). 4 X 5 Is the organization a section 501(c)(4). 501(c)(6) or ganization that receives membership dus, assessments, or similar amounts as defined in Rev Proc. 96-197 If "Pes," complete Schedule D, Part II. 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Res," complete Schedule D, Part II. 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization receive 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 courseling, debt management, credit repair, or debt neganization's and/schedule D, Part IV 9 X 10 Did the organization receive an amount for lows and any listed in courseling, debt management, credit repair, or debt neganization's answer to any other looking questions is "Yes," then complete Schedule D, Part VI. 10 X 11 If the organization report an amount for investments-order securities in Part X, line 10, III * Yes, "complete Schedule D, Part VI. 11 11 11			-	A	<u> </u>
4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) electron in effect during the tax year? If "xes" complete Schedule C, Part II. 5 5 Is the organization associan 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev Proc. 98-197 If "xes" complete Schedule C, Part II. 5 x 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts II """"""" 6 X 7 Did the organization maintain collections of works of at, historical treasures, or other similar assee? If 'Yes,' 8 X 8 Did the organization report an amount in Part X, line 21, for server or custodial account liability, serves a custodian for amounts not listed in Part X, or provide craftic counselling, datu management, craft repair, or dobt negonization, directro or the related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for Investments-other securities in Part X, line 10, IF 'Yes,' oraplete Schedule D, Part V 11 X 11 If the organization direct and part X, line 10? IF 'Yes,' complete Schedule D, Part V 11 X 12 Did the organization report an amount	5		3		x
 election in effect during the tax year // 1*Yes, "complete Schedule C, Part II	4				
5 Is the organization a section 601(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev Pcc. 818 197 (**s; "complete Schedule C, Part II	-		4		x
assessments, or similar amounts as defined in Rev. Proc. 98-197 // "Yes," complete Schedule C, Part II. 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic Itracustres? If 'Yes,' complete Schedule D, Part II. 7 X 8 Did the organization account in Part X, line 121, for escrew 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 regonization, expose Schedule D, Part II. 8 X 10 Did the organization servers if 'Yes,' complete Schedule D, Part IV. 9 X 11 the organization for amount for land, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part V. 10 x 11 di the organization report an amount for land, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part V. 11a x 10 di the organization report an amount for land, buildings, and equipment in Part X, line 130, this is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI. 11a x 11 di the organization report an amount for land, buildings, and equipment in Part X, line 130, this is 5% or more of its to	5				
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. 7 X 8 Did the organization matinian collections of works of at n, historical treasues, or other similar assets? If 'Yes,'' complete Schedule D, Part II. 8 X 9 Did the organization asmouth in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts or line following questions is 'Yes,'' then complete Schedule D, Part VI. 9 X 10 Did the organization asmouth for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI. 9 X 11 Bid the organization asmouth for land, buildings, and equipment 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 VI. 11 X 11 Did the organization report an amount for investments-other securities 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 VI. 11 X 12 Did the organization report an amount for other assets 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 VI. 11 X <			5		х
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 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 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? 14a X 14b X 			12a		X
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	D		4.01	37	
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV 15 X 16 X 17 Did the organization report a total of more than \$15,000 of gross income and contributions on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 19 X 20a Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or d	12			Ă	v
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16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 16 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 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 20a X	15				
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
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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 x 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 II 18 x 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a x 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a x 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 x	17				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X JSA					<u> </u>
domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>			200		<u> </u>
	21		21		x
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Form **990** (2022)

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Part	V 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			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		37
24 -	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
U	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	L
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	(0.6.5
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CATHOLIC	CHARITIES	OF	THE	DIOCESE	OF

Form 990 (2022)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 98			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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 (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
Ň	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
-	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums of a personal benefit contract?	7f		X
f		7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
_	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 organization have excess business holdings at any time during the year?	8		
•				
9	Sponsoring organizations maintaining donor advised funds.	9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
120	-g	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 12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
		14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
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		Х
		13		Λ
40	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
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.	10		Λ
47				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9	0 (2022) CATHOLIC CHARITIES OF THE DIOCESE OF 84-047	L <u>00</u> 1	F	Page 6
Part		, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	on 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 6	-		
	f there are material differences in voting rights among members of the governing body, or			
	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 6	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	tockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	he year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	he organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	n B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Yes	No
		40-	163	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	f "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	las the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give	126	v	
	ise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	v	
	lescribe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	v
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 approval by			
	ndependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a L	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	130		Λ
40-	f "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		х
	vith a taxable entity during the year?	Toa		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	n C. Disclosure	1.00		
17	ist the states with which a copy of this Form 990 is required to be filed <u>CO</u> ,			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-		tion 5	01(c)
18	3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (580	1011 0	01(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	roet r	oliov
19	and financial statements available to the public during the tax year.	n mile	esi þ	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	10		
20	CATHOLIC CHARITIES 429 W 10TH ST, SUITE 101 PUEBLO, CO 81003	10		
	719-544-4233	Form	990	(2022)
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84-0471001

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours per week		box, unless person is both an officer and a director/trustee)			compensation from the	compensation from related	of other compensation		
	(list any						, ,	organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	inpl	Former	1099-MISC/	1099-MISC/	organization and
	related	idua recto	utior	er	ldu	est c	er	1099-NEC)	1099-NEC)	related organizations
	organizations below	or ltrus	lal t		oye	mp				
	dotted line)	stee	ruste		œ	bens				
			e			Highest compensated employee				
(1) ELIZABETH PAULHUS	40.00									
EXECUTIVE DIRECTOR (TO 7/2022)	1.00			Х				59,348.	NONE	11,849.
(2) JOHN BRAINARD	40.00									
INTERIM EXEC. DIR. (TO 11/22)	1.00			Х				29,225.	NONE	NONE
(3) JAYNE MAZUR	40.00	-								
INTERIM EXEC. DIR.(11/22-3/23)	1.00			Х				7,900.	NONE	NONE
(4) JON RIGGS (CHAIR TO 1/23)	1.00									
TREASURER(FROM 1/23)	1.00	X		Х				NONE	NONE	NONE
(5) SHELLY MORESCHINI	1.00	-								
VICE CHAIR	1.00	Х		Х				NONE	NONE	NONE
(6) MANUEL CALDERON	1.00	-								
CHAIR (FROM 1/2023)	1.00	X		Х				NONE	NONE	NONE
(7) KRISTIE DORWART	1.00	-								
SECRETARY (FROM 1/2023)	1.00	X		Х				NONE	NONE	NONE
(8) MONA KLEIN	1.00	-								
MEMBER	1.00	Х						NONE	NONE	NONE
(9) ROBERT KEATING	1.00	-								
MEMBER	1.00	Х						NONE	NONE	NONE
(10) JULIE RODRIGUEZ	1.00	-								
MEMBER	1.00	X						NONE	NONE	NONE
(11) JAMES DILORO	40.00	-								
INTERIM EXEC. DIR.(FROM 4/23)	1.00			Х				NONE	NONE	NONE
(12)		-								
(13)										
(14)										

Form 990 (2022)

CATHOLIC CHARITIES OF THE DIOCESE OF

Form 990 (2022) Part VII Section A. Officers, Directors, Tr	untana Ka						ارما	haat Campanaat	ad Employees /			Page 8
Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not c unle	Pos heck	c) ition more	e than o is both or/trust	one an	(D) Reportable compensation from	(E) Reportable compensation from related	Es	(F) stimated nount o other opensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	om the anizatio d relate anizatio	on ed
	+											
		-										
		-										
		_										
		-										
		-										
		-										
1b Sub-total							•	96,473.	NONE	:	11,	849.
c Total from continuation sheets to Part VII, S	-							NONE				NONE
 d Total (add lines 1b and 1c)	limited to t			d al	bove	e) who	o re	96,473. ceived more than	<u>NONE</u> \$100,000 of	-	,	849.
					NOI						Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo Iule J for su	or, or ch ind	tru <i>livid</i>	uste ual	e, I	key e	emp	loyee, or highes	t compensated	3		X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	oortab	ole d	com	pen	satio	n ai	nd other compens	sation from the	-		
individual										4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		x
Section B. Independent Contractors						00.011	<i>p</i> c					
1 Complete this table for your five highest con compensation from the organization. Report year.												
(A) Name and business ad	dress							(B) Description of se	ervices	(C) Compens		
2 Total number of independent contractors (i more than \$100,000 in compensation from the second seco				niteo	d to	thos		sted above) who	received			

NONE

Form 990 (2022)

CATHOLIC CHARITIES OF THE DIOCESE OF

				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512-514
ts,	1a	Federated campaigns	100,000.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ŌĔ	с	Fundraising events 1c	69,719.				
fts ar A	d	Related organizations					
<u></u>	е	Government grants (contributions) 1e	3,092,715.				
Sir	f	All other contributions, gifts, grants,					
utio		and similar amounts not included above . 1f	503,652.				
ĘĘ	g	Noncash contributions included in					
nd		lines 1a-1f 1g	\$ 10,831.				
0 a	h	Total. Add lines 1a-1f		3,766,086.			
n			Business Code				
vice	2a	MMIGRATION SERVICE FEE	812900	56,070.	56,070.		
Ser	b	MONEY MANAGEMENT FEES	812900	170,672.	170,672.		
ken (с	NUTURING PARENTING	812900	640.	640.		
gra Re	d						
Program Service Revenue	e						+
<u></u>	f	All other program service revenue	L	227,382.			
	9 3	Total. Add lines 2a-2f		227,302.			
	3	other similar amounts).		14,039.			14,039.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c NON	e none				
	d	Net rental income or (loss)	<u> </u>	NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_		other than inventory 7a 50,000	. 296,991.				
er Revenue	b	Less: cost or other basis	124 702				
Iəve		and sales expenses 7b 8,735 Gain or (loss) 7c 41,265					
R	c d	Gain or (loss) 7c 41,265		203,464.			203,464.
her		• · · /					
Oth	8a	Gross income from fundraising events (not including \$69,719.					
		of contributions reported on line					
		1c). See Part IV, line 18	22,470.				
	b	Less: direct expenses 8b	42,935.				
	с	Net income or (loss) from fundraising events		-20,465.			-20,465.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b	NONE				
	С	Net income or (loss) from gaming activities	<u> </u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
	b c	Less: cost of goods sold10b Net income or (loss) from sales of inventory		NONE			
			Business Code	NOINE			
sno	11-	MISC REVENUE	900099	16,390.	16,390.		
ane	11a b			-,	,0.		
eve	с С						
Miscellaneous Revenue	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		16,390.			
	12	Total revenue. See instructions		4,206,896.	243,772.		197,038.
JSA							Form 990 (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic 171,768. 171,768 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 65,823. 65,823. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 2,302,749. 1,755,207. 442,869. 104,673. 29,054 21,323. 7,731. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 413,742 303,123 110,619 57,844. 215,099. 157,255. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 16,420 7,954 8,466. **b** Legal 18,500 8,962. 9,538. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 76,507 45,386. 31,121. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 27,649 8,723 2,195. 16,731 160,014. 96,461. 63,553. 13 Office expenses 14 Information technology 114,128. 67,243. 46,885. NONE 15 Royalties Occupancy 88,815 2,695. 86,120. 16 53,892. 46,992. <u>6,</u>900. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 1,342. 381 19 Conferences, conventions, and meetings 1,723 Interest NONE 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 7,549 7,549 22 36,089. 36,089. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a PROGRAM SUPPLIES 232,804 232,804. NONE 52,358 DUES AND FEES 99,820 47,462 b c PROFESSIONAL DEVELOPMENT 18,789 17,673. 1,116. d e All other expenses Total functional expenses. Add lines 1 through 24e 4,150,934. 2,996,308. 1,033,222. 121,404. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

JSA 2E1052 1.000

following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Page	1	1	
i aye			

	Check if Schedule O contains a response or note to any line in this Pa			X
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	322,800.	1	320,093
2	Savings and temporary cash investments.	462,103.	2	616,541
3	Pledges and grants receivable, net	1,057,192.	3	656,361
4	Accounts receivable, net	37,401.	4	279,000
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
<u>ମ୍</u> ପ୍ର	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	NONE	8	NON
₹ 9	Prepaid expenses and deferred charges	40,819.	9	50,635
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 368, 501.			
b	Less: accumulated depreciation	173,097.	10c	30,756
11	Investments - publicly traded securities	715,515.	11	948,981
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	262,064.	13	363,792
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,070,991.	16	3,266,159
17	Accounts payable and accrued expenses	350,027.	17	215,214
18	Grants payable	NONE	18	NON
19	Deferred revenue	109,971.	19	203,372
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	462,103.	21	616,541
	Loans and other payables to any current or former officer, director,			· ·
Itle	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities 55 75 75	controlled entity or family member of any of these persons	NONE	22	NON
² 23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE		NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	122,312.	25	154,441
26	Total liabilities. Add lines 17 through 25	1,044,413.	26	1,189,568
lces	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions	1,754,898.	27	1,940,751
<u>n</u> 28	Net assets with donor restrictions	271,680.	28	135,840
Net Assets or Fund Balances 5 2 1 0 6 7 8 2 7 1 0 6 9 8 2	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			· · ·
ັ ₂₉	Capital stock or trust principal, or current funds		29	
5 10 Ets	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	2,026,578.	32	2,076,591
ž 33	Total liabilities and net assets/fund balances	3,070,991.	33	3,266,159
		5,0,0,001	00	Form 990 (2022

32 column (B))			
	32 COILIMD (B))		

CATHOLIC CHARITIES OF THE DIOCESE OF

8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9		1	01,	730
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,0	76,	591
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII.					
					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," exp	lain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were comp					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sigh	it of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant	t?.		2c		X
	If the organization changed either its oversight process or selection process during the tax year, exp	olain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	h in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rgo	the			

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form 990 (2022)

3b X

Form 9	90 (2022)		Page 12
Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,206,896.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,150,934.
3	Revenue less expenses. Subtract line 2 from line 1	3	55,962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,026,578.
5	Net unrealized gains (losses) on investments	5	28,161.
6	Donated services and use of facilities	6	-135,840.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	101,730.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))	10	2,076,591.
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		

JSA

SCHE	DU	LE	Α
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2022 Open to Public

Department Internal Reve	of the Treasury enue Service			v/Form990 for instruction			information.	Open to Public Inspection
		L CATHOLIC C	CHARITIES OF	THE DIOCESE OF			Employer identif	
PUEBLO	, INC							471001
Part I							part.) See instruction	IS.
		•		t is: (For lines 1 throu	•		,	
				tion of churches desc			70(b)(1)(A)(i).	
). (Attach Schedule E				
	-	-		organization described				
		-	-	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	(III). Enter the
		ne, city, and s				d or one	rated by a governme	ental unit described in
	•	•	Complete Part II.)	a college of universi	ty owne		erated by a governme	intal unit described in
				rnmental unit describe	d in sec	tion 170	(h)(1)(Δ)(y)	
		-	-					om the general public
	-)(1)(A)(vi). (Comp	-	apport in	onn a go		
				b)(1)(A)(vi). (Complete	e Part II.)			
	-		-		-		d in conjunction with a	land-grant college
	-		-			-	name, city, and state o	
ι	university:							
r s	eceipts from support from acquired by the	activities rela gross investm ne organizatio	ited to its exempt nent income and u on after June 30, 1	functions, subject to c	ertain e: able inco (a)(2). ((xceptions ome (les Complete		n 331/3 % of its
12	An organizatio	on organized a	and operated exclu	sively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
(one or more p	ublicly suppo	rted organizations	described in section !	509(a)(1) or sect	ion 509(a)(2). See see	ction 509(a)(3). Check
t	he box on lin	es 12a throug	h 12d that describ	pes the type of support	rting org	anizatior	and complete lines 1	2e, 12f, and 12g.
a	Type I. A su	upporting org	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		-				ajority of	f the directors or truste	es of the
				te Part IV, Sections A				
b							s supported organizati	
		-		-	the sam	ne persor	ns that control or mar	age the supported
	-			, Sections A and C.				
с		-		·			n with, and functiona	lly integrated with,
-	1	-		ns). You must comple				
d		-			-		ection with its suppor	
		-		omplete Part IV, Sect	-		oution requirement and	a an allentiveness
e	1 .						hat it is a Type I, Type I	
		•		tionally integrated sup			••••••	п, туре п
f Ente	-	-	• •		-	organiza		
			-	orted organization(s).				
(i) Nar	me of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		our governing Iment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(r.) 								
(B)								
(C)								
(D)								
(E)								
Total								
For Paperv	work Reductio	n Act Notice, s	see the Instructions	for Form 990 or 990-EZ.			S	chedule A (Form 990) 2022
JSA 2E1210 1.000)							

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Page 2

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

tion A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,816,487.	5,391,196.	5,765,318.	4,461,456.	3,766,086.	24,200,543.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
Total. Add lines 1 through 3	4,816,487.	5,391,196.	5,765,318.	4,461,456.	3,766,086.	24,200,543.
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).						NONE
						24,200,543.
						21/200/0101
	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	.,		.,			24,200,543.
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,653.	18,637.	49,959.	2,503.	14,039.	127,791.
Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
Total support. Add lines 7 through 10						24,328,334.
Gross receipts from related activities, etc. (s	ee instructions) .				12	1,135,139.
tion C. Computation of Public Supp	port Percenta	ge				
					14	99.47 %
						99.35 %
10%-facts-and-circumstances test - 2	022. If the org	anization did no	ot check a box	on line 13, 16a	, or 16b, and li	ne 14 is
10% or more, and if the organization	meets the fa	cts-and-circumst	ances test, che	eck this box an	d stop here. E	xplain in
Part VI how the organization meets t	he facts-and-c	circumstances te	st. The organiz	ation qualifies	as a publicly su	upported
organization						· · · · · · ·
15 is 10% or more, and if the organiz	ation meets th	e facts-and-circu	umstances test,	check this box	and stop here.	. Explain
					-	-
organization						📖
instructions	<u></u> .	<u></u>	<u></u>	<u></u>	<u></u> .	<u></u>
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 tion B. Total Support ndar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on fors receipts from related activities, etc. (s First 5 years. If the Form 990 is for	ndar year (or fiscal year beginning in) (a) 2018 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,816,487. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 4,816,487. The value of services or facilities furnished by a governmental unit to the organization without charge 4,816,487. Total. Add lines 1 through 3. 4,816,487. 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). 4,816,487. Public support. Subtract line 5 from line 4 4,816,487. Gross income from interst, dividends, payments received on securities loans, rents, royalties, and income from similar sources 4,816,487. Other income from unrelated business activities, whether or not the business is regularly carried on 42,653. Net income from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization organization, check this box and stop here. Total support percentage for 2022 (line 6, column (f Public support percentage for 2022. If the organization did n this box and stop here. The organization qualifies as a put 331/3	Indar year (or fiscal year beginning in) (a) 2018 (b) 2019 Gifts, grants, contributions, and (a) 2018 (b) 2019 Gifts, grants, contributions, and (b) 2019 (c) 2018 (c) 2019 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf (c) 2019 (c) 2019 Tax revenues levied for the organization without charge (c) 2019 (c) 2019 (c) 2019 The value of services or facilities furnished by a governmental unit to the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f). (c) 2018 (b) 2019 The protion of total contributions by each person (other than a governmental unit or publicity supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). (a) 2018 (b) 2019 Amounts from line 4 (c) 2018 (c) 2019 (c) 2019 Amounts from line 4 (c) 2018 (c) 2019 (c) 2019 Amounts from line 4 (c) 2018 (c) 2019 (c) 2019 At since, and income from similar sources (c) 2018 (c) 2019 (c) 2019 At since, and income from strest, dividends, payments received on securities loans, rents, royalties, and income from strest divides payments (c) 2019 (c) 2019 At sinceme from	ndar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants') 4.816.487. 5.391.396. 5.765.318. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 4.816.487. 5.391.396. 5.765.318. Tax revenues levied for the organization without charge 4.816.487. 5.391.396. 5.765.318. The value of services or facilities furnished by a governmental unit to the organization without charge. 4.816.487. 5.391.396. 5.765.318. The portion of total contributions by each person (thef than a governmental unit or publicy supported organization) included on line 1 that exceeds 2% of the amount show on line 11, column (f). 4.816.487. 5.391.396. 5.765.318. Gross income from interest, dividends, payments free/ieed on securities leans, rents, royalites, and income from similar sources 42.653. 18.637. 49.959. Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities whether or not the business activities whether or not the business activities whether or not include gain or loss from the sale of capital assets (Explain in Part VI.) 42.653. 18.637. 49.959. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, orga	ndar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4, 816, 487. 5, 391, 196. 5, 765, 318. 4, 461, 456. Tax revenues lewied for the organization's benefit and either paid to or expended on its behalf 4, 816, 487. 5, 391, 196. 5, 765, 318. 4, 461, 456. Tax revenues georermental unit to the organization's georermental unit to the organization's georermental unit to the gradination of total contributions by each person (other than a governmental unit or publicly supported organization) included on the shourd shown on line 11, column (f). 4, 816, 487. 5, 391, 196. 5, 765, 318. 4, 461, 456. Horde Structure of fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 Amounts from line 4	Indar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,816,487 5,391,196 5,765,318 4,461,456 3,766,086 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 4,816,487 5,391,196 5,765,318 4,461,456 3,766,086 The value of services or facilities furnished by a governmental unit to the organization without charge 4,816,487 5,391,196 5,765,318 4,461,456 3,766,086 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 th column (f) 4,816,487 5,391,196 5,765,318 4,461,456 3,766,086 Total Add lines 1 through 3 4,816,487 5,391,196 5,765,318 4,461,456 3,766,086 The portion of total contributions by each person (other than a governmental unit or publicly support. Subtract line 5 from line 4 4

Schedule A (Form 990) 2022

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Schedule /	4 ((Form	990	2022
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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						(n -))
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L					
14	First 5 years. If the Form 990 is for	0	,		,		
	organization, check this box and stop here						
	tion C. Computation of Public Sup	•	•			1 1	
15	Public support percentage for 2022 (line 8	.,	•			15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (li					17	%
18	Investment income percentage from 2021						%
19 a	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-	-				
b	331/3% support tests - 2021. If the org						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization	ala not check a	a pox on line	14, 19a, or 19b	, cneck this bo		
			0 0 1 1 0	DIMING		Schedule	A (Form 990) 2022
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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

10b Schedule A (Form 990) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

n d e o	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
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2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI</i> the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ructions	s).
•		Yes	No
2	Activities Test. Answer lines 2a and 2b below.		

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

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

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distribution	S	2		
3 Other gross income (see instruction	s)	3		
4 Add lines 1 through 3.	·	4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid	or incurred for production or collection			
of gross income or for managemer	•			
property held for production of inco		6		
7 Other expenses (see instructions)	· · · · · · · · · · · · · · · · · · ·	7		
8 Adjusted Net Income (subtract line	es 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all no	on-exempt-use assets (see			
instructions for short tax year or as	sets 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-exem	npt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or c	ther factors			
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable	e to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt use	Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use asset	s (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distribution	s	7		
8 Minimum Asset Amount (add line	7 to line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year	(from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	· · · · · · · · ·	2		
3 Minimum asset amount for prior ye	ar (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line	e 5 from line 4, unless subject to			
emergency temporary reduction (se	· · · · · · · · · · · · · · · · · · ·	6		
	is the encodencies first as a new functional		te d T and UI and a set	

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

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
0	and 4c. Breakdown of line 7:				
8	Excess from 2018				
 	Excess from 2019				
b	Excess from 2020				
 d	Excess from 2020				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

Name of the organization

CATHOLIC CHARITIES OF THE DIOCESE OF

PUEBLO, INC

84-0471001

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 covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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	organization CATHOLIC CHARITIES OF THE DIOCESE PUEBLO, INC	OF	Employer identification numbe 84-0471001
art I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CO DEPT OF HEALTH & HUMAN SVCS		Person X
	1575 SHERMAN ST	\$2,195,116.	Payroll Noncash
	DENVER, CO 80203	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PUEBLO COUNTY DEPT OF HUMAN SERVICES	_	Person X
	212 WEST 12TH STREET	\$220,000.	Payroll Noncash
	PUEBLO, CO 81003	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CO DEPT OF PUBLIC HEALTH & ENVIRONMENT	_	Person X
	4300 CHERRY CREEK SOUTH DRIVE	\$170,485.	Payroll Noncash
	GLENDALE, CO 80246	_	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10.	Name, address, and ZIP + 4 BOARD OF WATER WORKS		Type of contribution Person
	BOARD OF WATER WORKS	Total contributions	Person X Payroll
4 (a)	BOARD OF WATER WORKS 319 WEST 4TH STREET	Total contributions	Person X Payroll Noncash (Complete Part II for
4(a)	BOARD OF WATER WORKS 319 WEST 4TH STREET PUEBLO, CO 81003 (b)	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	BOARD OF WATER WORKS <u>319 WEST 4TH STREET</u> <u>PUEBLO, CO 81003</u> (b) Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
4 (a) Io.	BOARD OF WATER WORKS 319 WEST 4TH STREET PUEBLO, CO 81003 (b) Name, address, and ZIP + 4 NATIONAL ASSOCIATION OF COUNTY AND CITY	Total contributions Total contributions (C) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
4 (a) No. 5	BOARD OF WATER WORKS 319 WEST 4TH STREET PUEBLO, CO 81003 (b) Name, address, and ZIP + 4 NATIONAL ASSOCIATION OF COUNTY AND CITY 1201 I STREET NW, 4TH FLOOR	Total contributions Total contributions (C) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
4 (a) No. 5	BOARD OF WATER WORKS 319 WEST 4TH STREET PUEBLO, CO 81003 (b) Name, address, and ZIP + 4 NATIONAL ASSOCIATION OF COUNTY AND CITY 1201 I STREET NW, 4TH FLOOR WASHINGTON, DC 20005 (b)	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
4 (a) No. 5 (a) No.	BOARD OF WATER WORKS 319 WEST 4TH STREET PUEBLO, CO 81003 (b) Name, address, and ZIP + 4 NATIONAL ASSOCIATION OF COUNTY AND CITY 1201 I STREET NW, 4TH FLOOR WASHINGTON, DC 20005 (b) Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contributions.)

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Schedule B (Form 990) (2022)

	3 (Form 990) (2022) organization CATHOLIC CHARITIES OF THE DIOCES	E OF	Page Employer identification number
Part I	PUEBLO, INC Contributors (see instructions). Use duplicate copies	s of Part Lif additional space is	84-0471001
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TEMPLE HOYNE BUELL FOUNDATION 1873 SOUTH BELLAIRE STREET STE 600 DENVER, CO 80222	\$82,500.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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lame of or	(Form 990) (2022) ganization CATHOLIC CHARITIES OF THE DIOCESE OF		Page dentification number
	PUEBLO, INC		-0471001
Part II	Noncash Property (see instructions). Use duplicate copies of	f Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ \$	

Schedule B (Form 990) (2022)

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	(Form 990) (2022)			Page 4	
Name of o	PUEBLO, INC			Employer identification number 84-0471001	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total c formation once. Se	omplete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a	er of gift Relations	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee	
JSA	1		1	Schedule B (Form 990) (2022)	

	IEDULE D	Sunnlem	ental Financial Statement	e	OMB No. 1545-0047			
(Fo	rm 990)		ne organization answered "Yes" on Form 990	2022				
				8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
Depa	rtment of the Treasury		Attach to Form 990.	Open to Public				
Inter	nal Revenue Service	Go to www.irs.gov/l	Form990 for instructions and the latest inform		Inspection			
Name	e of the organization	CATHOLIC CHARITIES OF	THE DIOCESE OF	Emp	ployer identification number			
-	EBLO, INC				84-0471001			
Pa			ised Funds or Other Similar Funds o	r Acco	ounts.			
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.					
			(a) Donor advised funds		(b) Funds and other accounts			
1	Total number at e	nd of year						
2		of contributions to (during year) .						
3		of grants from (during year)						
4		at end of year						
5	-		advisors in writing that the assets held					
	-		e organization's exclusive legal control?					
6			and donor advisors in writing that grant f					
			fit of the donor or donor advisor, or for					
			<u></u>		Yes No			
Pa		tion Easements.	"Yes" on Form 990, Part IV, line 7.					
1			e organization (check all that apply).					
•		n of land for public use (for example		ofahi	istorically important land area			
		of natural habitat			ertified historic structure			
		n of open space		101 a 0				
2			eld a qualified conservation contribution i	n tha fr	rm of a conservation			
2	-	last day of the tax year.	eid a quaimed conservation contribution i		Held at the End of the Tax Year			
а				2a				
a b			s	2b				
c	-	-	historic structure included in (a)	20 20				
d			acquired after July 25, 2006, and not on					
u				2d				
3			nsferred, released, extinguished, or term		by the organization during the			
•	tax year			area				
4			rvation easement is located					
5			garding the periodic monitoring, inspec	tion. h	andling of			
-			sements it holds?					
6			ecting, handling of violations, and enforcing					
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conserv	vation easements during the year			
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requirements of sect	tion 170	D(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, des	cribe how the organization re	ports conservation easements in its r	evenue	and expense statement and			
			t of the footnote to the organization's fi	nancial	I statements that describes the			
		ounting for conservation easeme						
Pa			of Art, Historical Treasures, or Othe	er Sim	ilar Assets.			
	•	· ·	"Yes" on Form 990, Part IV, line 8.					
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in its revent ts held for public exhibition, education to its financial statements that describes	ue state , or reations these it	ement and balance sheet works search in furtherance of public ems.			
b	If the organization art, historical treat	n elected, as permitted under Fa	ASB ASC 958, to report in its revenue and for public exhibition, education, or res	statem	ent and balance sheet works of			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1						
2			rt, historical treasures, or other similar					
			ASB ASC 958 relating to these items:					
а	Revenue included	on Form 990, Part VIII, line 1			\$			
b	Assets included in	Form 990, Part X			\$			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.							
JSA							
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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 CATHOLIC	CHARITIES O	F THE DIOC	ESE OF		84-0471002	Page 2
Pa	rt III Organizations Maintaining Colle	ctions of Art, H	listorical Tre	asures, or	Other Similar A	ssets (continue	d)
3	Using the organization's acquisition, acces	sion, and other	records, checl	c any of the	following that m	nake significant ι	se of its
	collection items (check all that apply):						
а	Public exhibition	d	Loan d	or exchange	program		
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's	collections and	explain how t	hey further	the organization	s exempt purpos	e in Part
	XIII.		·		0		
5	During the year, did the organization solicit	or receive donati	ons of art, histo	orical treasu	res, or other simil	ar	
	assets to be sold to raise funds rather than t	o be maintained	as part of the o	organization	's collection?	Yes	No
Pa	Int IV Escrow and Custodial Arrangem		•				
	Complete if the organization ans		Form 990, F	Part IV, line	9, or reported a	n amount on Fo	rm
	990, Part X, line 21.		,	,	, ,		
1a	Is the organization an agent, trustee, cust	odian or other i	ntermediary fo	or contributi	ons or other ass	ets not	
	included on Form 990, Part X?		-			Yes	X No
b		I and complete t	he following tak	ole:		· · · · L	
		·	U			Amount	
с	Beginning balance			1c			
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on I				stodial account lia	bility? X Yes	No
b	If "Yes," explain the arrangement in Part XI						x
	rt V Endowment Funds.		•				
	Complete if the organization ans	wered "Yes" or	n Form 990, F	Part IV, line	10.		
	(a) Cu	rent year (b) Prior year	(c) Two year	s back (d) Three y	ears back (e) Four	years back
1a	Beginning of year balance						
b	Contributions						
c	Net investment earnings, gains,						
Ŭ	and losses						
d							
	Other expenditures for facilities						
C	and programs						
f	Administrative expenses						
י מ	End of year balance						
g 2	Provide the estimated percentage of the cu	rrent vear end b	alance (line 1g	column (a))	held as:	I	
a	Board designated or quasi-endowment	%		column (a))			
b	Permanent endowment %						
с	Term endowment %						
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.					
3a	Are there endowment funds not in the poss			are held an	d administered for	the	
	organization by:	-					res No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as r	equired on Sch	edule R?		3b	
4	Describe in Part XIII the intended uses of th	e organization's	endowment fur	nds.			
Pa	rt VI Land, Buildings, and Equipment.						
	Complete if the organization ans			1	1		
	Description of property	 (a) Cost or other b (investment) 		or other basis ther)	(c) Accumulated depreciation	(d) Book val	ue
1a	Land	,					
b	Buildings						
с	Leasehold improvements	1	jone 1	.26,435.	95,679.	3	0,756.
d	Equipment	1		42,066.	242,066.		NONE
е	Other						
Tota	al. Add lines 1a through 1e. (Column (d) mus	equal Form 990,	Part X, colum	n (B), line 10	<i>c.)</i>	3	0,756.

Schedule D (Form 990) 2022

Part VII **Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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)SUBSIDIARY	363,792.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	363,792.	

Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)PAYABLE TO RELATED ORG - WORKS	63,977.
(3)ACCRUED COMPENSATED ABSENCE	90,464.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	154,441.

Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . JSA 2E1270 1.000

X

	le D (Form 990) 2022 CATHOLIC CHARITIES OF THE DIOCESE OF	84-	0471001 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	4,379,721.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	172,825.
3	Subtract line 2e from line 1	3	4,206,896.
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,206,896.
Part		rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		4 202 522
1	Total expenses and losses per audited financial statements	1	4,329,709.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	178,775.
3	Subtract line 2e from line 1	3	4,150,934.
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	4,150,934.
Part	XIII Supplemental Information.		

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

SEE SUPPLEMENTAL PAGE

SCH D PART IV LINE 2B

THE ORGANIZATION MAINTAINS SECURITY DEPOSITS FOR TENANTS OF THE UNITS.

SCH D PART X LINE 2

THE ORGANIZATION IS A QUALIFYING ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A). IN ADDITION, THE ORGANIZATION QUALIFIED FOR THE CHARITABLE CONTRIBUTION DEDUCTION.

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCH D PART XI LINE 2D

DIRECT FUNDRAISING EXPENSES OF \$42,935 INCLUDED IN AUDITED FINANCIAL STATEMENTS AS EXPENSES.

EQUITY METHOD INCOME OF \$101,729 INCLUDED IN AUDITED FINANCIAL STATEMENTS AS SUBSIDARY GAIN.

SCH D PART XII LINE 2D

DIRECT FUNDRAISING EXPENSES INCLUDED IN AUDITED FINANCIAL STATEMENTS AS

EXPENSES.

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047
(Form 990)	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.						2022
Department of the Treasury				or Form 990-			Open to Public
Internal Revenue Service		to www.irs.gov/Form9			he latest information.	Freedown island Grad	Inspection
Name of the organization	CATHOLIC CHAF	RITIES OF THE	DIOCES	SE OF		Employer identificat	
PUEBLO, INC Part I Fundraisin	g Activities. Comp	lete if the organi	ization ar	swered "	Yes" on Form 90	84-04710	
	EZ filers are not re	•					
	the organization rais		•		activities. Check a	all that apply.	
a Mail solicita	•	e		•	non-government g		
b Internet and	b Internet and email solicitations f Solicitation of government grants						
c Phone solicitations g Special fundraising events							
d 🔄 In-person so	olicitations						
or key employee b If "Yes," list the	tion have a written of es listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec (fundraise	etion with p rs) pursua	professional fundra	ising services?	
(i) Name and add or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
L							
3							
4							
5							
6							+
U							
7							
8							
9							
5							
10							+
Total	which the organizat	tion is registered a		to solicit	contributions or	has been notified	l it is avampt from
	which the organizat	tion is registered t				nus been nutillet	i i is evenihr nom

registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	0.			
			(a) Event #1 ESPIRITU	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	92,189.			92,189.
Ж	2 3	Less: Contributions Gross income (line 1 minus	69,719.			69,719.
	-	line 2)	22,470.			22,470.
	4	Cash prizes				
\$	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	19,096.			19,096.
t Exp	7	Food and beverages				
Direc	8	Entertainment	270.			270.
	9	Other direct expenses	23,569.			23,569.
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		42,935.
Рэ	11 rt III	Net income summary. Subtract I Gaming. Complete if the org				
та		\$15,000 on Form 990-EZ, lin	ne 6a.			reported more than
Revenue					(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	│	Yes%	
	7	Direct expense summary. Add lir	nes 2 through 5 in colu	umn (d)		
	8	Net gaming income summary. S	Subtract line 7 from line	e 1, column (d)		
9 a b	i I	Enter the state(s) in which the org s the organization licensed to con f "No," explain:	anization conducts ga iduct gaming activities	in each of these state		Yes No
	-					
10a k		Vere any of the organization's gaming f "Yes," explain:	g licenses revoked, susp		uring the tax year?	Yes No

JSA 2E1282 1.000

Sched	ule G (Form 990 or 990-EZ) 2022 CATHOLIC CHARITIES OF THE DIOCESE OF 8	34-047100	1 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s 🔄 No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	. Ye	s 🔄 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility13a		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:		
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gam	ing	
	revenue?	Yes	s 📃 No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and	the	
	amount of gaming revenue retained by the third party ► \$		
c	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 procee		
	retain the state gaming license?		s 🔄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	itions	
	or spent in the organization's own exempt activities during the tax year > \$		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).		k

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Attach to Form 990. Name of the organization CATHOLIC CHARITIES OF THE DIOCESE OF Employer identities							2022 Dopen to Public Inspection
PUEBLO, INC	F. THE DIO	CESE OF				84-0471001	on number
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand lures for mor omestic Or	e? hitoring the use ganizations a i	of grant funds in th nd Domestic Gov	e United States. /ernments. Com	plete if the organiz	ation answered "Y	x Yes No es" on Form 990,
Part IV, line 21, for any recipient the 1 (a) Name and address of organization	(b) EIN	(c) IRC section	,000. Part II can I	(e) Amount of	additional space is r (f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)	_						
(2)							
_(2)	-						
(3)	-						
_(4)	-						
(5)	-						
(6)							
(7)							
(8)							
_(9)							
(10)	-						
(11)	-						
(12)	-						
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 							

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

Schedule I (Form 990) 2022

CATHOLIC CHARITIES OF THE DIOCESE OF

84-0471001

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE FUNDS	1,116	171,768.			
2					
<u>.</u>					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

SCH I PART I LINE 2

THE ORGANIZATION REVIEWS THE APPLICATIONS FOR QUALIFICATION UNDER THEIR

PROGRAM PARAMENTERS PRIOR TO DISBURSING FUNDS

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Name of the organization		Employer identifi	cation number				
CATHOLIC CHARITIES	OF THE DIOCESE OF	84-0471	001				

FORM 990, PART VI, LINE 7A & B

THE FOLLOWING ACTS REQUIRE THE APPROVAL OF THE BISHOP OF THE DIOCESE OF PUEBLO: (1) APPROVAL OF ALL NEW BOARD MEMBER NOMINATIONS, (2) REMOVAL OF A BOARD DIRECTOR WITH, OR WITHOUT CAUSE, EITHER BY THE BISHOP AFTER CONSULTATION WITH THE BOARD OF DIRECTORS, OR BY A TWO-THIRDS VOTE OF THE BOARD OF DIRECTORS WITH THE CONSENT OF THE BISHOP, AND (3) AMENDMENT, RESTATEMENT OR REPEAL OF THE BYLAWS EITHER BY THE BISHOP AFTER CONSULTATION WITH THE BOARD OF DIRECTORS, OR BY A TWO-THIRDS VOTE OF THE BOARD OF DIRECTORS WITH THE CONSENT OF THE BISHOP.

FORM 990 PART VI LINE 11B

THE EXECUTIVE DIRECTOR OF THE ORGANIZATION DISTRIBUTES A PDF COPY OF THE 990 RETURN TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO BEING FILED.

FORM 990 PART VI LINE 12C

AT EACH BOARD MEETING, IF THERE IS A DISCUSSION OF SELECTING OR ENGAGING A VENDOR OR SERVICE PROVIDER, ALL IN ATTENDANCE ARE ASKED TO RECUSE THEMSELVES FROM THIS DISCUSSION IF THERE COULD BE A PERCEIVED CONFLICT. ANNUALLY, THE ORGANIZATION REVIEWS AND DISCUSSES THE CONFLICT OF INTEREST POLICY AND REQUESTS THAT EACH BOARD MEMBER LIST AND ACKNOWLEDGE ANY KNOWN CONFLICTS.

FORM 990 PART VI LINE 15 A & B

THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR BY COMPARING HER/ HIS COMPENSATION TO THE COMPENSATION OF INDIVIDUALS IN LIKE POSITIONS, IN COMPARABLE ORGANIZATIONS USING FORMS 990, COMPENSATION STUDIES, AND OTHER AVAILABLE DATA. THE BOARD THEN

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	s.gov/form990. Inspection	
Name of the organization		Employer identification number
CATHOLIC CHARITIES	GOF THE DIOCESE OF	84-0471001

APPROVES ANY CHANGES IN COMPENSATION BASED ON THIS INFORMATION. THE ORGANIZATION HAS NO OTHER PAID OFFICERS OR EMPLOYEES MEETING THE IRS DEFINITION OF A KEY EMPLOYEE.

FORM 990 PART VI LINE 19

THE ORGANIZATION WILL PROVIDE IN A TIMELY MANNER, COPIES OF ALL GOVERNING

DOCUMENTS INCLUDING ITS CONFLICT OF INTEREST POLICIES AND FINANCIAL

STATEMENTS WHEN REQUESTED IN WRITING OR IN PERSON.

FORM 990 PART X, COLUMN (A), LINES 17, 21, 25

COLUMN (A) BEGINNING YEAR BALANCE: LINE 17, ACCOUNTS PAYABLE, WAS ADJUSTED TO RECLASSIFY A RELATED ORGANIZATION PAYABLE TO OTHER LIABILITIES, LINE 25. LINE 21 WAS ADJUSTED TO RECLASSIFY ACCRUED COMPENSATED ABSENCES TO OTHER LIABILITIES, LINE 25.

FORM 990 PART XI LINE 9

EQUITY METHOD INCOME FROM SUBSIDIARY, CATHOLIC CHARITIES OF THE DIOCESE OF PUEBLO WORKS CORP \$101,729.

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	Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection					
Name of the organization	CATHOLIC CHARITIES OF THE DIOCESE OF	Employer identification number					
PUEBLO, INC		84-0471001					

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

				-	-
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
(3)	-				
(4)	-				
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
						Yes	No
(1) CATHOLIC CHARITIES WORKS, CORP. 46-4542064							
429 W 10TH ST SUITE 101 PUEBLO, CO 81003	FIGHT POVERTY	CO	501(C)(3)	7	CATH. CHARI.	х	
_(2)							
_(3)							
(4)							
(5)							
(6)							
	1						
(7)							
	1						

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

CATHOLIC CHARITIES OF THE DIOCESE OF

84-0471001

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

	indie related dig	anization	is iteated as a p	annership during in								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	excluded from		Disproportionate		isproportionate Code V - UBI		i) eral or aging ner?	(k) Percentage ownership	
		,,,		,			Yes	No		Yes	No	
(1)	-											
(2)	-											
(3)	-											
(4)	-											
(5)	-											
(6)	-											
(7)	-											

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 country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	controlled entity?
(1)						Yes No
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Schedule R (Form 990) 2022

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e	Х	
	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
	Exchange of assets with related organization(s).				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	_	X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization(s).				1m	37	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X X	
0	Sharing of paid employees with related organization(s)				10		
					1n	x	
	Reimbursement paid to related organization(s) for expenses.				1p 1q	~	Х
q	Reimbursement paid by related organization(s) for expenses				- 4		<u></u>
-	Other transfer of cash or property to related organization(s)				1r	x	
ו פ	Other transfer of cash or property from related organization(s)				\vdash	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	this line. includina cove	ered relationships and transa	action three			
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a - s)	Amount involved	Method	of deter		g
		type (a - s)		amou		iveu	
(1)	CATHOLIC CHARITIES WORKS, CORP.	E	63,977.	YE BAL	ANCE	3	
(2)	CATHOLIC CHARITIES WORKS, CORP.	0	221,557.	PERSON	NEL	TRA	ANS
(3)	CATHOLIC CHARITIES WORKS, CORP.	R	122,271.	CASH T	RANS	SFER	ર
(4)	CATHOLIC CHARITIES WORKS, CORP.	S	425,495.	CASH T	RANS	SFER	٤
(F)							
(5)							
(6)							
(6)		1					

JSA

Schedule R (Form 990) 2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
				Yes	No			Yes	No	/	Yes	No	<u> </u>
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													+

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 Part VII
 Supplemental Information

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